



We build strong kids,  
strong families,  
strong communities.



**San Luis Obispo County YMCA**

# South County



# Sports Camp Spring 2010

**April 6-9, 2010 (Tuesday-Friday)**

Pismo Beach Veterans Hall  
780 Bello Street, Pismo Beach, CA 93449

& Judkins Middle School

Youth Grades: 1<sup>st</sup> – 6<sup>th</sup>

Program Hours: 9am-3pm

(drop-off 8-9am, pick-up 3-4pm)

**Registration Packet**

# YCAMP<sup>TM</sup>

We build strong kids, strong families, strong communities.



## South County Spring Sports Camp 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 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 week and write in weekly total for your child

Week	Dates	Camp	<input checked="" type="checkbox"/>	Cost	Weekly Total
Spring Sports Camp	April 6 <sup>th</sup> - April 9 <sup>th</sup>	Spring Sports Camp		\$160.00	

### STEP 3: Amount Due

**Line 1** Fees for week of Spring Sports Camp \$ \_\_\_\_\_

**Line 2** \$20.00 Program Membership Fee\* per child or \$35.00 per family (2+kids)  
 \*(this is an annual fee) \$ \_\_\_\_\_  
 Already a member? ID# \_\_\_\_\_ Renewal Date \_\_\_\_\_

**Total Due Today (add lines 1 & 2)** \$ \_\_\_\_\_

\*\*Payment in FULL is due Wednesday prior to start of camp.\*\*

**Prior to the start of spring camp, payments will be accepted at your local YMCA childcares sites in addition to our SLO YMCA.**

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

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

**FOR OFFICE USE ONLY**

Date received \_\_\_\_\_  
 Received By \_\_\_\_\_  
 Date recorded \_\_\_\_\_  
 Copied \_\_\_\_\_

Or they can also be turned in at any of the YMCA Day Camps sites at: Shell Beach Elementary, Fairgrove Elem, and Grover Beach Elementary. **\*No cash will be accepted at any of the After School 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.**


**San Luis Obispo County YMCA**
  
**South County Spring Sports Camp 2010**  
**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 Sports Camp 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 if my payment is returned I will be charged a \$30.00 fee and my child will not be able to attend camp until my account has a zero balance. \_\_\_\_\_

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 I must pick up my child by 4pm. If not, I will be billed \$1.00/minute for every minute after 4pm. \_\_\_\_\_

I understand that I am responsible for submitting my tuition payments on time. **Camp Fees are due by the Wednesday prior to the start of camp.** If my payment is not been received on time, I will be charged a \$15 late fee. Further, I understand that if payment is not received by the 1<sup>st</sup> day of the camp week, my child may be ineligible to attend. \_\_\_\_\_

I understand that camp deposits are non-refundable and non-transferable., **NO EXCEPTIONS** \_\_\_\_\_

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

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

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Site



# SOUTH COUNTY SPRING SPORT CAMP PARENT CHECK LIST 2010

Dear Parents;

We are looking forward to a very safe, fun-filled and successful Spring Sports 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). Please NO soda. \_\_\_\_\_
2. Apply sunscreen before leaving the house. Pack sunscreen. \_\_\_\_\_
3. Please leave all electronic equipment (gameboys, ipods, computers, etc.) at home. The YMCA is not responsible for items that are lost 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. The SLO County YMCA and our YMCA Staff is NOT responsible for lost or stolen items. Valuable items such as watches or jewelry should be left at home. \_\_\_\_\_
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/Gaurdian Print Name)

\_\_\_\_\_  
(Child's Name)

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

\_\_\_\_\_  
(Date)

- ✓ These are upcoming sports the SLO County YMCA will be offering during the next several months.
- ✓ Participants are there any sports you would like to see the SLO County YMCA offer? We would love your feedback? \_\_\_\_\_

Sport	Ages	Registration	Season
South County Bitty T-Ball	3-5 yrs	Now-April 1st	April-May
South County Bitty Futsal	3-5 yrs	Now-April 15th	April-May
South County Bitty Basketball	3-5 yrs	Now-April 1st	January-February
South County Flag Football	8-15 yrs	Now-July 26th	August- November
South County Roller Hockey	5-17 yrs	January 4th-March 4th	March- June