

# 2019 TAYLOR YMCA DAY CAMP REGISTRATION



PLEASE PRINT CLEARLY

PARENT/GUARDIAN INFORMED CONSENT

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Grade as of 9/19                      age as of 6/19

\_\_\_\_\_  
Date of Birth                              Gender

\_\_\_\_\_  
Child's Home Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Mother's/Guardian's Name                      Cell Phone

\_\_\_\_\_  
Work Phone                              Email Address

\_\_\_\_\_  
Mother's/Guardian's Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Father's/Guardian's Name                      Cell Phone

\_\_\_\_\_  
Father's/Guardian's Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Work Phone                              Email Address

**Please circle if your child is attending 3- day or 5-day camp?**    3 day                      5 day

5 Days \$160 Member \$175 Non Member  
(After May 1st) \$170 Member \$185 Non Member  
3 Days \$140 Member \$155 Non Member  
(After May 1st) \$150 Member \$165 Non Member

**DAY CAMP**

5 Day Camp \$140 Member \$155 Non Member  
(After May 1st) \$150 Member \$165 Non Member

1. I understand that my child/children's participation in YMCA activities, regardless of location, is at my own risk. As such, I as the parent or legal guardian assume full responsibility for bodily injury, death, or property damage arising out of my child/children's participation in YMCA activities.
2. I understand that, on occasion, photos may be taken for YMCA promotions/publicity as such, I give my permission for the use of my/my family's likeness in such promotion.
3. I have read the policies of the Taylor Family YMCA Summer Day Camp Parent Handbook.. \2019\Taylor Family YMCA Parent Handbook 2019.pdf I understand and agree to follow these policies. Failure to follow these policies may result in termination of the summer day camp program.

\_\_\_\_\_  
**Signature (Parent/Guardian)**

Date \_\_\_\_\_

**Please Circle your child's shirt size:**

6/8    10/12    14/16    AS    AM    AL    AXL

**Why did you select the Taylor YMCA Day Camp?**

- Close to home
- Positive Past Involvement
- Convenient
- Best value for the cost
- Recommended by a friend
- Quality of Staff

**How did you hear about our Summer Camp?**

- Mail
- Past Participant
- Friend
- Brochure
- Flyer
- Y Website
- Village of Gilberts

**PLEASE CIRCLE THE DAYS AND WEEKS YOUR CHILD PLANS TO ATTEND:**

Circle the weeks your child will attend	Week 1 May 28- May 31	Week 2 June 3-7	Week 3 June 10-14	Week 4 June 17-21	Week 5 June 24-28	Week 6 July 1-3 No Camp on the 4 <sup>th</sup> & 5 <sup>th</sup>	Week 7 July 8-12	Week 8 July 15-19	Week 9 July 22-25	Week 10 July 29- August 2	Week 11 August 5-9	Week 12 Aug. 12-16	TOTAL
For 3 day camp, circle in the days your child will attend	T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	M T W TH F	
Discovery Ages: 3-4	1	2	3	4	5	6	7	8	9	10	11	12	
Explorers Ages 5 & Entering Kindergarten	1	2	3	4	5	6	7	8	9	10	11	12	
Pathfinders Entering Grades 1 <sup>st</sup> & 2 <sup>nd</sup>	1	2	3	4	5	6	7	8	9	10	11	12	
Voyagers Entering Grades 3 <sup>rd</sup> & 4 <sup>th</sup>	1	2	3	4	5	6	7	8	9	10	11	12	
Navigators Entering Grades 5 <sup>th</sup> & 6 <sup>th</sup>	1	2	3	4	5	6	7	8	9	10	11	12	
Teen Camp Entering Grades 7 <sup>th</sup> & 8 <sup>th</sup>	1	2	3	4	5	6	7	8	9	10	11	12	
CIT Camp Entering Grades 9 <sup>th</sup> & 10 <sup>th</sup>	1	2	3	4	5	6	7	8	9	10	11	12	
Cost per Week													

**PICK UP AND DROP OFF LOCATION OPTIONS:**

Please circle which location you will be picking up and dropping off your camper:

- Memorial Park-Village of Gilberts      Taylor YMCA- Elgin

NOTE: PICK UP AND DROP OFF WILL BE AT THE TAYLOR YMCA MAY 28- May 31. THERE WILL BE NO PICK UP AND DROP OFF AT MEMORIAL PARK.

**AUTHORIZED PICK-UP CONTACT INFORMATION**

(Must have a minimum of 3 additional other than parents)

1. \_\_\_\_\_  
Name Relationship Date of Birth

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

2. \_\_\_\_\_  
Name Relationship Date of Birth

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

3. \_\_\_\_\_  
Name Relationship Date of Birth

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

**MEDICAL INFORMATION**

Allergies—List all know (medication, food, insect bites, etc.):

\_\_\_\_\_

Is your child taking any medication while at camp or at home? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" please list all medications: \_\_\_\_\_

\_\_\_\_\_

List all Current/Prior Medical, Physical, Emotional, and/or Behavioral Restrictions (i.e. ADHD, Asperger's, Autism etc.) that affect your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Doctor's Name Phone Number

In the event of an emergency and I cannot be reached, I give my permission for the YMCA to act on my behalf in authorizing any necessary medical treatment. If an emergency vehicle is necessary, I understand that I will be called immediately following the call for appropriate follow-up.

