



We build strong kids,
strong families,
strong communities.



San Luis Obispo County YMCA



Summer 2009

Leadership Development Program

South County SLO North County

Entering grades 9-12

Registration Packet



We build strong kids, strong families, strong communities.



San Luis Obispo County YMCA Leadership Development Program Enrollment Form

(Instructions: Please follow the steps down below. Please complete a separate form for each child.)

STEP 1: Child/Parent Information

Child's Last Name _____ First Name _____ MI _____
 Parent/Guardian Last Name _____ First Name _____
 Home Address _____ City _____ State _____ Zip _____
 Relationship to Child _____ Email _____
 Home Phone # _____ Other Phone # _____
 Sex: M F Birth date ____/____/____ Age _____ School _____ Grade _____
 Responsible for payment: (Circle) Parent/Guardian ~~Tri- Counties*~~ Other (specify) _____

*Must show proof of enrollment

*Guardians will be held responsible for all payments not collected from any cooperating agencies such as EOC and Tri-counties.

STEP 2: Check the camp location

LIT/CIT's

- South County Character Day Camp K-4 (Fairgrove Ele.)
- San Luis Obispo Character Day Camp K-4 (Laguna MS)
- Paso Robles Character Day Camp K-4 (Centennial Park)
- San Luis Obispo Specialty Camps 4-8 (SLO YMCA Facility)
- South County Specialty Camps 4-8 (Pismo Beach House)

CIT's ONLY

- South County Adventure Camp 5-8 (Fairgrove Ele.)
- San Luis Obispo Adventure Camp 5-8 (Laguna MS)
- Paso Robles Adventure Camp 5-8 (Centennial Park)

STEP 3: Check the week(s) your child will be attending the Leadership Development Program:

Week #	Dates	<input checked="" type="checkbox"/>	3-day	<input checked="" type="checkbox"/>	5-day	Weekly Total
Week 1	June 15 th -June 29 th		70.00		100.00	
Week 2	June 22 nd -June 26 th		70.00		100.00	
Week 3	June 30 th -July 3 rd <small>(Closed Fri, July 3rd)</small>		70.00		80.00 <small>*4- day week</small>	
Week 4	July 6 th -July 10 th		70.00		100.00	
Week 5	July 13 th -July 17 th		70.00		100.00	
Week 6	July 20 th -July 24 th		70.00		100.00	
Week 7	July 27 th -July 31 st		70.00		100.00	
Week 8	August 3 rd -August 7 th		70.00		100.00	
Week 9	August 10 th -August 14 th		70.00		100.00	
Week 10	August 17 th -August 20 th <small>(Closed Fri, August 22)</small>		70.00		80.00 <small>*4-day week</small>	

***Minimum of 2 weeks**

* 4 day week is only available for weeks 3 & 10.

If your child is attending less than 5 days per week, please circle the days: M T W TH F

STEP 4: Amount Due

Line 1 Fees for first week attending \$ _____
Line 2 \$25.00 registration fee per child (Non-refundable/non-transferable and includes T-shirt) \$ 25.00
Line 3 \$10.00 per week deposits (reserves your child's space in camp and is Non-refundable/non-transferable)
 *For each additional week (#of weeks x \$10.00) \$ _____
Line 4 \$20.00 Program Membership fee per member or \$ 35.00 per family
 (this is an annual fee) \$ _____
 Already a member? ID# _____ Renewal Date _____

Total Due Today (add lines 1, 2, 3 & 4) \$ _____
Over-

****Weekly fees are due Wednesday prior to camp start date****

****Without full payment on the Wednesday prior to camp start date your child will forfeit his/her spot.****

Prior to the start of summer, payments will be accepted at your local YMCA childcares sites in addition to our SLO YMCA: After summer camp begins, payments can also be made by mail or in person at:

San Luis Obispo County YMCA
1020 Southwood Drive
San Luis Obispo, CA 93401
Phone: (805) 543-8235
Fax: (805)543-6202
M-F: 6am – 9pm
Sat.: 8am – 7pm
Sun.: 10am – 5pm

Or they can also be turned in at any of the YMCA Day Camps sites at: Hawthorn Elem. (SLO), Fairgrove elem. (South County), Centennial Park (North County). ***No cash will be accepted at any of the summer camp sites. If you wish to pay with cash, you may do so at the SLO YMCA office on Southwood Drive.**

*** Credit card payments will be accepted via fax, email, and at the SLO YMCA.**

****Financial Assistance Available for those who qualify. (Takes up to two weeks to process).**

Program Enrollment Use Only

Date received _____
Received By _____
Date recorded _____
Copied _____



Leadership Development Program Emergency Contact Information

Child's Last Name _____ First Name _____ MI _____

Email Address _____

Home Address _____ City _____ Zip _____

Birth date ____/____/____ Grade _____ Age _____ Sex M F School _____

Parent/Guardian Last Name _____ First Name _____

Relationship to Child _____ Address _____ City _____ Zip _____

Phone# _____ Business Phone# _____

Second Parent/Guardian Last Name _____ First Name _____

Relationship to Child _____ Address _____ City _____ Zip _____

Phone# _____ Business Phone# _____

EMERGENCY CONTACTS (People that are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Do you carry family medical/hospital insurance? Yes No Carrier _____ Group # _____

Doctor's Name _____ Doctor's Phone # _____

Dentist's Name _____ Dentist's Phone # _____

Has your child had the necessary vaccinations required by school? Yes No

Has your child had any of the following? If so, please explain. (If more space is needed please attach a separate page).

