

**San Luis Obispo County YMCA – CAMP CARE: FALL 2020 – SLCUSD**

**1<sup>st</sup> CHILD INFORMATION**

Child's Name (Last, First):		Date of Birth:	Resides With:
Grade Entering:	Age:	Sex:	School Enrolled (may differ from YMCA CARE site):
Allergies:		Medications (Circle: At home / In Program) Please list:	
Behavioral Issues:		Medical 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"/> Participate in photos or videos for YMCA publications <input type="checkbox"/> View a PG rated film			

**2<sup>nd</sup> CHILD INFORMATION**

Child's Name (Last, First):		Date of Birth:	Resides With:
Grade Entering:	Age:	Sex:	School Enrolled (may differ from YMCA CARE site):
Allergies:		Medications (Circle: At home / In Program) Please list:	
Behavioral Issues:		Medical 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"/> Participate in photos or videos for YMCA publications <input type="checkbox"/> View a PG rated film			

**PARENT/GUARDIAN INFORMATION**

1 <sup>st</sup> Parent/Guardian Name (First & Last):		Date of Birth:	Relationship to Child:
Home Street Address, City, State, Zip:			
Best Contact Number:	Additional or Work Number:	Email Address:	

**2<sup>nd</sup> PARENT/GUARDIAN INFORMATION (If in the same household)**

2 <sup>nd</sup> Parent/Guardian Name (First & Last):		Date of Birth:	Relationship to Child:
Best Contact Number:	Additional or Work Number:	Email Address:	

**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:	Best Contact Number:
Name:	Relationship to child:	Best Contact Number:

Parents and guardians and emergency contacts listed on enrollment forms are authorized to pick up your child. Individuals authorized to pick up your child(ren) from the program must be at least 18 years of age. **A license or other form of identification must be shown at 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 Fees**

Program Membership Fee	All families are required to have a current program membership (\$25 annually) to register for Camp CARE: FALL 2020
Weekly Deposits	A \$20 deposit per week is due at time of registration. Deposits are Non-Refundable and Non-Transferable. The \$20 deposits you put down will be subtracted from your weekly fees.
Weekly Fees	Weekly Camp CARE 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.

**12 Month YMCA Program Membership**

The SLO County YMCA requires each participant to have an active program membership (please note: registration fees per program are separate from program membership fees). If your program membership expires before the program is up, it will automatically be renewed and fees charged to the payment on file.

(Please note that the Annual Program Membership fee is for Childcare and Sports programs only) Already a YMCA Member (Membership must not expire before the end of your child's enrollment)	Annual Program Membership	\$25.00 per family, per year	\$
		\$0.00	

**CCRC Clients**

	Please check here if you are a CCRC Client. Please list your CAPSLO/CCRC Representative: _____
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 Camp CARE costs that CCRC is unable to pay

Parent/Guardian Signature:

Date:

**CAMP CARE DATES**

**SAN LUIS OBISPO/LOS OSOS (SAN LUIS COASTAL SCHOOL DISTRICT): August 24, 2020 through December 18, 2020**

Please provide preferred YMCA CARE Site: \_\_\_\_\_.

**We are able to offer this program at a reduced rate through generous financial support from San Luis Coastal Unified School District and private donations.**

**Please check the week(s) attending. \$20 deposit per week is due at registration and will be credited to each week attending.**

	<b>Week</b>	<b>5 Day Plan</b>	<b>Payment Due</b>	<b>Weekly Deposit</b>
	Week 2: August 24-28	\$75	8/19/2020	\$20
	Week 3: August 31-September 4	\$75	8/26/2020	\$20
	Week 4: September 7-11 <b>(No Camp on September 7<sup>th</sup>)</b>	\$40	9/2/2020	\$20
	Week 5: September 14-18	\$75	9/9/2020	\$20
	Week 6: September 21-25	\$75	9/16/2020	\$20
	Week 7: September 28 – October 2	\$75	9/23/2020	\$20
	Week 8: October 5-9	\$75	9/30/2020	\$20
	Week 9: October 12-16	\$75	10/7/2020	\$20
	Week 10: October 19-23	\$75	10/14/2020	\$20
	Week 11: October 26-30	\$75	10/21/2020	\$20
	Week 12: November 2-6	\$75	10/28/2020	\$20
	Week 13: November 9-13 <b>(No Camp on Nov 11<sup>th</sup>)</b>	\$40	11/4/2020	\$20
	Week 14: November 16-20	\$75	11/11/2020	\$20
	Week 15: November 23-27 <b>(No Camp on November 26<sup>th</sup> &amp; 27<sup>th</sup>)</b>	\$5	11/18/2020	\$20
	Week 16: November 30-December 4	\$75	11/25/2020	\$20
	Week 17: December 7-11	\$75	12/2/2020	\$20
	Week 18: December 14-18	\$75	12/9/2020	\$20

**Total Due Today (Membership Fee + Weekly Deposit Fees) \$ \_\_\_\_\_**

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

Date: \_\_\_\_\_

**San Luis Obispo County YMCA – CAMP CARE: FALL 2020 – SLCUSD**

Circle one:	<b>CONSENT AND AUTHORIZATION FOR TREATMENT:</b> 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. I can provide my child’s immunization records and/or the records are on file at my child’s school. All required immunizations and/or tuberculosis tests are current. I give permission for my child’s school to release these records to the Y.	
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 program 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, and only with signed Parent Consent for Administration of Medications” form. 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, at the discretion of program staff. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to all children.

