



# OTTAWA YMCA 2024 SUMMER DAY CAMP

.....Day Camp Group \_\_\_\_\_

### Camper Information: Please print clearly with complete information

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Grade (Fall 2023): \_\_\_\_\_ Shirt Size : \_\_\_\_\_

School \_\_\_\_\_

	YS	YM	YL
SIZE CHOICES	5-6	7-8	10-12
	Adult S	Adult M	Adult L Adult XL

### Parent Information:

Parent 1: \_\_\_\_\_ M/F D.O.B. \_\_\_\_\_ Preferred contact: Phone/Email

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Parent 2: \_\_\_\_\_ M/F D.O.B. \_\_\_\_\_ Preferred contact: Phone/Email

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

**Child resides with:** Both Parent 1 Parent 2 Guardian Other

Place of Employment \_\_\_\_\_

### Emergency Contacts & Release:

Name(s) and Phone Number(s) of person(s) OTHER THAN PARENTS, 18 years of age and older, allowed to pick up your child: (Please note: Only individuals listed on this form may pick your camper up.)

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Camper Medical Information:

Please print clearly with complete information

**The YMCA takes your child's safety very seriously. All medical information must be completed and no line is to be left blank.**

Please let us know of any important medical information that will allow us to better serve your child:

\_\_\_\_\_

Will your child need to take any prescription medications while at camp?  Yes  No

If answer is yes please list all medications on medication form.

## Ottawa YMCA Camp Registration:

Camper's Name: \_\_\_\_\_

The Ottawa YMCA Summer Day Camp is the best value around! Our Y summer day camps provide kids with imaginative activities that make sure they have fun while making new friends, building self-confidence and discovering the world around them. Our all inclusive camp provides everything to make your child's summer amazing!

### INCLUDED:

Breakfast      Art  
Snack          Sports  
T-Shirt        Themed Activities  
Field Trips  
Lunch

### PARENTS PROVIDE:

Sunscreen  
Swim Suit  
Towel  
Book Bag  
Bug Spray  
Water

### DAY CAMP GROUPS

**SCOUTS:** Ages 4 & 5 Pre-K

**TREKKERS:** Age 5 & 6 Must have completed K.

**EXPLORERS:** Ages 7 & 8 2nd & 3rd grades

**ROVERS:** Ages 9 & 10 4th & 5th grades

**YOUNG LEADERS:** Ages 11-14 6-8th grades

Supervision available 6:30 am-5:30 pm

Monday-Friday

Program Runs 9:00am-4:00 pm

Monday-Friday

### Payment Information:

**Registration Fee per Child \$40**

**one time non-refundable fee**

### PROGRAM RATES

**Weekly Rate \$140 Member/\$180 Program Participant**

**Rate for each additional child**

**Weekly Rate \$120 Member/\$160 Program Participant**

**Daily Rate \$40 Member/\$50 Program Participant**

Over the counter registration and payment must be completed by the Friday before the following week.

Weekly and daily rates are **NONREFUNDABLE**

**Buy a Summer Special 3 Month Membership & Pay NO Join Fee! Save over \$400 in Summer Camp costs!**

**Special Runs May 13-June 9**

Include your CCC approval with this form.

Registration Fee (Due at registration)

**Payments may be made on-line or call by 8:00 pm the Friday prior to pay for the following week. Late sign-ups incur a \$5 late fee per child per day. Online payments must be made the week prior to needing care or automatic late fees will be added. Continued late on-line sign ups will result in losing on-line privileges.**

### Statement of Purpose:

The YMCA being a membership organization believes in the development of Christian character growth. I agree to cooperate with others in the accomplishment of this purpose and abide by Association rules of conduct. I understand the YMCA has no responsibility for personal injury, medical expense or loss of personal items.

### Photo Release Authorization:

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give the Ottawa YMCA, its legal representatives, successors, and assigns, including its member YMCA associations, or those for whom it is acting, and all persons and corporations acting its permission or upon its authority, the absolute right and permission to take, copyright, use and publish photographs of or concerning me and/or my family in whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission.

### Convicted Child Sex Offender Restriction:

Any individual whose name appears on a county distributed list of child sex offenders shall be denied membership program participation at the Ottawa YMCA. Any individual on the list shall have the right to appeal this decision to the Ottawa YMCA Executive Committee within 60 days of applying for a membership or for program participation. The decision of the Executive Committee is final. Applicant/Member is ineligible to participate while appeal is pending. Any current member or program participant found on this list shall be given immediate written notice of the cancellation of their membership and has the opportunity to appeal. Furthermore, the question "Have you ever been or are currently required to register as a criminal sex offender?" will appear on all membership applications effective May 1, 1998. Date of Board action 04-16-1998. MY SIGNATURE BELOW INDICATES I HAVE READ THIS STATEMENT AND THAT NEITHER I NOR ANY MEMBER OF MY FAMILY HAS BEEN CONVICTED AS A CHILD SEX OFFENDER.

BY READING AND SIGNING YOU AGREE/CONSENT TO ALL NOTED ABOVE: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

In consideration of participating in activities, and for other good and valuable consideration, I hereby agree to **release and discharge from liability** arising from negligence *The Ottawa YMCA* and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in any activity involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. **I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

(If notarization is necessary, please sign & stamp this side of form.)

**Allergies:**

Please put N/A if your child does not have any allergies

Food/Medication/Other: \_\_\_\_\_

Does your child require an Epi-pen?  Yes  No

If yes, you must provide the Y with an Epi-pen to be kept at camp during your child’s enrollment. The Epi-pen must be accompanied with a current prescription and a doctor’s note.

Please check off what best describes your child:

\_\_\_\_\_ Friendly      \_\_\_\_\_ Shy      \_\_\_\_\_ Active      \_\_\_\_\_ Aggressive

**Specific activities that are restricted for health reasons:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent Statement of Understanding:**

I, \_\_\_\_\_, have read & understand the policies listed below:

- I have received a copy of the camp manual, and I agree to all the terms and conditions.
- I understand that when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a YMCA Staff Person.
- I grant permission for my child(ren) to participate in all planned program activities, including trips by motor vehicle away from the YMCA program site.
- I give permission to photocopy all forms.
- I also give my permission to the YMCA to use all photos, videos, voice and images taken of the applicant for purposes, which the YMCA may deem appropriate.
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines, including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)’s participation in the program.
- I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged or stolen articles. I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party or disruptive behavior cannot be made up, credited or refunded. (see the program brochure for the complete refund policy)
- I understand this facility engages and complies with the background check and clearance procedure through DCFS Child Care Connect.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Adult Code of Conduct

Adults who display any one of the following behaviors will not be allowed on YMCA property or program sites:

- Being disrespectful to others
- Physical abuse/verbal abuse of any kind
- Being under the influence of alcohol/drugs
- Smoking onsite
- Confronting and correcting other children enrolled in the program
- Confronting and correcting other parents

If YMCA staff suspect a parent/guardian is under the influence of alcohol or drugs, or witness child abuse, the police will be called. The YMCA's first responsibility is to ensure the safety of every child.

## RECEIPT OF PARENT HANDBOOK

I have read and received the policies of the Ottawa YMCA Summer Camp Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of child care program services.

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Parent/Guardian Signature Date

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Child's Name