Operations or serious injuries? _____

Chronic or recurring illness? _____

Allergies or dietary restrictions? _____

Is your child taking medications? Yes No Will your child need medication administered during the camp day? Yes No

List medication(s) and dosage. _____

Provide a brief description of your child's condition(s). _____

Status of child's vision, hearing, and speech? _____

Any specific activities to avoid? Yes No If so, what and why _____

Are there any behaviors/concerns that YMCA staff should be aware of? _____

Does your child have a communicable disease or condition, which may prove to be a risk to others? Yes No

If yes, please comment _____

Other significant information about your child that would be helpful to know? _____

Parent's Authorization

In the event that my child needs immediate medical attention for injuries received while participating in a San Luis Obispo County YMCA program, I give my permission for YMCA staff members to administer necessary medical treatment. YMCA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred _____ City _____

I hereby give consent to the San Luis Obispo County YMCA and its designated leaders to transport my child (named above) by means of walking, public transportation, private bus companies, and YMCA vehicles on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of the YMCA and that all possible precautions are taken to insure the health and safety of my child. I give permission for YMCA staff to apply sunscreen and bug repellent (please check boxes) as needed for my child.

(Signature of Parent or Guardian)

(Print Name of Parent or Guardian)

(Date)



Release and Waiver of Liability and Indemnity Agreement

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any sports activity or off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of facilities or equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA, its directors, officers, employees and agents (hereinafter referred to as "releases") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused in whole or in part by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO DEFEND, INDEMNIFY, SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur, including attorneys' fees and cost of suit due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA, whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program, sport, or activity affiliated with the YMCA.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

For valuable consideration, I hereby give the San Luis Obispo County YMCA it's successors, and assigns, the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child; (a) to use, reuse, publish, and republish in the same, in whole or in part, separately or in conjunction with other photographs or recordings, in any medium, and (b) to use my child's name herewith.

I hereby release and discharge the San Luis Obispo County YMCA from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures, and/or recordings. I also agree that the photographs, videos, motion pictures and the negatives thereof, and recordings, shall constitute your (YMCA) sole property, with full right of disposition whatsoever.

I have read this release and agree to these terms.

Print Name

Signature of Applicant

Date

FOR PARTICIPANTS OF MINORITY AGE (under age 18 at the time of registration):
THE UNDERSIGNED, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE MINOR PARTICIPANT, DOES HEREBY CONSENT AND AGREE WITH THE TERMS AND CONDITIONS OF THIS RELEASE AND HOLD HARMLESS. THE UNDERSIGNED FURTHER AGREES TO THE RELEASE AND INDEMNIFY THE RELEASES FROM ANY AND ALL LIABILITIES INCIDENT TO THE SAID MINOR'S INVOLVEMENT IN THESE PROGRAMS.

Parent/Guardian Signature

Date

Emergency Phone

Minor's Name

Date of Birth

 San Luis Obispo County YMCA 
Financial Agreement/Parent Statement of Understanding

The following information is important for your understanding of our Adventures Program policies. If you are unclear on any of these policies, please ask your site director or the YMCA Program Enrollment Team so that we can clarify any concerns that you might have. Your initials and signature below indicates that you have read and understood the following.

Please read and initial:

I understand that I am responsible for submitting my camp tuition payments on time. **Tuition is due by the Wednesday prior to the camp week.** If my payment is not been received on time, I will be charged a **\$15.00 Late fee.** Further, I understand that if payment is not received by the 1st day of the camp week, my child may be ineligible to attend. _____

I understand that if my check or credit card payment is returned unpaid, I will be charged a **\$30.00 NSF fee** and my child will not be able to attend camp until my account has a zero balance. _____

I understand that if I make any changes to or cancel my child's enrollment in summer camp within 7 days of the start of the camp week I will be charged a **\$30.00 Cancellation/Change Fee.** _____

I understand that camp fee deposits are non-refundable and non-transferable after camp start date.
NO EXCEPTIONS _____

I understand that I must pick up my child by close of program at 1pm. If my child is not picked up by 6pm, I will be billed \$1.00/minute for every minute after 6pm. _____

