



2023 SUMMER DAY CAMP ENROLLMENT PACKET

- Please fill out registration information completely. Submit a separate form for each camper.
- Registration forms must be on file prior to your child attending camp at any YMCA location.
- All associated registration fees are due before your child may attend camp.

YMCA BRANCH please circle :

LOYA

BOWLING

WESTSIDE

CAMPER INFORMATION Please print clearly!

Camper's Name: _____ Birth Date: _____ M F
 Address _____ City _____ State _____ Zip _____
 Child's School: _____ T-Shirt Size: YXS YS YM YL AS AM AL AXL AXXL

PRIMARY CONTACT INFORMATION Driver's license or photo ID is required to show proof of identify.

Full Name _____ Relationship to Camper _____
 Email Required _____ Best Contact Number: _____
 Employer: _____ Work Phone: _____
 Work Address _____ City _____ State _____ Zip _____

SCCONDARY CONTACT INFORMATION

Full Name _____ Relationship to Camper _____
 Email Required _____ Best Contact Number: _____
 Employer: _____ Work Phone: _____
 Work Address _____ City _____ State _____ Zip _____

ADDITIONAL EMERGENCY CONTACT

Full Name _____ Relationship to Camper _____
 Address _____ City _____ State _____ Zip _____
 Best Contact Number: _____ Is this person authorized to pick up child? Yes No

Full Name _____ Relationship to Camper _____
 Address _____ City _____ State _____ Zip _____
 Best Contact Number: _____ Is this person authorized to pick up child? Yes No

PHYSICIAN/MEDICAL FACILITY INFORMATION

Physician Name _____

Phone 1 _____ Phone 2 _____

Address Medical Facility _____ City _____ State _____ Zip _____

HEALTH HISTORY AND EMERGENCY CARE PLAN

1. Please Check any special medical condition your child may have

- No specific medical condition
- Asthma
- Diabetes
- Cerebral Palsy/ motor disorder
- Epilepsy / seizure disorder
- Gastrointestinal or feeding concerns
- Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism Other condition requiring special care - specify: _____
- Milk Allergy (*If child is allergic to milk, attach statement from medical professional including the acceptable alternative*)
- Food allergies - specify foods : _____
- Non-food allergies - specify: _____

2. Triggers that may cause problems - specify.

3. Signs or symptoms to watch for - specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the Authorization to Administer Medication form should be attached to this form.

5. When to call parents regarding symptoms or failure to respond to treatment:

6. When to consider that the condition requires emergency medical care or reassessment:

7. Additional information that may be helpful to camp:

AUTHORIZATION FOR MEDICAL CARE

IMMUNIZATION: I can provide my child's immunization records. All required immunizations and/ or Tuberculosis test are current.

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 staff members can be held responsible in the event of accident or accidental death.

Signature : _____ Date: _____

SUNSCREEN/INSECT REPELLENT AUTHORIZATION

As a parent or guardian I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose and bare shoulders, arms and legs. I have checked all applicable information regarding the type and use of sunscreen for my child.

CAMPER SWIMMING SKILLS

Swimming is an activity that is offered daily for campers.

I authorize my child to participate in swimming while enrolled in the YMCA Summer Camp: Yes No

Please check all that apply.

- My child enjoys the water.
- My child can float.
- My child will jump from the side.
- My child is comfortable in the chest-deep water.
- My child can swim 10-20 yards.
- My child can swim 25 yards.

FIELD TRIP PERMISSION

Field Trip Days: Westside YMCA: Wednesday Loya YMCA: Thursday Bowling YMCA: Friday

I hereby authorize the YMCA to transport my child for the Summer Day Camp for field trips.

Initials: _____

PHOTO/VIDEO RELEASE

I hereby consent to and authorize the use and reproduction of any and all photographs and videos which have been taken of my child for the promotional purposes of the YMCA, or anyone authorized by the YMCA. I understand I receive no reimbursement for allowing my child's photo or video to be taken and the use of the photo or video.

