



# OTTAWA YMCA 2018 PRESCHOOL CAMP REGISTRATION FORM

**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 2018): \_\_\_\_\_ School: \_\_\_\_\_

**Parent Information:**

Parent 1: \_\_\_\_\_ M/F Dr. License # \_\_\_\_\_ D.O.B \_\_\_\_\_ Preferred contact: Phone/Email  
Email \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Place of Employment \_\_\_\_\_

Parent 2: \_\_\_\_\_ M/F Dr. License # \_\_\_\_\_ D.O.B \_\_\_\_\_ Preferred contact: Phone/Email  
Email \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
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: \_\_\_\_\_  
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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.

**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: \_\_\_\_\_

## Ottawa YMCA Preschool Camp Registration:

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

The Ottawa YMCA Summer Preschool 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:

Snack  
Field Trips  
Swimming  
Art  
Sports  
Themed Activities

### PARENTS PROVIDE:

Water bottle  
Sunscreen  
Swim Suit  
Towel  
Book Bag  
Bug Spray

**Session 1**  
**Bugs Are Rad!**  
**June 4th-14th**

**Session 2**  
**Sailors & Mermaids**  
**June 18th-28th**

**Session 3**  
**Summer Camp Mash-up**  
**July 2nd-12th**

**Session 4**  
**Color Me Crazy**  
**July 16th-26th**

### Payment Information:

Scamper Campers-Ages 2 & 3 M-Th, 9:00 am-10:00 am

**\*Price per session \$30 members/\$60 Program Participants**

Camp I Wanna Go-Ages 4 to 6 M-Th, 10:15 am-12:00 pm

**\*Price per session \$50 members/\$100 Program Participants**

#### 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.

#### YMCA of Ottawa General Liability Release and Waiver of Claims:

I (or my child) have no medical condition which would prevent me from participating in all the activities of the YMCA. I personally assume all risks and hazards attendant to the use of the facilities, use of the equipment, or participation in programs. I hereby agree to release, absolve, indemnify and hold harmless the Ottawa YMCA, its staff, employees, volunteers, supervisors, instructors, and any other representative or assigns (collectively, the "Related Parties"). I hereby waive all claims against related parties for any injury, including death any loss to theft of or damage to my personal property, or for any other consequential or incidental damage caused in any manner whatsoever where any such liability is attribute to the absence of ordinary or ever slight care. I agree to save and hold harmless the related parties from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs, or assigns arising from the above. I HAVE READ THIS GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS. I UNDERSTAND THE TERMS OF THIS DOCUMENT, AND I UNDERSTAND THAT I AM WAIVING MY RIGHT TO ANY CLAIMS. I UNDERSTAND THE TERMS OF THIS DOCUMENT, AND I UNDERSTAND THAT I AM WAIVING MY RIGHTS TO ANY CLAIMS AGAINST THE RELEASED PARTIES, AND SIGN IT FREELY AND VOLUNTARILY.

#### 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: \_\_\_\_\_