**LATE PARENT**

I understand if I am late picking my child up from program, I will be charged \$1 per minute per child. If I am habitually late from picking up my child from program, a signed parent agreement may be necessary.

**PARENT HANDBOOK/DAY CAMP CHECKLIST**

A copy of the Parent Handbook and Day Camp Checklist will be available on [www.sloymca.org](http://www.sloymca.org) before the first day of my child’s participation in the day camp program.

**MANDATED REPORTING**

I understand that the YMCA staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____	_____	_____
Signature of Parent/Guardian	Print Parent/Legal Guardian Name	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.**

**SAN LUIS OBISPO COUNTY YMCA  
ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY  
AGREEMENT**

Adult Member/Participant Name \_\_\_\_\_  
(Please Print)

Child Member/Participant Name \_\_\_\_\_  
(if applicable) (Please Print)

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the San Luis Obispo County YMCA (the "YMCA") and/or for my children listed above to so participate 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, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected and carefully considered such premises, equipment and facilities and/or the affiliated program and that the undersigned finds and accepts same as being safe and reasonably suited for the use or participation by the undersigned and such participating children.

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including several cases in San Luis Obispo County, California and other surrounding counties. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), and the San Luis Obispo County Public Health Agency ("Public Health") for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Notices list is updated regularly. The undersigned agrees to check the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) prior to utilizing the facilities, services, and programs of the YMCA, on a daily basis if necessary. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he or she believes that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement recommended guidance and protocols issued by Public Health for slowing the transmission of COVID-19, including, without limitation, the access/use restrictions set forth above. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time based on updated recommended guidance and protocols issued by Public Health and further agrees to comply with the YMCA's revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, social distancing of 6 feet per person among children and their caregivers in a childcare setting is not possible. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

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 ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH PARTICIPATING CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "Releasees") from all liability to the undersigned or such participating children and all personal representatives, assigns, heirs, and next of kin of the undersigned or such participating children for any loss or damage, and any claim or demands on account of any property damage or any injury to, or an illness or the death of, the undersigned or such participating children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or such participating children are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned expressly and knowingly waives all rights under California Civil Code Section 1542, which provides: **"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."**

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the Releasees or otherwise while the undersigned or any participating child is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA. The undersigned understands and agrees that the YMCA is not required to provide insurance to cover the undersigned or such participating children in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

The undersigned agrees and acknowledges that use of the YMCA facilities and services, and participation in the YMCA programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS, BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such participating children due to negligence, active or passive, of Releasees 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 affiliated with the YMCA. The undersigned acknowledges that any illness or injuries that the undersigned or such participating children contract or sustain may be compounded by negligent first aid or emergency response of the Releasees and waive any claim in respect thereof.

THE UNDERSIGNED further expressly agrees that the foregoing ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the 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 HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT BY AGREEING TO THIS AGREEMENT I AM GIVING UP VALUABLE LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM THE YMCA IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO COVID-19 AT ANY YMCA FACILITY OR PROGRAM AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS. IF SIGNING ON BEHALF OF MINOR: I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I REPRESENT AND WARRANT TO THE YMCA THAT I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

**I have read and understand the terms of this assumption of risk, Release and Waiver of Liability, and Indemnity Agreement and agree to its terms.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Number

**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.

I, THE UNDERSIGNED, HAVE 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.

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

For valuable consideration, I hereby give the San Luis Obispo County YMCA its 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.**  
**(Please sign both areas below, one for self and one for 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 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.**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Date of Birth

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**San Luis Obispo County YMCA – CAMP CARE: FALL 2020 – SLCUSD**

**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:** \_\_\_\_\_

**Revised 2.2012**

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

# San Luis Obispo County YMCA – CAMP CARE: FALL 2020 – SLCUSD

## 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 Camp CARE.
- 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 5:30 pm, I will be billed \$1.00/minute for every minute after 5:30 pm.
- 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.
- 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.

**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:** Your fees will be deducted from your account automatically. Your account will be charged whether your child has attended the YMCA or not. The YMCA is not responsible for errors over 90 days. You must notify the Program Enrollment Team immediately if any of your contact information or billing information has changed. Authorization for EFT is to remain in effect until the YMCA receives **written notification** of its **termination** from the undersigned party. I understand that it is my responsibility to notify the YMCA **14 days** prior to my billing date. It is also my responsibility to assure the YMCA has received my written notice. **If the YMCA does not receive this information within the 14 days, I will be accountable for all related charges and fees.**

**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

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