



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

OFFICE USE: Photos: Yes No T-Shirt Size \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Limitations: \_\_\_\_\_  
Weekly M-F \_\_\_\_\_ 3 Day \_\_\_\_\_ (M T W Th F or Varies)

# SUMMER CAMP 2018 REGISTRATION

*Camp rates increase  
beginning May 5th.  
Fees and rates are listed  
on page 6 of the YMCA  
Camp Brochure*



EACH LINE MUST BE COMPLETED WITH INFORMATION OR WITH "N/A" INSERTED.

- \_\_\_\_\_ "Discoverer" (3 - 5 year olds)
- \_\_\_\_\_ "Adventurer" (K- 2nd Grade)
- \_\_\_\_\_ "Explorer" (3rd - 6th Grade)
- \_\_\_\_\_ "LIT / CIT" (LIT - 7th - 9th, CIT - 10th - 12th)

Child's Name \_\_\_\_\_ School Attended \_\_\_\_\_

Birthdate \_\_\_\_\_ Entering Grade \_\_\_\_ Age \_\_\_\_ Male/Female \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

**EMAIL ADDRESS (must include):** \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Address (if varies from above) \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Address (if varies from above) \_\_\_\_\_

Father's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**\*\*MUST COMPLETE\*\*** LOCAL CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENT)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Persons other than parent who may remove child from center:

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Designated pick-up persons are required to present photo ID at time of pick-up for your child's protection. (Driver's License Preferred)

T-Shirt Size: Youth: S (6-8) M (10-12) L (14-16) or Adult: S M L

T-SHIRT SIZES DISTRIBUTED ON FIRST COME/SERVE BASIS -LIMITED QUANTITY SIZES AVAILABLE  
COMPLETE PAGES 1- 3 IN FULL & SUBMIT WITH PAYMENTS ONLY TO THE Y OFFICE.  
PARENT POLICY HANDBOOK IS AVAILABLE AT YMCA OFFICE OR ON OUR WEBSITE UNDER FORMS & HANDBOOKS  
CAMP TUITION RATES INCREASE AFTER MAY 5, 2018  
REGISTRATIONS RECEIVED WITHOUT FEES WILL BE AUTOMATICALLY RETURN MAILED IN ORDER TO NOT MISPLACE.

**CONTINUE REGISTRATION ON NEXT PAGE**

**ACTIVITY AND FIELDTRIP PERMISSION SLIP**  
**RELEASE OF LIABILITY FORM**  
**AUTHORIZATION FOR MEDICAL TREATMENT**

I give permission for the above listed child, a participant in the Lincoln Area YMCA Summer Camp program, to participate on all scheduled fieldtrips, all regular daily camp activities, and swim activities, during days/weeks that he/she is a participant during the 2018 YMCA Summer Camp program. I understand that a notice of fieldtrip plans including dates, times, locations, and all other related details for each fieldtrip will be posted by the sign in/sign out and/or facility entrance areas prior to each fieldtrip.

I hereby release the Lincoln Area YMCA and Odd Fellows Association and their staff members, administration, board members, volunteers, and any other related entity, agency, or organization collaborating or working with the two groups, from responsibility and liability from any injury or illness that my child may sustain during camp and/or fieldtrips.

In case of emergency, I hereby authorize the Lincoln Area YMCA staff, as an agent for me, to consent to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the State of Illinois where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible and before hospitalization or surgery is administered (unless the injury or illness is life threatening). I will accept responsibility for payment of medical services rendered.

Physician Name/Address/Phone \_\_\_\_\_

Allergies/Medication \_\_\_\_\_

Physical Limitations/Special Needs \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Exp. Date \_\_\_\_\_

Policy #/Group #/Phone # \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**STATEMENT OF AGREEMENT**

I, parent/guardian of registered child, hereby sign that I have completed the registration packet in full, read the parent handbook in full, and agree to follow all policies and procedures of the Lincoln Area YMCA that are contained in the 2018 Summer Camp Parent Policy Handbook.

I have read the registration, attendance, and tuition payment policies, and agree to follow these policies and procedures of the Lincoln Area YMCA.

I understand that weekly tuition is due in full each Wednesday, in the week prior to my child attending the next week.

I have read the YMCA vacation/absence/illness policies and agree to follow all policies and procedures.

I have read the disciplinary practices used by the 2018 Summer Day Camp program.

I **DO / DO NOT** (Please circle one) grant full permission to the Lincoln Area YMCA to use photographs/ videotape of my child for publication for YMCA advertising and program informational purposes. Failure to circle either choice automatically provides authorization to use photos and videotapes.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CONTINUE REGISTRATION ON NEXT PAGE (CHILD ATTENDANCE SCHEDULE)**



**YMCA SUMMER CAMP IS  
SPONSORED BY:**





WEEKLY RATE IS:

Full Time (4-5 days/wk): \$ \_\_\_\_\_

3 Day Rate (same days/wk): \$ \_\_\_\_\_

3 Day Rate (diff days/wk): \$ \_\_\_\_\_

Notes: \_\_\_\_\_

**2018 YMCA SUMMER CAMP PARTICIPANT SCHEDULE (May 31 – August 18, 2018)**

Child's Name (print): \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ "DISCOVERER" (3—5 year olds) Parent Email: \_\_\_\_\_  
 \_\_\_\_\_ "Adventurer" (K– 2nd Grade)  
 \_\_\_\_\_ "Explorer" (3rd – 6th Grade)