I authorize my child to be photographed. Yes No

Initials: _____

PARENT AND PARTICIPANT STATEMENT OF AGREEMENT

Please initial next to each statement indicating that you understand the following:

- ___ I understand that I may not leave my child at the YMCA 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 a valid photo ID and are over the age of 18 can be authorized for child pick up.
- ___ I understand that the YMCA is mandated by Texas law to report any suspected cases of child abuse or neglect.
- ___ I understand that I will be charged a late fee if I fail to pick up my child on time.
- ___ I understand that YMCA staff may not baby sit, transport, or care for children other during YMCA program hours.
- ___ I understand that my child may be removed from the YMCA for any of the following reasons:
 - Failure to pay program fees by designated deadlines.
 - Inappropriate behaviors of a child/parent that endangers self or others involved with the YMCA
 - Failure to observe any of the conditions listed in the seasonal parent handbook

NOTE: FAILURE TO SIGN THIS FORM DOES NOT NULLIFY PARENTAL AGREEMENT FOR PROGRAM PARTICIPATION

SUNSCREEN AUTHORIZATION

- I authorize the center to allow my child to self-apply sunscreen.
- I do not know any allergies my child has to sunscreen.
- My child is allergic to some sunscreen. I will provide sunscreen for use on my child.

Sunscreen Brand

Ingredient Strength

INSECT REPELLENT AUTHORIZATION

- I authorize the center to allow my child to self apply insect repellent.

TOTAL COST OF SUMMER CAMP		
	Members	Non-members
Weekly fee	\$80	\$140
Before Care 7-8am	\$5	\$10
After Care 4-6pm	\$10	\$20
One Time Registration Fee	\$25	\$25
*10% off Sibling discount applied to 2nd child and on.		
Front Desk Staff Use Only		
F/A weekly Approved Rate:	\$	
Provided 1040		

• If you email 1040 Tax form please include your and your child's information to mia.chavez@elpasoyymca.org

REGISTRATIONS WILL NOT BE PROCESSED WITHOUT PAYMENT.

YMCA FAMILY MEMBERSHIPS

I understand that should my membership draft not be honored by my bank or credit card company for any reason, I realize that I am responsible for that payment plus a service fee applied by the YMCA. This is in addition to any bank or credit card service fee. I realize that if I fail to make this payment within three business days my child may lose their spot in camp.

Initials: _____

CANCELLATION POLICY/ NON-REFUNDABLE FEES

- The \$25 registration fee per family for camp is non-refundable under any circumstances.
- All refund requests must be made in writing via email to the Child Care Director.
- Non-attendance without proper notification does not entitle the parent to a refund. The Camp Director and the bookkeeper must approve all refunds.
- If applicable, I understand I will be issued a 50% refund within 10 days of written cancellation.
- If a participant is unable to comply with the YMCA behavior expectations, the YMCA reserves the right to suspend or expel any child from the program who poses serious or continual behavior problems with no fee reimbursement.
 - Infractions deemed "serious" may result in immediate suspension and/or expulsion regardless of previous disciplinary action.

Initials: _____

REASONS FOR TERMINATION

Reasons for termination may include, but are not limited to:

- Excessive unsafe behavioral problems
- Disrespectful use of language towards staff, parents or other children. This applies to children, parents/guardian and others picking up/dropping off children.
- Failure to pay fees and/or penalties, including issuing non-sufficient fund checks or membership fees
- Failure to submit complete enrollment forms
- Continual late pick-ups (3 or more)

Initials: _____

PARTICIPATION AND PAYMENT AGREEMENT

I approve this application and certify that the applicant is capable of such an experience. I grant permission for the applicant to participate in all planned camp activities, including field trips. In case of accident or illness, the YMCA is authorized to secure emergency medical treatment, Prudent attempts will be made to contact the parents immediately. The YMCA is not responsible for lost, stolen or damaged personal articles. I agree to waive any claims against the YMCA and its members and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA programs.

I agree to pay all camp fees prior to my child attending camp. We cannot hold reserved space for campers who have not paid for that intended week, I understand that no refunds are given for disruptive behavior as determined by the Childcare Director.

Initials: _____

STUDENT BEHAVIOR CONTRACT

It is the goal of the YMCA to provide a healthy, safe, and secure environment for all child care program participants. The YMCA teaches the core values of Respect, Responsibility, Caring and Honesty. Youth attending the program, are expected to follow the behavior guidelines and appropriately interact in a group setting at all times.