\_\_\_\_\_  
Parent/Guardian's Signature Date

Please select an option below for your child's most recent physical form

- ◇ I will email my form to Chris
- ◇ I will fax it to 847-428-2762
- ◇ Attached

## TAYLOR FAMILY YMCA

### Summer Day Camp Automatic Payment Form (EFT/CAD)

The Taylor Family YMCA offers two different types of automatic payment plans called Electronic Funds Transfer (EFT) and Charge Account Draft (CAD). Both plans are very easy to use and are available to everyone.

Your signature will confirm that you've read and understand the following:

- I understand that my childcare payment will be automatically withdrawn from my checking account or charged on my credit card on a weekly basis according to the schedule provided. Payments are due the Wednesday prior to the week attending.
- I understand that I must provide two weeks written notice before my automatic payment can be cancelled or changed.
- I understand that the YMCA automatic payment plans are continuous and will remain in effect until I cancel or change my payment preference in writing or until a program ends.
- I understand that the Taylor Family YMCA may, at their discretion, adjust the monthly rate associated with my childcare, provided they announce any rate change 30-days in advance.
- I understand that I am responsible for making funds available for each and every payment while I am enrolled as a YMCA member. I also understand that I will incur a \$25.00 service charge fee any payment declined by my bank or credit card provider.
- I understand that the YMCA reserves the right to cancel my childcare if a payment is not made prior to the camp week beginning.

Print Child's Name: \_\_\_\_\_

Print Program Name: \_\_\_\_\_

Please select a payment option below:

EFT – I have attached a voided check.

CAD – Please circle: Visa    MasterCard    Discover    American Exp

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Print Name (as it appears on Card) \_\_\_\_\_

Weekly Withdrawal Amount: \$ \_\_\_\_\_      Withdrawal Start Date: \_\_\_\_\_

I hereby authorize the Taylor Family YMCA to withdrawal my weekly camp fees stated in the amount above from the designated credit card or account provided on my voided check. This authority is to r e m a i n in full force and effective until I provide the YMCA with 2-weeks written notice of my intention to cancel or change from a u t o m a t i c payment.

Please Print Authorized Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Golden Corridor Family YMCA Release and Waiver of Liability and Indemnity Agreement**

I agree to follow all rules and regulations of the Golden Corridor YMCA while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations. **IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:**

1. **THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. **THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. **THE UNDERSIGNED HEREBY UNDERSTANDS THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I ALSO UNDERSTAND THAT PROGRAM ACTIVITIES MAY INCLUDE FIELD TRIPS TO LOCATIONS OUTSIDE THE YMCA PREMISES, AS DESCRIBED IN DETAIL IN THE PROGRAM MATERIALS, AND THAT PUBLIC OR PRIVATE TRANSPORTATION MAY BE UTILIZED TO TRANSPORT PARTICIPANTS TO AND FROM THESE FIELD TRIP LOCATIONS. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.**
4. **THE UNDERSIGNED HEREBY GIVES PERMISSION** for the Golden Corridor Family YMCA, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in Golden Corridor Family YMCA activities in the future YMCA promotional purposes, without additional release or authorization.

**THE UNDERSIGNED** further expressly agrees that the foregoing **RELEASE, WAIVER AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE.**

Signature of applicant/parent \_\_\_\_\_ Date \_\_\_\_\_  
Print name of applicant \_\_\_\_\_  
Print names of child(ren) in program \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Home phone \_\_\_\_\_



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Summer Camp Program Waivers & Handbook Receipt

As a participant of the Taylor Family YMCA Summer Camp, I understand that any child who, after attempts have been made to meet the child's individual needs, demonstrates inability to benefit from group-centered care, as offered by our facility, may be discharged from the Summer Camp Program.

Parent

Signature: \_\_\_\_\_

Many sports, activities, and programs have inherent elements of danger. As a parent of a child enrolled in YMCA child care programs, I understand that my child's participation in YMCA activities, regardless of location, is at my own risk. In the event I cannot be reached in an emergency, I hereby give my permission to the emergency physician to hospitalize, secure proper medical assistance, and to order the necessary treatment for my child/children.

Parent

Signature: \_\_\_\_\_

On occasion, pictures or video may be taken by authorized YMCA staff for benefit of promoting YMCA programs to the public or local businesses OR as a means of monitoring or improving the program.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_

As a parent of a child in YMCA child care programs, I understand that the Summer Camp Program closes at 6:00 pm for both the Taylor Branch and Memorial Park location. If my child is picked up after 6:00 pm, I understand that a fee of \$20.00 is assessed for the first 10 minutes, or portion thereof, and an additional \$1.00 per minute thereafter will accrue and be charged to my monthly bill. Further, I understand that three (3) late pick-ups may result in discharge from the program.

Parent

Signature: \_\_\_\_\_

I have received and read the policies of the Taylor Family YMCA Summer Camp Program Parent Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of Childcare service.

Parent

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Taylor Family YMCA Summer Camp Program**  
**PARENT HANDBOOK ACKNOWLEDGEMENT**  
**FORM**



I have received a copy of the 2019 YMCA Summer Camp Program Handbook and will adhere to all policies within it.

**THIS FORM MUST BE SUBMITTED WITH MY CHILD'S REGISTRATION**  
**for his/her registration to be complete.**

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Child(ren)'s First & Last Name in the Summer Camp Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

YMCA School Age Director: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_ Copy placed in child's file



