



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**2019 BROWN COUNTY COMMUNITY**  
**YMCA SUMMER DAY CAMP K-6**  
**REGISTRATION FORM**

**1. General Information**

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check which phone number to call first: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

Father/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check which phone number to call first: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

**2. Emergency Contact Information (other than Parent/Guardian)**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check which phone number to call first: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

**3. Authorized Check-In and Check-Out Information**

In addition to the parents'/guardians' names listed above, the following people are 18 years of age or older and are authorized to drop-off and pick-up my participant from the day camp program. I understand that my child will be allowed to leave only with these individuals\*:

Authorized Person's Name:	Relationship to Participant:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\*Upon pick-up, YMCA and camp staff have the right to request positive identification verification from any individual picking-up a child(ren). For the safety of all campers, please have your ID with you.

Name of persons not allowed to pick up my child (appropriate custody papers or restraining orders shall be attached if a parent is not allowed to pick up a child): \_\_\_\_\_



#### 4. Allergy Information

Medical Allergies (List):

Describe reaction and management of the reaction:

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Food Allergies (List):

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Other Allergies (Include insect stings, hay fever, animal dander, etc.) (List):

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#### 5. Medical Information

Please list all medication taken routinely, including over-the-counter and non-prescription drugs:

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Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any physical, mental or emotional conditions which would limit participation in recreational activities?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child subject to seizures?  Yes  No

If yes, please explain: \_\_\_\_\_

#### 6. Medication Policy and Severe-Allergy Medication Policy

The Brown County Community YMCA has established a Medication Policy for parents/guardians, participants, and staff to follow when a participant needs to take medication during day camp. This policy is for participants that are able to administer his/her own medication. A Severe-Allergy Medication Policy has been established for participants with severe allergies. A severe allergy is defined as an allergy that would pose a life-threatening danger without immediate medical assistance. Immediate is defined as the need for assistance in less time that it would take for paramedics to arrive. These policies are included in the Day-Camp Parent/Guardian and Participant Handbook. Medication Forms and Emergency-Care Authorization Forms for Participants with Severe Allergies are available at the front desk of the YMCA. These forms, if applicable, must be submitted PRIOR to the participant's first day in the day camp.



**7. Consent for Emergency Medical Treatment**

Parent/Guardian Consent for Emergency Medical Treatment: In the event of an accident and/or injury to my child, I give permission to the staff of the Brown County Community YMCA to obtain and/or administer medical aid or assistance as might be required for the care of my child. It is further understood that such permission will include the administration of such medicines or treatment as might be ordered or administered by a duly licensed medical doctor. In no event will the Brown County Community YMCA and/or its employees be held liable for any first aid rendered, treatment or surgical procedures performed, or drugs or medicine administered pursuant to this consent.

Parent/Guardian Printed Name: \_\_\_\_\_

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

**8. Excursion Waiver Form/Permission Slip**

I, (parent/guardian name) \_\_\_\_\_ hereby permit (participant's full name) \_\_\_\_\_ to participate in, various excursions at various locations from 06/04/18 to 08/04/18 with departure and return times during program hours. We hereby release and discharge the Brown County Community YMCA and each and all of their agents and employees from any liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of his/her participation in said activity or the transportation in connection therewith.

Parent/Guardian Printed Name: \_\_\_\_\_

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

**9. Photo-Release Agreement**

I hereby grant the Brown County Community YMCA permission to take and publish photos of my child for the purpose of promoting and/or marketing the Brown County Community YMCA's programs.

Parent/Guardian Printed Name: \_\_\_\_\_

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

**10. Additional Information**

We encourage daily application of sunscreen prior to arrival at day camp. Do you authorize the staff to assist your child with the application of sunscreen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Participant's Swimming Level (check one):

\_\_\_\_\_ None \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced

Please use this space to provide any additional information about the participant's behavior, physical, emotional, or mental health which employees should be aware of:

\_\_\_\_\_  
\_\_\_\_\_



### 11. Day-Camp Payment

#### Day-Camp Fees

Daily Rate: \$25 1<sup>st</sup> child / \$20 each additional child

Weekly Rate\*: \$95 1<sup>st</sup> child / \$75 each additional child

\*Normal Weekly Rates do not include field trip prices, please see below for those details.

(Reduced rates are available for qualifying families. See pg. 3 of Handbook or speak with YMCA staff.)

