



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)
Weekly Rate Due: \$ _____ Copy Pages 1-3 For Parent _____

SUMMER CAMP 2017 REGISTRATION

*Early Registration ends May 2nd.
Camp rates increase \$2/day or
\$10/week beginning May 3rd!*

*Fees and rates are listed on the last
page of parent handbook.*



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

_____ "CAMP SUNSHINE" (KIDCAMP - Entering K- 2nd Grade)
_____ "CAMP STARSHINE" (PRETEEN - Entering 3rd - 7th Grade)

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 re-
quired to present phot ID at time of
pick-up for your child's protection.
(Driver's License Preferred)

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

- 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. CASH ONLY DURING OFFICE HOURS.
- DETACH & KEEP PARENT POLICY HANDBOOK PORTION FOR REFERENCE.
- CAMP TUITION RATES INCREASE AFTER MAY 2, 2017 by \$2 PER DAY OR \$10 PER WEEK
- 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 2017 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

1. 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 2017 Summer Camp Parent Policy Handbook.
2. I have read the registration, attendance, and tuition payment policies, and agree to follow these policies and procedures of the Lincoln Area YMCA.
3. I understand that weekly tuition is due in full each Wednesday, in the week prior to my child attending the next week.
4. I have read the YMCA vacation/absence/illness policies and agree to follow all policies and procedures.
5. I have read the disciplinary practices used by the 2017 Summer Day Camp program.
5. 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)

Y SUMMER CAMP IS SPONSORED BY CEFCU and LINCOLN ROTARY



WEEKLY RATE IS:
 Full Time (4-5 days/wk): \$ _____
 3 Day Rate (same days/wk): \$ _____
 3 Day Rate (diff days/wk): \$ _____
 Notes: _____

2017 YMCA SUMMER CAMP PARTICIPANT SCHEDULE (May 31 – August 18, 2017)

Child's Name (print): _____ **Parent Phone #:** _____

CHECK ONE: _____ **CAMP SUNSHINE (KIDCAMP) (Entering K-2)** **Parent Email:** _____
 _____ **CAMP STARSHINE (PRETEEN) (Entering 3-7)**

<u>SESSION # & DATE</u>	<u>MUST CHECK WEEKLY OR BY DAYS</u>	<u>Amt. Due / Amt. Paid Ck#</u>
1 May 31 – June 2	W-F___ (Full week is not applicable)	\$_____/_____
2 June 5 - June 9	M-F ___ or M ___ T ___ W ___ Th ___ F___	\$_____/_____
3 June 12 - June 16	M-F ___ or M ___ T ___ W ___ Th ___ F___	\$_____/_____
4 June 19 – June 23	M-F ___ or M ___ T ___ W ___ Th ___ F___	\$_____/_____
5 June 26 – June 30	M-F ___ or M ___ T ___ W ___ Th ___ F___	\$_____/_____
6 July 3 - July 7	M-F ___ or M ___ T ___ W ___ Th ___ F___	\$_____/_____
7 July 10 - July 14	M-F ___ or M ___ T ___ W ___ Th ___ F___	\$_____/_____
8 July 17 - July 21	M-F ___ or M ___ T ___ W ___ Th ___ F___	\$_____/_____
9 July 24– July 28	M-F ___ or M ___ T ___ W ___ Th ___ F___	\$_____/_____
10 July 31 - Aug 4	M-F ___ or M ___ T ___ W ___ Th ___ F___	\$_____/_____
11 Aug 7 - Aug 11	M-F ___ or M ___ T ___ W ___ Th ___ F___	\$_____/_____
12 Aug 14 - Aug 18	M-F ___ or M ___ T ___ W ___ Th ___ F___	\$_____/_____

*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 2017 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 2017 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* _____