



We build strong kids,
strong families,
strong communities.



San Luis Obispo County YMCA **San Luis Obispo**



Summer 2010

Planet Y a4-10 Enrollment Packet ~ Ages 4-10 years old

Location

San Luis Obispo County YMCA
YMCA Main Facility - 1020 Southwood Drive
San Luis Obispo, CA 93405

Camp Director: Brittany Luhrs
805-543-8235

Program Hours

7:00 am- 6:00 pm

Important Information

- Financial Assistance Applications available on line or at the YMCA.
- Financial Assistance takes up to 10 business days to process.
- Please visit our website for more information or to download this enrollment packet.
- CAPSLO Clients Welcome

www.sloymca.org



We build strong kids, strong families, strong communities.

****What to Bring****
Healthy Sack Lunch
Tennis Shoes, Jacket
And 2 Water Bottles

STEP 3: 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 _____

Line 5 Contribution to Financial Assistance Fund (your donation goes to help families in need) \$ _____
(optional)

Total Due Today (add lines 1, 2, 3, 4 & 5) \$ _____

****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.****

Are you a CAPSLO* client? Yes No

*All CAPSLO parents must pay the \$10 deposit/per week/per child. This deposit WILL NOT be refunded. If you plan on having your child attend summer camp you must contact CAPSLO before summer camp starts. CAPSLO does not pay the \$20 program membership fee or the \$25.00 registration fee, parent/guardian is responsible for the program membership and registration fee and it must be paid at the time of enrollment (if not already paid for the year).

*To confirm CAPSLO eligibility for summer, you must include an CAPSLO authorization letter with this enrollment packet. If you haven't received your CAPSLO authorization letter, you must pay in full until you have proof of CAPSLO summer authorization for services.

Prior to the start of summer, payments will be accepted at your local YMCA childcare 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: *Laguna Middle School* (SLO), Fairgrove Elem.(South County), and 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 to those who qualify. Takes up to 10 business days to process.

FOR OFFICE USE ONLY

Date received _____
Received By _____
Date recorded _____
Copied _____



Planet Y a4-10 Summer Camp 2010 Emergency Contact Information

Child's Last Name _____ First Name _____ MI _____
Home Address _____ City _____ State _____ Zip _____
Birth date ____/____/____ Grade _____ Age _____ Sex M F School _____

Parent/Guardian Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Relationship to Child _____ Email Address _____
Phone# _____ Business Phone# _____

Second Parent/Guardian Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Relationship to Child _____ Email Address _____
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


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. This includes CAPSLO parent co-pays.** 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 6pm. If my child is not picked up by 6 pm, 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.** _____

Regarding the Economic Opportunity Commission (CAPSLO): I understand that if I have an CAPSLO contract to cover my child's YMCA tuition, I am responsible for signing my child's CAPSLO attendance record daily with the exact time **NO ROUNDING OFF.** This ensures payment of my child's tuition by CAPSLO. If there is a day that my child does not attend I must sign an absence verification excuse on the back of the CAPSLO attendance record form. **I understand that if CAPSLO does not cover any portion of the YMCA tuition, I am responsible for the remaining balance.** If your CAPSLO sheet is not present at site to sign, it is my responsibility to contact the Program Enrollment Administration. _____

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 2010

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 6:30pm, 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)



**SAN LUIS OBISPO COUNTY YMCA
PHOTO AND VIDEO/AUDIO RECORDING RELEASE**



I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the San Luis Obispo County YMCA, I hereby give my permission and consent, now and for all time, to the San Luis Obispo County YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with San Luis Obispo County YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA, I authorize, according to this Release, shall belong to the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA;
- The San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA; and
- The San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA as described herein.

Date: _____ **Age:** _____

Signature: _____

Printed Name: _____

Address: _____

I am the Mother/Father/Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____ **Date:** _____