



BEST SUMMER EVER™

Greater Naples YMCA Summer Camp Enrollment Form

CHILD INFORMATION		
Child DOB: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date Enrolled: / /
Child's Full Name:		
Child's Address:		
What school does your child attend:	Grade advancing to:	
Shirt Size: <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large		
Are you Greater Naples YMCA members: <input type="checkbox"/> Yes <input type="checkbox"/> No		
MEMBER GIVING: I would like to make a one-time donation to the YMCA in the amount of: \$_____ I would like to make a monthly donation to the YMCA to be added to my monthly membership fee in the amount of \$_____ per month. The impact of your donation: \$100 will give a child the opportunity to learn the life-saving skill of swimming. \$250 provides one month of after school care for a child in need of a safe place. \$500 sends 5 children to a week of summer day camp at the YMCA.		

PARENT / GUARDIAN INFORMATION		
Name:	Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home #:	Work #:	Cell #:
Address:		
City:	State:	Zip Code:
Parent DOB: / /	Email:	
Name:	Authorized to pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home #:	Work #:	Cell #:
Address:		
City:	State:	Zip Code:
Parent DOB: / /	Email:	

TRANSPORTATION ACKNOWLEDGEMENT	
I give permission for my child to be transported by the YMCA as needed for field trips or in the event of inclement weather. I give permission for my child to participate in walking field trips.	
Authorizing Signature:	Date:

HEALTH HISTORY

Is your child currently taking medication? Yes No

Note: medications administered during camp require a completed Medication Release Form

Medical Concerns (Any conditions that may affect camp participation of any activity that should be exempted for health reasons. If none please specify none):

Allergy Concerns (If none please specify none):

Child's Physician:

Name of Clinic/Hospital:

Phone:

Permission for the Greater Naples YMCA to contact my child's physician to obtain emergency medical care if necessary.

Authorizing Signature:

Date:

Does your child have any special needs/accommodations? Yes No (If yes, explain)

**Please note that the YMCA wants your child to have the best experience possible but may not be able to accommodate all special needs. Please contact the camp director to make sure this camp will be a good fit for your child.*

List any additional information you feel would be helpful for camp staff to know, such as fears, sleeping habits, eating habits etc. These should not be medical related as those should be listed above.

MEDICAL TRANSPORTATION ACKNOWLEDGEMENT

In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport for my child to a health care facility for emergency services as needed.

Authorizing Signature:

Date:

PERMISSION FOR ENROLLMENT AND RELEASE OF LIABILITY

I give my child permission to participate in YMCA activities. I am aware that the YMCA Summer Camp program provides your child with a variety of different experiences and a unique curriculum based on adventures. I understand that even while every precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its staff members and volunteers from liability for any injury, loss or damage connected in any way whatsoever while participating in YMCA activities, whether on or off the YMCA premises. I understand that this release includes claims based on negligence, action or inaction of the YMCA, staff director, volunteer and members or guests. I have read and am voluntarily signing this authorization and release through signature/electronic signature. I grant permission for my child to participate in all activities provided by the YMCA. These adventurous, supervised activities include the following: nature trails and climbing the rock wall, swimming, outdoor picnics, gardening, tennis and intro to sport. I understand that as part of our curriculum and lesson plans, supervised activity experiences are designed as enrichment programs held outside the YMCA Summer Camp facilities. These supervised enrichment programs include utilizing the enrolled children using the YMCA gymnasium, roof top, long house, swimming pool(s), rock wall, baseball field, trails and the Youth Development Center. I am providing my permission for my child to attend and participate in these beneficial enrichment programs.

Authorizing Signature:

Date:

PHOTO RELEASE

I understand that on occasion photos, videos, audio or printed materials for YMCA or the Y's strategic partners; Collier Health Services, Inc., d/b/a Healthcare Network of Southwest Florida, Lee Memorial Health Systems/Golisano Children's Hospital/ Therapy, Special Olympics of Collier County and the Naples Children & Education Foundation (NCEF), may be made for the purpose of publicity. I give my permission for these photos, images and audio to be taken or made in the YMCA facility, the Early Childhood Education facility, on the Y campus, on the FSW Campus or at Y sponsored field trips.

I understand that as a parent/ guardian I will not take any pictures, video or audio of anyone else's child attending the YMCA's Summer Camp program without first gaining permission from the other child's parent or guardian. I understand that I am not authorized to post any group activities or events that show more than my own child on any social media, i.e.: including but not limited to Facebook.

Please Choose One: I am Informed and do consent

I do not give my consent

Authorizing Signature:

Date:

YMCA HEALTHY CHOICES FOOD POLICY

The Greater Naples YMCA is concerned about the nutritional wellbeing of the children we serve. Our programs promote only healthy choices.

