



Wadsworth YMCA DAY CAMP
Wadsworth's BEST DAY CAMP



REGISTRATION CARD - 2024

CAMPER INFORMATION

To comply with State of Ohio Day Camp Licensing and the American Camp Association guidelines **all sections of this form must be completed** before we can accept any child for care. If you need assistance completing the form, please contact the Camp Director.

* please print

ELIGIBILITY: Children must have completed Kindergarten by the first day of camp and be under the age of 13 years old.

GENERAL CAMPER INFORMATION

CAMPER INFORMATION

.....
Camper's first & last name
.....
Date of birth

.....
Home address

.....
City, State, Zip

.....
School T-shirt Size: YS YM YL YXL AS AM Grade in August 2024
Gender Identity: male female prefer not to say

REGISTRATION

Please select only the weeks your child will be attending camp:

- Week 1 (6/3 – 6/7)
- Week 2 (6/10 – 6/14)
- Week 3 (6/17 – 6/21)
- Week 4 (6/24 – 6/28)
- Week 5 (7/1 – 7/5)
- Week 6 (7/8 – 7/12)
- Week 7 (7/15 – 7/19)
- Week 8 (7/22 – 7/26)
- Week 9 (7/29 – 8/2)
- Week 10 (8/5 – 8/9)
- Week 11 (8/12 – 8/16)

*Full tuition is due for all registered weeks if a written withdrawn notice is not submitted one week in advance to the Camp Director.

PARENT/ GUARDIAN INFORMATION

PRIMARY

.....
Primary parent/guardian first & last name Date of birth

.....
Primary phone number

.....
Secondary phone Work phone

.....
Email address *required

.....
Relationship to child

SECONDARY

.....
Secondary parent/guardian first & last name Date of birth

.....
Primary phone number

.....
Secondary phone Work phone

.....
Email address *required

.....
Relationship to child

EMERGENCY CONTACT INFORMATION

PRIMARY

.....
Primary emergency contact name

.....
Primary phone number

.....
Secondary phone work phone

.....
Relationship to child

SECONDARY

.....
Secondary emergency contact name

.....
Primary phone number

.....
Secondary phone work phone

.....
Relationship to child

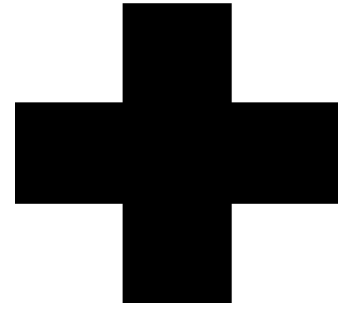
PROGRAM WAIVER

I/We understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement. I authorize the Akron Area YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes containing my image for its recordkeeping or marketing/public relations programs.

.....
Parent/guardian signature Date



Wadsworth YMCA DAY CAMP



CAMPER HEALTH RECORD- 2024

Please remember to attach a copy of your child's immunization record as well as a copy of their Medical

* Please print

Camper's Name: _____ CAMPER DATE OF BIRTH: _____

CAMPER HEALTH HISTORY

1. Does your child have any food, medication or environmental allergies? YES NO
 If yes, please list the allergy, symptoms and actions that should be taken if a reaction occurs:

2. Does your child have a special health or medical condition? YES NO
 If yes, please list the condition, any special procedures that a staff member may be required to perform.

3. Is your child currently taking any medication? YES NO
 If yes, please list the medication and dosage.

4. Does your child require medication to be given while at camp? YES NO
 If yes, a **JFS01217** form must be completed and signed by a physician.

MEDICAL INSURANCE INFORMATION

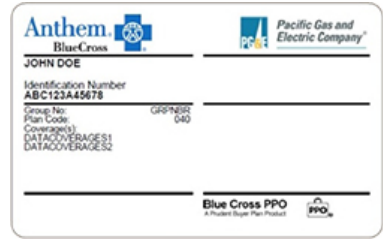
Is this camper covered by family medical/hospital insurance? YES NO

.....
 First and last name of primary _____ Date of birth _____

.....
 Policy Number _____

.....
 Insurance Company Name _____

.....
 Insurance Company Phone Number _____



Please provide a copy of the front and back of your camper's Medical Insurance Card.

