



## 2018-19 Wildwood YMCA Spring BreakCamp Registration

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Family Password: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Address: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Child Grade entering in the fall?: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell & Work Phone: \_\_\_\_\_

Parent/Guardian's E-Mail(required): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Cell & Work Phone: \_\_\_\_\_

Parent/Guardian's E-Mail(required): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Person to Pick Up #1 \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Person to Pick Up #2 \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Person to Pick Up #3 \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Does your child have a:

Custodial Agreement YES NO If yes who has custody: \_\_\_\_\_

\*Individual Education Plan YES NO

\*504 or Behavioral Management Plan YES NO

\*\*Chronic/Severe Health Condition YES NO

\*\*\*Are there any medications your child will take during Schools Day Out? YES NO

\*If yes please attach your IEP/BMP/504 to this form. Your registration will be forwarded to our Inclusion Services Department for further processing and notification of start date.

\*\*Chronic/Severe health form (located in camp packet) must be completed by a doctor and submitted to the registrar before registration can be processed

\*\*\*If yes please fill out and attach Medication Authorization Form (located at front desk)

My Child's Immunizations are up to date

YES NO (Please attach a copy of immunization record for ages 5 & under)

Insurance Name: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Please tell us anything else we should know to help provide the best care for your child:

(X all your requested camps and camp dates)

| SCHOOLS DAY OUT                     |                                     |      |          |        |         |           |          |        |  |  |  |  |  |  |
|-------------------------------------|-------------------------------------|------|----------|--------|---------|-----------|----------|--------|--|--|--|--|--|--|
| 7:00 AM - 6:00PM                    | Camp Cost<br>(2 price opt)          | Ages | All Week | Monday | Tuesday | Wednesday | Thursday | Friday |  |  |  |  |  |  |
|                                     | Full, Non Member                    |      |          |        |         |           |          |        |  |  |  |  |  |  |
| Spring Break Camp DAY (3/15/19)     | \$40/\$50 per day                   | 5-12 |          |        |         |           |          |        |  |  |  |  |  |  |
| Spring Break Camp (3/18/19-3/22/19) | \$160/\$200 wk<br>\$40/\$50 per day | 5-12 |          |        |         |           |          |        |  |  |  |  |  |  |
|                                     |                                     |      |          |        |         |           |          |        |  |  |  |  |  |  |
|                                     |                                     |      |          |        |         |           |          |        |  |  |  |  |  |  |
|                                     |                                     |      |          |        |         |           |          |        |  |  |  |  |  |  |

Camp Fees

Camp Weeks/Days

\$

Total \$

|   |   |
|---|---|
| Deposit Payment (circle one of the following)   | Online Bill Pay CASH CHECK CREDIT Last Four Digits ____ Exp Date ____ (on file) |
| Deposit Policy: A minimum deposit of \$30 for each week of camp, Deposits are NON-REFUNDABLE and NON-TRANSFERABLE |   |
| Weekly method of payment (circle one of the following)  | Online Bill Pay CASH CHECK CREDIT Last Four Digits ____ Exp Date ____ (on file) |

**Remaining Balance Policy:** The balance of camp fees must be paid by the Monday, close of business, prior to the week of camp your child will be attending. Unpaid balances, including the late fees not paid by NOON on Friday will cause camp session to be dropped and spot offered to waiting list.

Insufficient checks and credit cards returns will receive a \$25 returned service fee.

I (We) authorize and request the YMCA of Greater St. Louis to charge my (our) checking/savings or credit card account for day camp fees.

|  |                              |
|--|------------------------------|
|  | Signature: _____ Date: _____ |
|--|------------------------------|

FOR YOUR PRIVACY:

Unless your registration and payments are being made at the Service Center, you may be contacted by the registrar to obtain credit number and expiration date.

Indemnity Agreement:

I agree to my child participating in the Gateway Region YMCA (YMCA) schools out program and that he/she will comply with all rules and regulations. I also agree to abide by YMCA standards and guidelines. I hereby waive any claim of liability and will hold harmless the YMCA, its officers, directors, trustees, agents and employees for any bodily injury incurred by my child while participating in any day camp program or activity sponsored by the YMCA. I understand that no accident insurance is provided. In addition, I understand that the YMCA is not responsible for my child's personal property. I verify to the best of my knowledge that everything on this registration form and required enrollment and health form will be correct and the child herein is in good health. He/she has no physical ailments that will prevent normal participation unless specified on this form. I recognize failure to disclose, falsification or deliberate omission of information will result in termination of services.

I grant the Gateway Region YMCA, its agents and the news media the right to photograph me and/or my family including children and to use the photographs, videos and other media for publicity purposes.

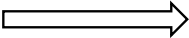
I acknowledge that I am over the age of 18 and have carefully and completely read and understand the terms contained in this release waiver

legal liability and voluntarily accept and agree to all such terms.

Schools Out Agreement

By signing this camp registration form, I understand that I have registered for the above camps, dates and times, I understand the YMCA camp

payment policy, procedures and am responsible for all the camp fees. I understand additional enrollment forms and review of the Family Handook must be completed before camp attendance is permitted. I certify that all the information provided is complete and correct to the best of my knowledge and recognize failure to disclose, falsification or deliberate omission of my information will result in termination of services. Thank you for choosing the YMCA. We look forward to having your camper.



**Print Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

|                        |                              |                             |                             |
|------------------------|------------------------------|-----------------------------|-----------------------------|
| <b>Office use only</b> | <b>Staff initials:</b> _____ | <b>Date received:</b> _____ | <b>Time received:</b> _____ |
|------------------------|------------------------------|-----------------------------|-----------------------------|