I understand that I may **not** drop-off or pick up my child without making contact with YMCA staff. _____

I understand that I must sign my child **IN** and **OUT** daily. _____

I understand that if I have paid a deposit for a particular week of camp and my child does not attend, I will still be billed for the full balance of the fees unless I notify the **Program Enrollment Team by email programenrollment@sloymca.org or phone 543-8235 by the Wednesday prior to the start of the camp week.** **Notifying my site director or other YMCA staff does not relieve me of my responsibility to notify the Program Enrollment Team directly.** _____

You may contact the YMCA Program Enrollment Team to answer any of your billing questions at: (805) 543-8235 or programenrollment@sloymca.org

I have read, understand, and agree to the above-mentioned policies. _____

Parent/Guardian Name (print)

Childs Name (print)

Parent/Guardian Signature

Date

Program Site Location

 San Luis Obispo County YMCA 
SUMMER CAMP PARENT CHECK LIST 2009

Dear Parents;

We are looking forward to a very safe, fun-filled and successful summer camp experience for your child(ren). It is necessary that you read and agree to all the items listed below so that you and your child(ren) have the best possible summer camp experience at our YMCA. Please read and INITIAL each of these with your child(ren).

Thank you.
YMCA Camp Staff

1. Pack a nutritious lunch (no perishables) and include two bottles of water (no glass bottles). Also pack a healthy snack. Please NO soda. _____
2. Apply sunscreen before leaving the house. Pack sunscreen. _____
3. Please leave all electronic equipment (gameboys, ipods, and computers and other valuable items such as watches or jewelry etc.) at home. These items are also not allowed on field or bus trips. The YMCA is not responsible for items that are lost, damaged or stolen. _____
4. Pack any special/prescription medicines needed during the day. These types of personal items should be given to a YMCA Staff each morning in a zip lock bag in their ORIGINAL prescription bottle(s). DO NOT pack in child's bag. Please complete a Medication Authorization Form indicating when the medications are to be administered. This form specifically gives YMCA Staff permission to administer the medications. YMCA staff may assist your child(ren) with these medications, but they may NOT dispense "over the counter" medications. _____
5. The YMCA will NOT tolerate any violent behavior, and will handle each situation with positive discipline. __
6. You will be required to sign your child(ren) IN and OUT each day of camp. _____
7. In the event that you are late picking up your child(ren), YMCA staff will make every attempt to contact parents/guardians and persons listed as Emergency Contacts in this enrollment packet. If YMCA Staff are unable to make contact by 1:30pm, the local Police Dept. will be called. _____
8. The YMCA policy is not to prohibit bringing cell phones to camp, but to require campers to use only in emergency situations & in the presence of a Y staff. _____
9. I (we) have read the Parent Handbook and this Parent Check List with our child(ren) and agree to follow these important polices. _____

(Parent/Guardian Print Name)

(Child's Name)

(Parent/Guardian Signature) (Print Child's Name)

(Date)

Leadership Development Program Applicant Information

Please check a box:

LIT CIT

Requirements:

<p>LIT's (Leader In Training)</p> <ul style="list-style-type: none"> Entering 9th or 10th grade during the 2009 school year 1 Letter of Recommendation (form attached) Minimum: 1 year camp experience Application Information 	<p>CIT's (Counselor In Training)</p> <ul style="list-style-type: none"> Entering 10th -12th grade during the 2009 school year Minimum 15 years of age and 1 year camp experience 1 Letter of Recommendation (form attached) Application Information
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List all certifications you currently have or will have by the start of employment.					
Certification	Exp.	Certification	Exp.	Certification	Exp.

Camp Experience (where and when) _____

Hobbies and Interests _____

Leadership Experience _____

Other information you feel is important _____

Why do you want to be apart of the Leadership Development Program? _____

Why do you fell you should be chosen as a LIT/CIT? _____

What specifically do you hope to learn in the LIT/CIT Program? _____

Please list two adult references (not relatives):

Name _____ Email _____ Phone _____

Address _____

How do you know this person? _____

Why would this person be a good reference? _____

Name _____ Email _____ Phone _____

Address _____

How do you know this person? _____

Why would this person be a good reference? _____

Statement of Purpose for applicant

I certify that all statements made by me on this application are true and complete to the best of my knowledge, and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for the CIT program. If I am accepted, I agree to follow all camp rules and conditions of the program and that I voluntarily sign this application.

Signature of Applicant: _____ Date: _____

Statement of Purpose for parent

I certify that I have read the above paragraph and approve of all language, and privacy waivers listed as they pertain to my child. My child has my full approval to participate in the CIT Program. I give my permission for my child to leave camp property under the supervision of a staff member. I understand that my child may not be accepted into this program. I hereby acknowledge that I have read, understand, and agree with all of the above information and that I voluntarily sign this application.

Signature of Parent: _____ Date: _____