



Carmel Valley Youth Center Summer Day Camp 2021

DISCOVERY (entering TK-1) ADVENTURE (entering 2-3) EXPLORERS (entering 4-5) CHALLENGER (6-8)

CHILD'S NAME: _____ **Male** **Female**

CURRENT AGE: _____ **GRADE IN FALL 2021** _____ **BIRTHDAY:** ____/____/____

The minimum age for Discovery Camp participants is 5.0 years old by 9/1/21 and enrolled in Transitional Kindergarten/ Kindergarten for the 2021-2022 year.

ADDRESS: _____ **CITY:** _____ **ZIP** _____

PARENT/GUARDIAN: _____ **PARENT/GUARDIAN:** _____

Primary #: _____ **Primary #:** _____

Secondary #: _____ **Secondary #:** _____

EMAIL : _____ **EMAIL :** _____

EMERGENCY INFORMATION

ALTERNATIVE PERSONS TO BE CALLED IN CASE OF AN EMERGENCY CHECK HERE IF YOU WOULD LIKE TO INCLUDE ALL PERSONS LISTED BELOW

NAME: _____ **PHONE:** _____ **RELATIONSHIP** _____

NAME: _____ **PHONE:** _____ **RELATIONSHIP** _____

NAME: _____ **PHONE:** _____ **RELATIONSHIP** _____

NAME: _____ **PHONE:** _____ **RELATIONSHIP** _____

CHILD RELEASE AUTHORIZATION

LIST ALL PERSONS AUTHORIZED TO PICK UP CHILD: CHECK HERE IF YOU WOULD LIKE TO INCLUDE ALL PERSONS LISTED ABOVE

NAME: _____ **PHONE:** _____ **RELATIONSHIP** _____

NAME: _____ **PHONE:** _____ **RELATIONSHIP** _____

NAME: _____ **PHONE:** _____ **RELATIONSHIP** _____

NAME: _____ **PHONE:** _____ **RELATIONSHIP** _____

IS THERE ANYONE NOT ALLOWED TO PICK UP OR CONTACT YOUR CHILD THAT THE YMCA NEEDS TO KNOW OF? YES NO

NAME*: _____ **RELATIONSHIP:** _____
(*PLEASE PROVIDE LEGAL DOCUMENTS IF REQUIRED BY LAW.)

PERSONAL INFORMATION

CHILD'S NICKNAME: _____
CHILD'S SWIMMING ABILITY: *ADVANCED* *INTERMEDIATE* *BEGINNER*
WHAT COULD YOUR CHILD'S COUNSELOR DO TO HELP HIM/HER FEEL COMFORTABLE AT THE YMCA DAY CAMP?:

DOES YOUR CHILD REQUIRE SPECIAL ACCOMMODATIONS? YES NO
IF 'YES' PLEASE EXPLAIN: _____

(PLEASE CONTACT THE DAY CAMP DIRECTOR PRIOR TO THE START OF THE PROGRAM IF YOUR CHILD REQUIRES REASONABLE ACCOMMODATIONS)



HEALTH HISTORY FORM

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MEDICAL INFORMATION PAST OR PRESENT (PLEASE CIRCLE)

ASTHMA	YES	NO
HEART DEFECT/DISEASE	YES	NO
RECENT HOSPITALIZATION	YES	NO
UNDER DR. CARE	YES	NO
SEIZURES	YES	NO
DIABETES	YES	NO
GERMAN MEASLES	YES	NO

ADD/ADHD	YES	NO
HEAD LICE	YES	NO
SLEEPWALKING	YES	NO
TUBERCULOSIS	YES	NO
CHICKEN POX	YES	NO
MEASLES	YES	NO
OTHER:	_____	

FOR EACH 'YES', PLEASE EXPLAIN:

ALLERGIES

HAY FEVER	YES	NO
OAK/IVY POISONING	YES	NO
FOODS	YES	NO
ANY OTHER ALLERGIES?	YES	NO

BEE STINGS	YES	NO
PENICILLIN	YES	NO
INSECTS	YES	NO

IF YES, PLEASE LIST: _____

*IF CURRENT MEDICATIONS ARE TO BE CONTINUED AT DAY CAMP, PLEASE SUBMIT A MEDICATION AUTHORIZATION FORM TO THE DAY CAMP DIRECTOR.

DIETARY RESTRICTIONS?: *YES* *NO* IF 'YES', PLEASE LIST: _____

ANY REASON TO RESTRICT FULL ACTIVITY INCLUDING SWIMMING, LONG HIKES, OR STRENUOUS PHYSICAL GAMES?: *YES* *NO*

INSURANCE INFORMATION

HEALTH INSURANCE: _____
 POLICY #: _____
 FAMILY PHYSICIAN: _____
 PHONE#: _____
 FAMILY DENTIST: _____
 PHONE#: _____

VACCINES

DPT: _____ MEASLES _____
 TETANUS: _____ MUMPS: _____
 ORAL POLIO: _____ RUBELLA: _____

_____ PLEASE INITIAL HERE IF CHILD'S IMMUNIZATIONS ARE ALL UP TO DATE

PARENT/GUARDIAN MEDICAL AUTHORIZATION AND PHOTO RELEASE

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reach in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. I give my permission to the YMCA to administer medications if prescribed on the medication consent form. We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees.