#### Excursions and Fees (Subject to Change)

Dates Attending (check all that apply):

\_\_\_ Week 1: 5/30 – 5/31/19

\_\_\_ Week 2: 6/3 – 6/7/19      Tues: BC State Park \$3      Thurs: Hunter’s Honey Farm \$5

\_\_\_ Week 3: 6/10 – 6/14/19      Tues: Library & Ice Cream \$1      Thurs: Exotic Feline Rescue \$5

\_\_\_ Week 4: 6/17 – 6/21/19      Tues: Library & Ice Cream \$1      Thurs: CYO Camp

\_\_\_ Week 5: 6/23 – 6/28/19      Tues: Library & Ice Cream \$1      Thurs: WonderLab \$6

\_\_\_ Week 6: 7/1 – 7/3/19      Atterbury Museum &  
Wed: Donner Pool \$6      Thurs & Fri: **No Camp-Happy 4<sup>th</sup> of July!!**

\_\_\_ Week 7: 7/8 – 7/12/19      Tues: Library & Ice Cream \$1      Thurs: Spring Mill State Park \$3

\_\_\_ Week 8: 7/15 – 7/19/19      Tues: Library & Ice Cream \$1      Thurs: Classic Lanes Bowling \$8

\_\_\_ Week 9: 7/22 – 7/26/19      Tues: Library & Ice Cream \$1      Thurs: CYO Camp

\_\_\_ Week 10: 7/29 – 8/2/19      Tues: Library & Ice Cream \$1      Thurs: Splash Island \$8

#### Amount Due:

\$\_\_\_\_\_ = Registration Fee (\$10 one time **per family**)

\$\_\_\_\_\_ = TOTAL

#### Payment Method (check one):

\_\_\_\_\_ Cash

\_\_\_\_\_ Check (Check # \_\_\_\_\_)

\_\_\_\_\_ Credit Card

#### Please include the following at the time of registration:

\_\_\_\_\_ Registration Form and Waiver

\_\_\_\_\_ Parent/Guardian and Participant Agreement Form

\_\_\_\_\_ Medication Information

\_\_\_\_\_ Emergency-Care Card

\_\_\_\_\_ Registration Payment



RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA or YWCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Brown Co. Comm. 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 YWMA or YWCA activities 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 solely 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 \_\_\_\_\_



## Behavior Management

It is our goal to provide a healthy, safe and secure camp environment for all day camp participants. The YMCA teaches the core values of caring, honesty, respect and responsibility. Children who attend the camp program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

### Behavior Guidelines

- People are **responsible** for their actions
- We **respect** each other and the environment.
- **Honesty** will be the basis for all relationships and interactions.
- We will **care** for ourselves and those around us.

When a camper does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the camper to more appropriate behavior.
2. The camper will be reminded of the behavior guidelines and day camp rules, and a discussion will take place.
3. If the behavior persists, a parent will be notified of the problem.
4. Staff will document the problem, and corrective action will be taken.
5. Staff may schedule a conference call with the parent so they can determine appropriate action.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem persists, staff will schedule a conference including parent, camper, staff, and camp director.
8. If a child's behavior at any time threatens the immediate safety of the child, other children, or staff, the parent may be notified and expected to pick the child up immediately.
9. If the problem persists and the child continues to disrupt the day camp program, the YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a camper for the remainder of the current day and the next day:

- Endangering the health and safety of children and/or staff, members, and volunteers.
- Stealing or damaging other campers' or counselors' belongings or YMCA property
- Leaving the day camp program without permission
- Continuing to disrupt the program
- Refusing to follow the behavior guidelines or day camp rules
- Using profanity, vulgarity or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persist, staff may suspend the camper a second time before expulsion.

Immediate expulsion may occur if the camper is in the possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

Parent signature required:

I have reviewed with my child the Behavior Management Procedures. I understand and agree to all of the terms presented in this document.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Date



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Brown County Community YMCA  
**SUMMER DAY CAMP EMERGENCY CARD**

Program: \_\_\_\_\_ Day(s) & Time: \_\_\_\_\_ Start Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Main Phone: \_\_\_\_\_

Emergency Contact (Other than Parents): \_\_\_\_\_ Main Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Any physical, mental, or emotional conditions: \_\_\_\_\_

\_\_\_\_\_

Any pre-existing medical conditions: \_\_\_\_\_

\_\_\_\_\_

Consent for medical treatment in case of emergency (Please Sign): \_\_\_\_\_

\_\_\_\_\_

Notes/Special Instructions: