



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ATTENTION FAMILIES:

**DUE TO MEASURE I CONSTRUCTION,
FAIRGROVE DISCOVER CAMP WILL BE HELD AT:**

**JUDKINS MIDDLE SCHOOL, RM 34
680 Wadsworth St
Pismo Beach, CA 93449**

**PLEASE CONTACT YOUR CAMP DIRECTOR, APRIL ARTIAGA
WITH ANY QUESTIONS.**

aartiaga@sloymca.org

THANKS FOR YOUR UNDERSTANDING.

Y-STAFF

San Luis Obispo County YMCA – 2018 Fairgrove Discover Day Camp AT Judkins Middle School

REGISTRATIONS MUST BE RECEIVED BY FRIDAY PRIOR TO CAMP WEEK. 24 HOURS REQUIRED TO PROCESS.

1st CHILD INFORMATION

Child's Name (Last, First)		Date of Birth	Who has legal custody?
Grade Entering	Age	Sex	School Attending
Allergies		Medications (Circle: At home / In Program-see page 5) Please list:	
Behavioral Issues		Medical Problems / Conditions	
Choose one: <input type="checkbox"/> Y Staff are authorized to apply sunscreen to my child <input type="checkbox"/> It is my child's responsibility to apply sunscreen		Information for Staff to know:	
I authorize my child to participate in the following activities while enrolled in YMCA Programs (please check the boxes): <input type="checkbox"/> Travel on YMCA arranged transportation <input type="checkbox"/> Swimming/Water Activities <input type="checkbox"/> Participate in photos or videos for YMCA publications <input type="checkbox"/> View a PG rated film			

2nd CHILD INFORMATION

Child's Name (Last, First)		Date of Birth	Who has legal custody?
Grade Entering	Age	Sex	School Attending
Allergies		Medications (Circle: At home / In Program-see page 5) Please list:	
Behavioral Issues		Medical Problems / Conditions	
Choose one: <input type="checkbox"/> Y Staff are authorized to apply sunscreen to my child <input type="checkbox"/> It is my child's responsibility to apply sunscreen		Information for Staff to know:	
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PARENT/GUARDIAN INFORMATION

1 st Parent/Guardian Name (First & Last)	Date of Birth	Relationship to Child
Home Address		
Best Contact Phone	Work Phone	Email Address (Used for program updates, and account statements)

2nd PARENT/GUARDIAN INFORMATION (If in the same household)

2 nd Parent/Guardian Name (First & Last)	Date of Birth	Relationship to Child
Best Contact Phone	Work Phone	Email Address (Used for program updates, and account statements)

EMERGENCY CONTACT INFORMATION

List additional individuals to be contacted in an emergency and non-emergency, if you cannot be reached. Please note that persons listed as "Emergency Contacts" are authorized to pick up your child/ren from the program.

Name	Relationship to child/ren	Best Contact Phone
Name	Relationship to child/ren	Best Contact Phone

A license or other proof of identification must be shown at to pick-up. If you wish to change any of these authorizations, you must do so in writing.

Parent/Guardian Signature:	Date:
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FOR STAFF USE: Entered in DAXKO by: _____ Date: _____

Our Mission is to develop the total person, spirit, mind and body, through values-based programs that build strong kids, strong families, strong communities.

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Snapshot of Summer Fees	
Program Membership Fee	All families are required to have a current program membership (\$25 annually) to register for Summer Camp.
Registration Fee	A non-refundable registration fee of \$20 per child is due at time of registration.
Weekly Deposits	A \$10 deposit per week is due at time of registration. Deposits are non-refundable and non-transferable. The \$10 deposits you put down will be subtracted from your weekly fees.
Weekly Fees	Weekly camp fees are due the Wednesday prior to the start of the camp week attending.
Late Fees	A Fee of \$20 will be applied to late payments and registrations received after the registration deadline. There are no refunds for missed days of camp.

Registration Fee (per child)	Fee	Due Today
	\$20.00 per child	\$

12 Month YMCA Program Membership
 YMCA membership includes enrollment in other YMCA programs such as Sports, Camps, and family. Please refer to our website, www.sloymca.org to view all of our programs.

Program Membership	\$25.00	\$
Current Y Member (Membership must remain current throughout child's enrollment)	\$0.00	

Please **circle the rate plan in each week you plan on attending**. Parents are encouraged to pay their weekly fees via automatic draft from a credit card or checking account. Please see attached EFT form. Space is limited. We reserve the right to close registration due to space availability.

CCRC Clients	
	Please check here if you are a CCRC Client. Circle the fees below corresponding with your child's attendance so we can enroll them accordingly. You also must contact your FRS at 541-2272 so they know you are attending and may cover camp fees.
Initial:	As a CCRC participant, I understand that I am responsible for the Registration Fee and Program Membership Fee. I understand that I am responsible for any portions of the summer camp costs that CCRC is unable to pay

Please circle one of the day options below. \$10 deposit per week is due at registration and will be credited to each week attending.

Week 1 June 11-15 (Due June 6)	Week 2 June 18-22 (Due June 13)	Week 3 June 25-29 (Due June 20)	Week 4 July 2-6 (Due June 27)	Week 5 July 9-13 (Due July 5)
5 Day: \$140	5 Day: \$140	5 Day: \$140	4 Day (MTTHF): \$125	5 Day: \$140
3 Day (MWF): \$105	3 Day (MWF): \$105	3 Day (MWF): \$105	2 Day (TTH): \$75	3 Day (MWF): \$105
2 Day (TTH): \$75	2 Day (TTH): \$75	2 Day (TTH): \$75		2 Day (TTH): \$75
<input type="checkbox"/> \$10 deposit	<input type="checkbox"/> \$10 deposit	<input type="checkbox"/> \$10 deposit	<input type="checkbox"/> \$10 deposit	<input type="checkbox"/> \$10 deposit

Week 6 July 16-20 (Due July 11)	Week 7 July 23-27 (Due July 18)	Week 8 July 30 – Aug 3 (Due July 25)	Week 9 Aug 6-10 (Due Aug 1)	Week 10 NOT OPERATING This camp ends Week 9
5 Day: \$140	5 Day: \$140	5 Day: \$140	5 Day: \$140	
3 Day (MWF): \$105	3 Day (MWF): \$105	3 Day (MWF): \$105	3 Day (MWF): \$105	
2 Day (TTH): \$75	2 Day (TTH): \$75	2 Day (TTH): \$70	2 Day (TTH): \$75	
<input type="checkbox"/> \$10 deposit	<input type="checkbox"/> \$10 deposit	<input type="checkbox"/> \$10 deposit	<input type="checkbox"/> \$10 deposit	

Total Due Today (Membership Fee + Registration Fee(s) + First week of attendance + Total Deposits) \$ _____

Parent/Guardian Signature: _____	Date: _____
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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

It is my desire to use the facilities, services, or programs ("Benefits") of the YMCA for my own enjoyment and enrichment. In consideration for the YMCA making those benefits available to me, I voluntarily execute this release and waiver for the purpose of relieving the YMCA of any risk of loss or liability by reason of giving me the opportunity to enjoy the Benefits. This release and waiver is made knowingly and intelligently, inasmuch as I have had ample opportunity beforehand to consider whether to issue it, and to inspect any and all those YMCA facilities, services or programs of interest to me before deciding to use them or to take advantage of any Benefits. In giving the YMCA this release and waiver, it is my intention to bind not only myself, but also my personal representatives, heirs, and next of kin, so that I can relieve the YMCA, to the maximum extent permitted by law, of any risk of loss or liability as a result of allowing me to take advantage of the Benefits.

For the purpose of carrying out my intention to relieve the YMCA of any risk associated with my enjoyment of Benefits, and in further consideration for being allowed to take advantage of the Benefits, I accept full responsibility for all of my actions while using YMCA facilities, services or programs, and knowingly and voluntarily waive, to the maximum extent permitted by applicable law, any right on the part of me or any of my legal representatives and successors, to assert or pursue any claims, or initiate litigation, against the YMCA, or any of its directors, officers, employees or agents (hereinafter referred to as "Releasees") for any loss or damage of any kind whatsoever, including personal injury.

I also agree to defend, indemnify, save and hold harmless the Releasees and each of them from any loss, liability, damage or cost they may incur, including attorneys' fees and costs of suit, due to my enjoyment of any of the Benefits or any negligence or misconduct on my part. I further state 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.

I, the undersigned, acknowledge that the San Luis Obispo County YMCA sponsors the above-named activity and realize that NO MEDICAL INSURANCE IS PROVIDED.

I have read this Release and Waiver of Liability and Indemnity Agreement, and I acknowledge that it represents an expression of the entire agreement between the YMCA and me relating to the subject matter hereof, and that no oral representations, statements, or inducements form a part of our agreement. I further acknowledge and agree that no changes may be made to this agreement unless they are made in writing and signed by me and a duly authorized representative of the YMCA.

I have read this Release and Waiver of Liability and Indemnity Agreement and knowingly and voluntarily agree to all of its terms.
(Please sign both areas below, one for self and one for your minor.)

Signature of Parent/Guardian

Print Parent/Legal Guardian Name

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 WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. THE UNDERSIGNED FURTHER AGREES TO RELEASE AND INDEMNIFY THE RELEASEES 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

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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: _____

Child’s 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: _____

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Circle one: **CONSENT AND AUTHORIZATION FOR TREATMENT:** I give my permission for YMCA staff members to administer necessary medical treatment, in the event that my child needs immediate medical attention for injuries received while participating in a San Luis Obispo County YMCA program. Y staff may also admit my child to the nearest hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Yes No

Hospital Preferred: _____ City: _____

Signature of Parent/Guardian

Print Parent/Legal Guardian Name

Date

CHILD BEHAVIOR

Disciplinary problems may require a time-out period. Parents may be called to pick-up a child who does not behave. A Behavior Contract is the first formal step to help resolve repeated rule violations. The contract involves parents, child, and staff, and requires participation of all three parties. A sample contract is available at your child’s camp location. A suspension may be necessary, at the Program Director’s discretion. Upon continuous disciplinary problems, a child may be removed from the program indefinitely. Refunds will not be given for children removed for disciplinary reasons.

PARENT/STAFF COMMUNICATION

YMCA staff will make an effort to communicate with you regarding your child’s day as much as needed to ensure his/her positive YMCA experience. Exchange of information between parents and staff provides insight for both parties. The format may be formal or informal. It is vital that you inform us of changes happening in your family. To promote safety, comfort and the overall wellbeing of all, the YMCA asks all persons to demonstrate positive behavior while at the YMCA facilities.

ADMINISTERING MEDICATIONS

It is our policy not to administer any substances other than standard “over-the-counter” medications and/or prescription drugs if supplied by parents. We will not issue any product that is not in its original container and clearly marked by the manufacturer or pharmacy.

LARGE GROUP FORMAT

I understand that, due to the large group format of our program, the San Luis Obispo County YMCA is unable to provide one-on-one care and makes no claim to do so for any child except on an intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to all children.

PARENT HANDBOOK/SUMMER DAY CAMP CHECKLIST

A copy of the Parent Handbook and Day Camp Checklist will be available on www.sloymca.org before the first day of my child’s participation in the summer day camp program.

Signature of Parent/Guardian

Print Parent/Legal Guardian Name

Date

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PARENTAL/FINANCIAL AGREEMENT

The following information is important for your understanding of our Program Policies. If you are unclear on any of these policies, please ask the YMCA Program Enrollment Team at (805) 543-8235 so we can clarify any concerns that you might have. Camp fees are due the Wednesday prior to the week attending. To ensure that your payment is correctly recorded in our system, please include the following information: Child/ren's full name, camp location, and dates of camp. If your payment is not received by the due date, your child may lose his/her spot.

- Any outstanding balances due to the San Luis Obispo County YMCA must be paid in full prior to registering for summer camp.
- I understand each child must be a San Luis Obispo County YMCA Family or Program Member throughout their camp enrollment.
- Any payment received after their designated due date will be charged a late fee of \$20 per occurrence.
- Registrations received after the Wednesday prior to the camp week will be charged a \$20 late fee.
- 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 the YMCA is not responsible for billing errors over 90 days old.
- I understand that balances over 90 days old may be turned over to a collections agency.
- I understand that my child/ren may not be allowed to attend if my account does not have a zero balance due.
- I understand there is a \$30 service charge for any check or automated payment that is denied, and my child will not be able to attend camp until my account has a zero balance.
- I understand that 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 my child must be signed IN and OUT daily by an authorized adult listed on the front of this enrollment packet.
- I give permission for my child to attend all Y activities and field trips.
- I understand that no refunds will be given for weeks that have already started or if my child is removed from the program for disciplinary reasons.
- 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 or phone at (805) 543-8235 by the Wednesday prior to the start of the camp week. Notifying my site director or other staff does not relieve me of my responsibility to notify the Program Enrollment Team directly.

_____(CCRC clients initial here) Regarding clients the Child Care Resource Connection (CCRC): I understand that if I have a CCRC contract to cover my child's Y tuition, I am responsible for signing my child's CCRC attendance record **daily** with the exact time **NO ROUNDING OFF**. This ensures payment of my child's tuition by CCRC. I must sign the absence verification excuse on the back of the CCRC attendance record form for any enrolled day my child does not attend. If CCRC does not cover any portion of the YMCA tuition, I am responsible for the remaining balance. If my CCRC sheet is not present at site to sign, it is my responsibility to contact the Program Enrollment Administration. If my child does not attend a day he/she is signed up for, I will be responsible for the fees associated with that day.

You may contact the YMCA Program Enrollment Team to answer any of your billing questions at: (805) 543-8235

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

Parent/Guardian Print Name

Print Child's Name

Parent/Guardian Signature

Date

Electronic Funds Transfer (EFT)

EFT INFORMATION: Camp fees will be deducted from your account automatically on the Wednesday they are due. Your account will be charged per your enrollment, not your child's camp attendance. You are responsible for notifying the YMCA Program Enrollment Team of any changes in your weekly enrollment from the original submitted registration. The YMCA is not responsible for errors over 90 days. You must notify the Program Enrollment Team immediately if any of your contact information, bank, or credit card information changes.

BILLING INFORMATION:

Name of Card/Account Holder: _____ Best contact phone number: _____

CREDIT/DEBIT CARD:

Card #: _____ Exp. Date/ _____ Visa, MasterCard, American Express (Circle one)
Day of Debit: Each Wednesday of camp for subsequent week's enrollment. Authorization: I hereby authorize the San Luis Obispo County YMCA to debit the above credit card weekly for my summer camp payments in the amount of \$ _____.

X _____
Signature of Account Holder Date

BANK DRAFT (A Voided Check **must** be attached to this form):

Full Name of Bank: _____

Bank Transit Number: _____ Account Number: _____

Day of Debit: Each Wednesday of camp for subsequent week's enrollment. Authorization: I hereby authorize the San Luis Obispo County YMCA to debit the above credit card weekly for my summer camp payments in the amount of \$ _____.

X _____
Signature of Account Holder Date

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