PROGRAM BEHAVIOR GUIDELINES

- People are RESPONSIBLE for their own actions
- RESPECT each other, the staff, the environments, and others' belongings.
- HONESTY will be the basis for all relationships and interactions
- We will demonstrate a CARING nature for ourselves and those around us at all times

When a participant does not follow the behavior guidelines the following steps may be taken:

- Staff will redirect the participant to a more appropriate behavior.
- The participant will be reminded of the behavior guidelines and program expectations. A discussion with the staff and the participant will take place regarding the inappropriate behavior.
- The staff documents the inappropriate behavior on a Behavior Notification Form and parents are asked to sign the form. (Depending on the behavior a conference with the parent and staff may occur to determine appropriate next steps to be taken.)
- If the problem persist a conference will occur with the parents, staff, and participant.
- If a problem persists and a participant continues to disrupt the program the YMCA reserve the right to suspend the participant or terminate services.

The following behaviors are not acceptable and will result in immediate suspension (and possible expulsion).

- Endangering the health and safety of themselves, other participants, or staff.
- Theft or damage of YMCA or other's personal property.
- Continuous disruption of the program.
- Refusal to follow program behavior guidelines and/or Day Camp rules
- Use of profanity, vulgarity, and/or obscenity.

The following behaviors are not acceptable and will result in immediate expulsion:

- Possession and/or use of tobacco, alcohol, illegal drugs, knives, firearms, firecrackers or explosives.
- Violent behavior that threatens the safety of themselves, other participants, or staff.

Texas department of Social Services prohibits child care providers from using corporal (physical) punishment, imposing humiliating discipline or mental abuse, or from interfering for punitive reasons with daily functions of living (such as eating, sleeping, or use of the bathroom). Under Texas law, a parent may not contract with a provider to give permission to administer corporal punishment. YMCA staff will use physical contact only in the extreme case of needing to provide containment for a participant who is endangering the health and safety of themselves, other participants, or staff and after all other tactics have been tried.

PARENTS SIGNATURE REQUIRED

I have reviewed with my child the above Behavior Guidelines, I understand and agree to all of the terms outlined in this document,

Printed Name of Parent: _____ Child's Name: _____

Parent Signature: _____ Date: _____

ARCHERY TAG RELEASE AND WAIVER OF LIABILITY

For and in consideration of the YMCA of El Paso allowing my child, _____, to participate as a YMCA Camp Counselor in any Archery Tag sanctioned activities ("Event" or "Events");

I, the legal parent and/or guardian, on behalf of my child and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the "Agreement"):

RULES AND REGULATIONS: My child hereby agrees to follow and observe all applicable provisions of the rules, codes, regulations, policies and procedures, and any other applicable governing documents of The El Paso YMCA.

STATEMENT OF HEALTH AND SAFETY: I understand that Archery Tag is a physically demanding sport and hereby certify that my child is in good health and in proper physical condition. They do not have any mental or physical conditions or impairments which would prevent their ability to safely participate in such activities.

ACKNOWLEDGMENT OF RISK: I knowingly, willingly and voluntarily acknowledge the inherent risks associated with participation in the sport of Archery Tag and understand that my child's participation in any Event involves risks and dangers including, without limitation, the potential for serious bodily injury, sickness and disease (including communicable diseases, virus or bacteria), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property; exposure to extreme conditions and circumstances; facilities or premises issues, including hazards resulting in slips, trips and falls; accidents involving other participants, event staff, volunteers, spectators or the general public; contact or exposure to other participants, including participants of varying skill levels; adverse weather conditions; travel risks; equipment failure, including protective equipment; inadequate safety measures; situations beyond the immediate control of the Event or Events organizers; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks").

WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: In conjunction with my participation in any Events, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: YMCA of El Paso, all local branches, employees, event participants (including registered athletes, coaches, trainers, officials and other personnel), the owner, organizer, promoters, sponsors or advertisers of any Event or Events; and all directors, officers, agents, administrators, contractors, employees or volunteers of any of the aforementioned parties with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorney fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my child's participation in any Archery event, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties. If, despite this Agreement, I, or anyone on my child's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

PARENTAL CONSENT : By signing below, As the Parent or Legal Guardian of the minor shown above, I hereby accept and agree to the terms and conditions of this Agreement. I warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), and intend for my signature to serve as confirmation of my complete and unconditional acceptance of this Agreement.

NAME OF PARTICIPANT (PRINT): _____ AGE: _____ DATE OF BIRTH: __/__/__

NAME OF PARENT/LEGAL GAURDIAN (PRINT): _____ Date: __/__/__

SIGNATURE: X _____