



2018 Adair County Family YMCA Camp Northern Star Registration



PLEASE PRINT LEGIBLY: (This form must be completely filled out. Empty spaces will void registration)

CHILD'S NAME: _____ AGE: _____ SEX: _____ GRADE IN FALL 2018 _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

DATE OF BIRTH: _____ FAMILY EMAIL _____

MOTHER/GUARDIAN: _____ EMPLOYER: _____

PREFERRED PHONE #: _____ WORK PHONE # _____ CELL PHONE# _____

FATHER/GUARDIAN: _____ EMPLOYER: _____

PREFERRED PHONE # _____ WORK PHONE # _____ CELL PHONE# _____

EMERGENCY CONTACTS

*** Must be other than parent/guardian**

*** Must be at least 21 years of age**

*** Must be aware of the emergency contact status**

*** Must be available during camp hours**

NAME _____ RELATIONSHIP TO CHILD _____

PREFERRED PHONE # _____ WORK PHONE # _____ CELL PHONE # _____

NAME _____ RELATIONSHIP TO CHILD _____

PREFERRED PHONE# _____ WORK PHONE # _____ CELL PHONE # _____

ADDITIONAL PICK UP AUTHORIZATIONS:

1. NAME _____ PHONE # _____ RELATIONSHIP TO CHILD _____

2. NAME _____ PHONE # _____ RELATIONSHIP TO CHILD _____

3. NAME _____ PHONE # _____ RELATIONSHIP TO CHILD _____

4. NAME _____ PHONE # _____ RELATIONSHIP TO CHILD _____

5. NAME _____ PHONE # _____ RELATIONSHIP TO CHILD _____

6. NAME _____ PHONE # _____ RELATIONSHIP TO CHILD _____

SWIMMING

Does your child have your permission to take the swim test issued by the Aquatic Center and if passes, may your child swim in the deep end? YES or NO

Comments: _____

ABILITIES AND ACCOMMODATIONS

So that we may better serve and understand your child, please describe any accommodations (medical, physical, fears, or behavioral needs) and/or other information that will assist camp staff to help your child get the most out of camp. (Please note: our staff can not be responsible for personal care e.g. toileting, feeding tubes, etc...)

HEALTH HISTORY/MEDICAL INFORMATION:

Physician: _____ Phone: _____ Address _____

Has your child ever been diagnosed with any of the following? (check all that apply)

<input type="checkbox"/>	ADD	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Behavioral Disorder
<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	Frequent Headaches
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Other Heart Conditions
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Food Allergies
<input type="checkbox"/>	Down Syndrome	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Medication Allergies
<input type="checkbox"/>	Mental Impairment	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Other Allergies
<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	
<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	

If you check any of the above, please explain:

Are immunizations current? Yes No

Does your child follow a special diet? Yes No

If yes, please explain: _____

Other Medical Information that the YMCA should know: _____

***The YMCA does not administer any medications. All information on this form will be confidential and only used to the child's benefit.

PARENT/GUARDIAN AND Y AGREEMENT

DISCIPLINE POLICY - I will review and reinforce the camper conduct and other camp policies with my child prior to the start of camp. Discipline at the Y is handled with much care and thought. Redirection and positive reinforcement are used to help children understand proper behavior. Campers not following the conduct policy may be suspended or expelled from camp.

Initials _____

PERMISSION TO TREAT - INFORMED CONSENT - By signing this agreement, I believe that my child is qualified physically, mentally and emotionally for camp and understand there is some risk involved in all physical activities. I agree to place my child in the care of the camp staff, subject to its program policies. I give permission for him/her to take part in all camp activities and field trips. In the event the responsible parents/guardians cannot be reached, I give my permission to the medical personnel selected by camp to transport, hospitalize, secure proper treatment for and to order injections, x-rays, routine test, anesthesia or surgery for my child and to release any records necessary for treatment, referral, billing and insurance purposes.

Initials _____

PHOTOGRAPHY POLICY - I give the Y permission to use any and all photographs taken of my child in camp activities for Y publicity. The Adair County Family YMCA values the privacy of its members. No photos or video of any type are to be made of any camper or staff person without the consent of the Y Staff.