SESSION # & DATE	MUST CHECK WEEKLY OR BY DAYS	Amt. Due / Amt. Paid Ck#
1 May 30 – June 1	W-F ___ or W ___ Th ___ F ___	\$ _____ / _____
2 June 4 - June 8	M-F ___ or M ___ T ___ W ___ Th ___ F ___	\$ _____ / _____
3 June 11 - June 15	M-F ___ or M ___ T ___ W ___ Th ___ F ___	\$ _____ / _____
4 June 18 – June 22	M-F ___ or M ___ T ___ W ___ Th ___ F ___	\$ _____ / _____
5 June 25 – June 29	M-F ___ or M ___ T ___ W ___ Th ___ F ___	\$ _____ / _____
6 July 2 - July 6	M-F ___ or M ___ T ___ Th ___ F ___	\$ _____ / _____
7 July 9 - July 13	M-F ___ or M ___ T ___ W ___ Th ___ F ___	\$ _____ / _____
8 July 16 - July 20	M-F ___ or M ___ T ___ W ___ Th ___ F ___	\$ _____ / _____
9 July 23– July 27	M-F ___ or M ___ T ___ W ___ Th ___ F ___	\$ _____ / _____
10 July 30 - Aug 3	M-F ___ or M ___ T ___ W ___ Th ___ F ___	\$ _____ / _____
11 Aug 6 - Aug 10	M-F ___ or M ___ T ___ W ___ Th ___ F ___	\$ _____ / _____
12 Aug 13 - Aug 16	M-F ___ or M ___ T ___ W ___ Th ___	\$ _____ / _____

\*I have registered my child for the above marked dates for Summer Camp and have read and understand policies regarding registration, attendance schedule, attendance changes, and the tuition payment policy contained in the 2018 Parent Policy Handbook. *Parents must put changes to the above schedule in writing and forward or fax to the Y office. Changes to the above schedule will not be accepted by phone or through camp staff. No exceptions. Accounts will be charged according to the schedule above if the Y has not received the change in writing by Wednesday noon the week prior.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MUST BE COMPLETED BY OFFICE STAFF ACCEPTING REGISTRATION:**

Check/Cash Receipt # \_\_\_\_\_ Total Amount Paid \$ \_\_\_\_\_ Registration Fee Paid \$ \_\_\_\_\_

Membership Fee Paid \$ \_\_\_\_\_ OR must write in their 2018 Member # \_\_\_\_\_

Tuition Paid \$ \_\_\_\_\_ for session(s) \_\_\_\_\_

Subsidy Program \_\_\_\_\_ Co-Pay \$ \_\_\_\_\_ Amount of scholarship \$ \_\_\_\_\_

Names of other children with the registration payment \_\_\_\_\_

Comments: \_\_\_\_\_

Staff Initial: \_\_\_\_\_ Date Received/Office: \_\_\_\_\_ *Staff Must Copy Pg 1-3 For Parent At Time of Registration* \_\_\_\_\_



# LINCOLN AREA YMCA

## 2018 MEMBERSHIP APPLICATION

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

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Name \_\_\_\_\_  
First Middle Initial Last

Email Address \_\_\_\_\_  
(Please include email to receive important program deadlines and/or cancelations due to weather or emergency.)

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

Phone \_\_\_\_\_  
Home/Cell Work Emergency

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender M F Employer \_\_\_\_\_

Parent (s) Name (if youth membership) \_\_\_\_\_ Parent's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Additional Family / Household Members

One or two adults living in the same household and any of their dependent children under the ages of 19 or in college up to age 25.

Spouse / Adult Household Resident \_\_\_\_\_  
First Middle Initial Last

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender M F  
Other than Primary Household

Employer \_\_\_\_\_

Dependents Living at Home M F Date of Birth School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Please select your membership type

- Program Membership (\$37 per year) Programs at reduced member prices
- Open Gym pass (\$60 for 4 months) January 2 – May 27, 2018

\* Program membership in the Lincoln Area YMCA runs from January 1<sup>st</sup> to December 31<sup>st</sup> of each year. Each family will be assigned a program membership number and will be placed on the YMCA's mailing list to receive seasonal program catalogs and additional information about our programs throughout the year. Lincoln Area YMCA memberships are not transferable to any other YMCA.

\*\* Open Gym pass to the Y Activity Center is good from January 2 - April 27, 2018. Open Gym hours are Monday - Thursday, 5 - 8pm, Saturday, 1 - 5pm, and Sunday, 1 - 5pm.

**Y Program membership is required for participation in all LINCOLN AREA YMCA programs.**

I am interested in volunteering at the Y. Please call me at: \_\_\_\_\_  
 How did you hear about the Lincoln Area YMCA? \_\_\_\_\_

**For Office Use:**  
 Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Check/Cash #: \_\_\_\_\_ Total Paid: \_\_\_\_\_