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

This health history is correct and accurately reflects the health status of the camper who is pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situations. I give the Akron Area YMCA permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photo copy/scan this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

.....
 Signature of Parent/guardian _____ Date _____



Wadsworth YMCA



2024 GENERAL POLICIES AGREEMENT

Please Initial Each Line

_____ There is a \$40.00, non-refundable, registration fee per child due at the time of enrollment. This fee will be waived if registration is completed and returned by April 15th, 2024.

_____ There is a non-refundable \$10 per week deposit due at time of registration. The rest of the weekly tuition will be automatically withdrawn from my billing on file on the Friday prior to the week of service.

_____ If camp payments fall one week behind I will be asked to withdraw my child(ren) until payment is made in full.

_____ Any balance of \$100 or more that is more than 30 days overdue will be turned over to a third-party collection agency and a \$15 fee will be added to the total balance.

_____ If I have balance with any facility within the Akron Area YMCA Association, I will be unable to register for any programs or membership until the balance is paid in full.

_____ A returned payment fee of \$5.00 will be charged for all payments returned.

_____ The YMCA will contact Wadsworth Police Department if the child(ren) remain at the center longer than one hour after 6pm and all attempts to reach me, other custodial parents, and authorized persons have been made, without success. Three or more late pickups may result in the termination of care.

_____ I am required, by the State of Ohio, to disclose all medical, physical, or behavioral issues that pertain to my child at the time of enrollment, and supplement that information on an ongoing basis if needed. The Y is fully committed to the participation of all individuals in their programs and will make every effort to meet my child's needs based on their available resources. However, due to required ratios they are unable to provide one-on-one aid.

_____ I have read the YMCA Day Camp Registration packet and agree to all terms therein for my child(ren) to receive childcare. I understand that I forfeit the privilege of childcare/camp if all policies are not followed.

I have read and agree to the policies of the Akron Area YMCA Summer Day Camp.

Parent/Guardian Signature _____ Date _____

Child's Name: _____

Photograph Consent

I give permission for my child _____ to be in photographs, slides, DVD's, and/or videotapes for the promotion of the Akron Area YMCA.

Parent/Guardian Signature _____ Date _____

Permission for Routine Walks

Weather permitting, I give permission for my child _____ to accompany his/her class/group on routine walks on Akron Area YMCA grounds and visits to nearby parks.

Parent/Guardian Signature _____ Date _____

Child Drop-Off/Pick-Up Policy

When you enroll your child in any YMCA Camp Program, it is to be understood that our policy is for you to bring your child into the center each morning, complete check in process, and let one of the staff members know your child has arrived. Please note: we are not legally responsible for your child when he/she is dropped off without completing the above procedure.

Parent/Guardian Signature _____ Date _____

Permission for Routine Field Trips

I give permission for my child _____ to accompany his/her group on routine field trips throughout the week from 9:00 am - 4:00 pm June 3, 2024 - August 16, 2024. Transportation is provided by school buses.

Parent/Guardian Signature _____ Date _____

Permission to Participate in Swimming Activities

I give permission for my child _____ Date of Birth _____ / _____ / _____ to participate in the following water activities at the following locations listed:

Wadsworth Grizzly Outdoor Pool and Wadsworth YMCA Indoor Pools.

I am aware that my child will be near and/or have access to waters exceeding eighteen inches in depth. I also understand the center will always provide at least a 1:35 lifeguard to child ratio, and 1:14 counselor to camper ratio during all water and swimming activities.

Parent/Guardian Signature _____ Date _____

Permission for Movies

I give permission for my child _____ to view PG movies while attending the Wadsworth YMCA Summer Camp Program.

Parent/Guardian Signature _____ Date _____