Initials _____

TRANSPORTATION RELEASE- I give the Adair County Family YMCA my permission to transport my child for the purpose of any camp program. My child has my consent to leave with the YMCA Staff for any type of trip the YMCA plans, this includes but is not limited to swimming, field trips, library visits, etc.

Initials _____

TRANSPORTATION/FIELD TRIP FEE - I understand that this fee is \$80 dollars per camper. This covers my child's transportation, swimming and field trip fee for the summer. This fee is the same for every child who attends camp, whether they attend for 1 week or 10 weeks. This fee is non-refundable.

Initials _____

WEEKLY DEPOSITS - I understand that there is a \$20 weekly deposit required to reserve my child's spot in camp. This \$20 will be deducted from the weekly total Fee. I understand that deposit fees are non-refundable and non-transferable. It is understood that in the case of dismissal or voluntary withdrawal, there are no refunds of camp fees.

Initials _____

PICK-UP POLICY - I understand that anyone on my authorized pick up list must show photo ID to pick up my child. I can also only add people to that list by writing their name on list in person at the Y.

Initials _____

SUNSCREEN POLICY - I understand that the YMCA Camp participants spend a great deal of time outdoors and are thereby exposed to the sun's harmful rays. I understand that as the parent/guardian I am responsible for applying the first layer of sunscreen prior to camp drop off. I also understand that it is my responsibility for providing my child with enough sunscreen to take with them for later day applications. Please Note: Your child is responsible for their own application with supervision. Staff is NOT allowed to apply sunscreen to campers. Campers may buddy up with other campers to assist with coverage. "Spray" sunscreen is also recommended to ensure thorough coverage for each application. An extra shirt may be necessary to wear while swimming and/or outdoor activities to prevent burns.

Initials _____

I have read all of the above information and I am fully aware of all of the terms and principles contained herein. All questions have been answered to my satisfaction. I agree that certain activities at the Y have risks which are inherent to the activity. No insurance has been included in membership or program fees. I further agree to indemnify and hold harmless the Adair County Family YMCA and YMCA staff members from any claims or demands arising out of any such injuries and losses.

Parent Signature _____ Date _____



A'La Carte Camper Menu

Please CIRCLE the Camp Weeks and Enrichment Camps you are signing up for.

Child's Name: _____

CAMP NORTHERN STAR: 7:30 AM - 6 PM		ENRICHMENT CAMPS for NS CAMPERS		
Transportation Fee	\$80			
WEEK 1 June 4-June 8	Member \$79	Participant \$119	X	Earth Art: 1-3:30 PM Age 5 & up NSC: \$20
WEEK 2 June 11-June 15	Member \$79	Participant \$119	X	Painting Picassos: 1-3:30 PM Age 5 & up NSC: \$20
WEEK 3 June 18-June 22	Member \$79	Participant \$119	X	Drama Camp: 1-3:30 PM Age 7 & up NSC: \$20
WEEK 4 June 25-June 29	Member \$79	Participant \$119	X	Animal Art: 1-3:30 PM Age 5 & up NSC: \$20
WEEK 5 July 2-July 6 NO CAMP JULY 4	Member \$79	Participant \$119	Archery: 1-3:30 PM Age 9 & up NSC: \$20	Mad Science: 1-3:30 PM Age 7 & up NSC: \$20
WEEK 6 July 9- July 13	Member \$79	Participant \$119	Harry Potter Camp: 1-3:30 PM Age 6 & Up NSC: \$20	X
WEEK 7 July 16-July 20	Member \$79	Participant \$119	Safe Sitter: 10:30AM-5 PM July 20 Age 12-17 NSC: \$20	X
WEEK 8 July 23- July 27	Member \$79	Participant \$119	STEM Camp 1-3:00 PM Age 8 & Up Member: \$36 Participant: \$72	X
WEEK 9 July 30-August 3	Member \$79	Participant \$119	X	X
WEEK 10 August 6-August 10	Member \$79	Participant \$119	X	Kayak Kamp: 8:30-11 AM August 8th & 9th Age 9 & Up Member: \$36 Participant: \$72