Photos of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Liability Waiver _____

I authorize the YMCA staff to apply sunscreen to my child's exposed skin, on an as-needed basis. Yes No

Camp T-shirt Size: _____

****Camp shirts will be disbursed the 1st day of camp****

How did you hear about the YMCA Summer Camp?
(please circle)

Through my Child's School

Website

Received info in the mail

Facebook / TV / Newspaper

Previous Camper

Friend/Family



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Financial Agreement/Parent Statement of Understanding

Child's Name: _____

Parent Name: _____

Fees and Payment Agreements

- I understand that I am responsible for submitting my camp tuition payments on time. Tuition is **due by the Friday prior to the camp week**. If my payment is not received on time, I will be charged a **\$10.00 late fee**. If payment of balance is not received by the first day of camp, my child will not be allowed to attend YMCA Camp or any other YMCA programs until the balance is paid in full. Or day of camp and my child does not attend, I will still be billed for the full balance of the fees unless I **notify the membership team of cancellation by the Thursday prior to the camp week starting**.
- I understand that camp fee deposits are non-refundable and non-transferable.
- I understand that if my payment is made by credit card or check and the payment is declined, I will be charged a \$25.00 NSF fee and my child will not be accepted in the YMCA Camp or any other YMCA programs until my account has a zero balance.
- I understand that I must pick up my child by close of the camp program at 6:00 p.m. If my child is not picked up by 6:00p.m., I will be billed \$1.00/minute for every minute after 6:00 p.m and my child cannot attend camp or other Y programs until my account is at zero **(\$0)** balance.
- I understand that the YMCA does not issue refunds for Day Camp for registration fees, deposits, illnesses or vacations.
- YMCA requires all participants to be **SIGNED IN and SIGNED OUT** each day. See Parent Information Sheet for details.

Additional Information

- The YMCA is not responsible for lost, stolen or damaged items. Electronic games/ devices are not allowed at the facility.
- I understand that it is my obligation to ensure that my conduct and the conduct of any guests I may bring to the Y is consistent with our core values of caring, honesty, respect and responsibility.
- I understand that should I or my guests behave in any manner inconsistent with the Y's core values of caring, honesty, respect and responsibility, we will be asked to leave the vicinity in a timely manner.

I have read, understand, and agree to the above-mentioned policies.

Parent Signature: _____ Date: _____



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Student Behavior Management Procedures

It is the goal of the Salinas YMCA Family Center to provide a healthy, safe, and secure environment for all YMCA Day Camp Program participants. The Y teaches the core values of Respect, Responsibility, Honesty and Caring. **Program Behavior Guidelines are as follows:** People are responsible for their actions, respect each other and the environment, honesty will be the basis for all relationships and interactions and we will care for ourselves and those around us. **When a child does not follow the behavior guidelines, the following steps will be taken:**

- Staff will redirect the child to more appropriate behavior.
- The child will be reminded of the behavior guidelines and rules, and a discussion will take place.
- The parent will be notified of the problem.
- The staff will document the situation. This written documentation will include what the behavior is, what provoked the problem, and corrective action taken.
- A conference with the parent and staff will occur to determine the appropriate action.
- A progress check or follow up will occur.
- If the problem persists, a conference will occur with the parent, child, staff and Program Director. The Program Director will have all documentation, and conference notes for review. Future participation may require counseling.
- If a child's behavior at any time threatens the immediate safety of self, other children or staff, the parent will be notified and expected to pick up the child **immediately.**
- If a problem persists, and a child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program.
- Removal from the program will be considered in extreme situations.

The following behaviors are not acceptable and will result in immediate suspension or expulsion from the program:

Suspension*:

(for the remainder of the current day and the next day)

Endangering the health and safety of the children and/or staff.

- Threats made to children and/or staff regarding firearms, knives, firecrackers or explosives.
- Theft or damage to YMCA, school, field trip locations, or personal property.
- Leaving the child care program without permission.
- Continuous disruption of the program.
- Refusal to follow program behavior guidelines and/or school rules.
- Use of profanity, vulgarity, and/or obscenity.
- Lewd behavior.
- Refusing to stay with their group (walking away).
- Hitting (punching, slapping) another child.

*(*If any of the behaviors listed above persists, a second suspension may occur pending expulsion.)*

Immediate Expulsion:

- Possession of and/or use of tobacco, knives, alcohol, illegal drugs, firecrackers, firearms or explosives.

I have reviewed the Behavior Management Procedures with my child.
I understand and agree to all of the terms presented in this document.

Parent/Guardian Signature: _____

Date: _____



CENTRAL COAST YMCA RELEASE, WAIVER and INDEMNITY AGREEMENT

In consideration of being permitted to utilize the YMCA (or for my children to so participate) for any purpose, including but not limited to observation, use of the YMCA's facilities or equipment, participation in athletic activities, exercise classes, sports programs including any off-site program affiliated with the YMCA, I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any of the foregoing activities.

I hereby (and on behalf of my children) release, discharge and agree not to sue the YMCA, its employees, officers, or directors (hereinafter referred to as 'releasees') for any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in these activities.

I hereby agree to indemnify and save and hold harmless the releasees from any loss, liability, damage or cost they may incur due to my presence (or my children's presence) in or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA, or participating in any programs affiliated with the YMCA, including any off-site program.

I agree to assume full responsibility for bodily injury, death or property damage for myself (and for my children) while in, or about the premises of the YMCA and/or while using any facilities or equipment, or participating in any program affiliated with the YMCA, including any off-site program.

I further agree 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 California and that if any portion is held invalid, the balance shall continue in full legal force and effect.

I have read and understand this Release, Waiver and Indemnity Agreement. I voluntarily sign the above and further agree that no oral representations, apart from the foregoing written agreement have been made.

Parent Signature

Date

Print Name

Name of Child