



Entered into CCC: [Y]
Deposit Pd: [Y] [N]
Weeks attending:
[1] [2] [3] [4] [5] [6]
[7] [8] [9] [10] [11] [12]

## YMCA OF THE COASTAL BEND 2011 SUMMER DAY CAMP ENROLLMENT FORM

(To comply with State Licensing Laws, all sections of this form must be completed in full before we can accept any child for care.)

### PARTICIPANT INFORMATION:

**Child (1) Name:** \_\_\_\_\_ Sex: [M] [F] (circle one) Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Camp Type:** [ ] Day Camp (K-5<sup>th</sup> Grade) [ ] Teen Xtreme Camp (6<sup>th</sup>-8<sup>th</sup> Grade) **Camp Location:** \_\_\_\_\_

Current Medications, Allergies, Special Needs, Limitations or Medical Conditions (*In order to better meet the needs of your child, please list as much information as possible*):

Shirt Size: [YS] [YM] [YL] [AS] [AM] [AL] [AXL] School Attending in Fall 2011: \_\_\_\_\_

**Child (2) Name:** \_\_\_\_\_ Sex: [M] [F] (circle one) Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Camp Type:** [ ] Day Camp (K-5<sup>th</sup> Grade) [ ] Teen Xtreme Camp (6<sup>th</sup>-8<sup>th</sup> Grade) **Camp Location:** \_\_\_\_\_

Current Medications, Allergies, Special Needs, Limitations or Medical Conditions (*In order to better meet the needs of your child, please list as much information as possible*):

Shirt Size: [YS] [YM] [YL] [AS] [AM] [AL] [AXL] School Attending in Fall 2011: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

**Primary Guardian [Mother] [Father] [Other:** \_\_\_\_\_]

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** [Yes] [No] **Authorized to Pick-up:** [Yes] [No\*]

**Secondary Guardian [Mother] [Father] [Other:** \_\_\_\_\_]

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** [Yes] [No] **Authorized to Pick-up:** [Yes] [No\*]

\* When a parent is NOT authorized to pick-up, we must have a copy of court documentation.

**Please provide copies of court documentation with registration as needed.**

### EMERGENCY CONTACT/AUTHORIZED PICK-UPS (OTHER THAN PARENTS):

(Must list at least one additional emergency contact. No one under the age of 18 is permitted.)

1. **Name:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**YMCA OF THE COASTAL BEND  
2011 SUMMER DAY CAMP  
AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Child (1) Name: \_\_\_\_\_ Child (2) Name: \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA of the Coastal Bend staff to take my child(ren) to:

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
No Preference. Please use closest available \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
No Preference. Please use closest available \_\_\_\_\_  
Policy #: \_\_\_\_\_

**Parental Consent – Please circle yes or no for the following (if no selection is made, it is assumed that the answer is “yes”):**

YES	NO	CONSENT FOR TREATMENT: I give consent for any and all necessary treatment when my child(ren) is in the care of this physician or hospital.
YES	NO	AUTHORIZATION: In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its workers can be held responsible in the event of accident or accidental death.
YES	NO	IMMUNIZATION: I can provide the immunization records and/or the records are on file at my child’s school. All required immunizations and/or tuberculosis test are current.  <i>Name of child’s school:</i>

**PARENT AND PARTICIPANT STATEMENT OF AGREEMENT**

- I understand that I may not leave my child at the camp location unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo IDs and who are over the age of 18 can be authorized to pick up the child.
- I understand that the YMCA is mandated by Texas Law to report any suspected cases of child abuse or neglect.
- I understand that the YMCA staff may not baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that my child may be removed from a YMCA program for any of the following reasons:
  1. Failure to pay program fees by designated deadlines.
  2. Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
  3. Failure to observe any of the conditions listed in the seasonal Parent Handbook.
- I authorize for my child(ren) to participate in the following activities while enrolled in YMCA Programs:
  - Swimming / Water Activities
  - Participate in camp activities – including field trips
  - Participate in photos or videos for YMCA publications
  - Travel on YMCA arranged transportation
  - View a PG rated film

**YMCA CHILD BEHAVIOR CONTRACT:** Disciplinary problems may require a 5-15 minute time-out period. Time-out may be given up to three times per day. Parents may be called to pick-up any child who does not behave after three time-outs. A Behavior Contract is the first formal step to help solve repeated rule violations. The contract involves parents, child and staff. It requires participation of all parties. A suspension may be necessary, at the Program Director’s discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely.

**STATEMENT OF RESPONSIBILITY:** I understand and acknowledge that the YMCA of the Coastal Bend does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

**LARGE GROUP FORMAT:** I understand that, due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children.

I UNDERSTAND THAT I WILL RECEIVE A WRITTEN COPY OF THE YCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD’S ENROLLMENT. THIS INFORMATION IS ALSO AVAILABLE AT [www.ymca-cc.org](http://www.ymca-cc.org).

NOTE: Failure to sign this parent agreement does not nullify this agreement.

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**YMCA OF THE COASTAL BEND  
2011 SUMMER DAY CAMP  
FEES AND PAYMENT GUIDELINES / SESSION ENROLLMENT FORM**

Child (1) Name: \_\_\_\_\_ Child (2) Name: \_\_\_\_\_

**CAMP DEPOSIT** – Non-refundable

A Camp Deposit of \$10.00, per week, per child is required for all camp sessions. (i.e.: If you are registering for three camp sessions, a \$30.00 deposit will be required to hold your spot for those sessions of camp. These fees will be deducted from your total weekly camp cost. However, in the case that you cancel those weeks of camp, \$10.00/week is non-refundable).

**CAMP FEES**

If you are registering for multiple sessions, you must complete the Payment Method Authorization Form authorizing payment for the balance of sessions. Automatic drafts will occur (7) seven days prior to the beginning of each session.

- Only paid campers are allowed to attend camp.
- All camps must be paid in advance (see due dates on reverse side)

**NSF PAYMENTS:** A \$25.00 fee is charged for all non-sufficient funds and declined credit card charges. Children will not be allowed to attend camp unless payment for camp session has been received and recorded by the YMCA.

**CANCELLATIONS, REFUNDS and TRANSFERS**

After initial enrollment, no refunds will be given for registration fee and camp deposit(s). All changes to a child's enrollment or cancellations must be received by the YMCA in writing via email or fax.

- **Changes made 14 days or more, prior to first day of camp session:** If transferring, a \$10 transfer fee will be assessed for all requests to transfer weeks or locations; if canceling, no cancellation fee will be charged.
- **Changes made 5-13 days prior to first day of camp session:** If transferring, a \$10 transfer fee will be assessed for all requests to transfer weeks or locations; if canceling a \$10 cancellation fee will be charged.
- **NO CHANGES can be made less than 5 days, prior to the first day of camp session. You will be held responsible for the full amount of camp fees, regardless of whether or not your child attends camp.**

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all program fees as described above.

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**YMCA OF THE COASTAL BEND  
2011 SUMMER CAMP SESSION ENROLLMENT FORM**

<u>Camp Week</u>	<u>Camp Dates:</u>	<u>Child 1 Camp Location</u>	<u>Child 2 Camp Location</u>
1	May 31 – June 2	_____	_____
2	June 6 – June 10	_____	_____
3	June 13 – June 17	_____	_____
4	June 20 – June 24	_____	_____
5	June 27 – July 1	_____	_____
6	July 5 – July 8	_____	_____
7	July 11 – July 15	_____	_____
8	July 18 – July 22	_____	_____
9	July 25 – July 29	_____	_____
10	August 1 – August 5	_____	_____
11	August 8 – August 12	_____	_____
12	August 15 – August 19	_____	_____

**YMCA Summer Day Camp Fees by Location and Date:**

**YMCA of the Coastal Bend**

417 S. Upper Broadway, Corpus Christi, TX 78401

Summer Camp Dates: May 31 – August 19, 2011

Grades: K-5<sup>th</sup> Grade

Summer Camp Fees: \$90 per week per camper

**YMCA Summer Day Camp at John Paul II High School**

3036 Saratoga, Corpus Christi, TX 78415

Summer Camp Dates: May 31 – July 1, 2011

Grades: K-5<sup>th</sup> Grade

Summer Camp Fees: \$110 per week per camper

**YMCA Summer Day Camp at Club Estates Recreational Park**

4902 Snowgoose Drive, Corpus Christi, TX 78413

Summer Camp Dates: May 31 – August 19, 2011

Grades: K-5<sup>th</sup> Grade

Summer Camp Fees: \$110 per week per camper

**YMCA TEEN XTREME DATES AND FEES:**

John Paul High School, May 31 – July 1

YMCA of the Coastal Bend, July 5 – July 29

Weekly Fee: \$120 per camper (admission fees to parks will be an extra charge)

**YMCA OF THE COASTAL BEND  
2011 SUMMER DAY CAMP  
PAYMENT METHOD AUTHORIZATION**

Child (1) Name: \_\_\_\_\_ Child (2) Name: \_\_\_\_\_

Name of Card/Account Holder: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Is this the primary contact for all billing concerns/questions? [Yes] [No] Other contact: \_\_\_\_\_

**AUTOMATIC PAYMENT PLAN:** The YMCA of the Coastal Bend offer an automatic payment plan. There is no additional cost for this program.

*Credit / Debit Draft Agreement:*

*I hereby authorize the YMCA of the Coastal Bend to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my account indicated below at the depository financial institution named below, and to debit and/or credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.*

**You must verify your electronic account information with your Financial Institution and attach a voided check or an account verification form for your Financial Institution.**

**CREDIT/DEBIT CARD:**

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ [Visa] [MasterCard] (Select One)

This authorization is to remain in full force no longer than August 20, 2011 or until the YMCA has received written notification from me of its termination in such time and in such manner as to afford the YMCA a reasonable opportunity to act on it. I hereby authorize the YMCA of the Coastal Bend to debit the above credit card/debit card, bank draft/EFT on the dates indicated for my 2011 Summer Day Camp payments. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur from use of this service. Should any debt not be honored by my bank account for any reason, I understand that I am still responsible for the payment, plus a service charge of \$25.00.

X \_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

**OPTION 3: CHECK/CASH PAYMENTS:**

The YMCA of the Coastal Bend will accept check/cash payments for 2011 summer camp fees. Check/cash payments must also follow the 2011 Summer Day Camp payment deadlines as indicated on the registration form. Failure to pay camp fees will result in your child not being able to participate in the program.

I will be paying my 2011 Summer Day Camp Fees by Check/Cash and understand that the fees and due dates will be followed.

X \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_