Heart disease, cancer and stroke are largely affected by what we eat and how active we are. The Greater Naples YMCA ensures that all activities, events and meetings sponsored or supported by this organization will always include opportunities for healthy foods and beverages and we prohibit the distribution of unhealthy foods. This includes bringing in, sharing or distributing foods like cookies, donuts, fried food, sugary drinks, candy or other foods with little or no nutritional value. Food brought in by donors, parents, or other parties should be of a healthy nature aligning with our healthy food policy. Unhealthy foods will not be distributed to staff, members of the YMCA or the children in our programs. Fruits, vegetables and whole grains will always be encouraged as snack items for staff and members. Our vending machines inside the Y have foods and drinks that already adhere to our mission to choose healthy food options. Water will always be available via water fountains and vending machines as the drink of choice of the Y. As a parent/ guardian of a child in the YMCA's Summer Camp program I agree to comply with the YMCA food policy. I have reported any and all allergy restrictions to the YMCA and agree for my child to participate in all food related activities, except those that interfere or conflict with a reported allergy.

Signature acknowledging YMCA policy:

Date:

SUMMER CAMP PAYMENT OPTIONS & AUTHORIZATION AGREEMENT

Please Print Name on Account (First, M.I., Last):

Payment Option: Visa MasterCard Amex Discover

Payment Option: Bank Draft (Attach voided check)

Credit Number:

Bank Routing Number:

Expiration Date:

Auto Draft: Yes No

Account Number:

Draft Authorization – Please read and initial

_____ I hereby authorize the Greater Naples YMCA to charge or initiate debit entries into my checking, savings, credit card or debit card account in the financial institution named below in an amount equal to the weekly tuition for the YMCA.

_____ I understand that my account will be drafted on the Wednesday before the enrolled week and that this enrollment will remain in effect until I give the YMCA a written notice prior to enrolled week.

_____ Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment plus a \$25 service charge applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution at any time.

Authorizing Signature:

Date:

APPROVED AUTHORIZATION FOR PICK-UP/DROP OFF/EMERGENCY LIST

State of Florida Department of Children and Families (DCF) requires a minimum of two (2) additional names and phone numbers of people authorized to remove the child from the YMCA programs in case of emergency, illness or accident if for some reason the parent(s) cannot be reached. Authorized pick up/drop off and emergency contacts must be a minimum of 18 years of age. Authorized people will not be able to be changed/added/deleted over the phone; all changes will be required to be made in writing with the YMCA Summer Camp office team.

Authorized Person #1

Name:

Relationship:

Address:

Home #:

Work #:

Cell #:

Authorized Person #2

Name:

Relationship:

Address:

Home #:

Work #:

Cell #:

Authorized Person #3

Name:

Relationship:

Address:

Home #:

Work #:

Cell #:

I approve & authorize the above person(s) to pick-up/ drop off and care my child during any emergency.

Authorizing Signature:

Date:

GREATER NAPLES YMCA PARENT HANDBOOK RECEIPT

I acknowledge that I have received the Greater Naples YMCA Summer Day Camp parent handbook. I have read and agree to follow the policies and procedures included in the handbook.

Authorizing Signature:

Date:

FLORIDA MINOR RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and on behalf of your minor child, release the Greater Naples YMCA, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). **You agree that this Release is effective immediately.**

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE GREATER NAPLES YMCA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE GREATER NAPLES YMCA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE GREATER NAPLES YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Authorizing Signature:

Date:

YMCA MEDICATION FORM

NOTE: YMCA program staff cannot administer medication (prescription or over-the-counter) unless this form is completed and signed.

Prescription Medications: Must be signed by a parent or guardian and physician (the prescription serves as the physician's signature. All prescriptions must be in the original container.

Staff will hold and dispense medication according to physician instructions or instructions on over-the-counter medication with a written prescription from their doctor. The YMCA will retain the medication for the duration of the session and return any unused medication at the end of each session.

Over-the-counter Medications: to be signed only by parent or guardian, however physician information is still necessary.

Name of Child: _____ Date: _____

Medicine: _____ Dosage: _____

Method of Administering (I.e., oral, inhaler, etc.) _____

****If injection is needed parent or guardian will need to come and administer medication.****

Does Medication require refrigeration? Y N

Diagnosis: _____ Is condition contagious? Y N

Dates to be administered: _____ TO _____

Time(s): _____

****We will only dispense medication as per labeled instruction on bottle****

Parent Signature: _____ Phone # _____

Physicians Signature: _____

****For prescribed medications NOT in original bottle****

Physician's Business Address: _____

Physician's Phone: _____ Pharmacy Phone: _____

Prescription # _____

CAMP WEEK SELECTION

Greater Naples YMCA's payment policy requires three steps to be completed before a youth is permitted into camp. The Application and **non-refundable** deposit may be mailed or brought to the camp registrar of the location the child will be attending. Complete paperwork & payment for camp week should be paid **5 days prior to the first day of the selected camping week** to hold the camper's spot in the camp. Payments may be dropped off in person at Member Services. A \$10 late fee will be applied to payments made after the Wednesday before selected camp week, providing that space is available. **Payments can be made online. No campers will be accepted at camp or drop off sites without full payment & completed paperwork previously turned in, since they will not be fully registered.**

CAMP WEEKS	WEEKLY THEME	DEPOSIT DUE (\$25)
Week One: June 4 – June 8	Camp Kick-Off	
Week Two: June 11 – June 15	We Love the 90's	
Week Three: June 18 – June 22	All Aboard!	
Week Four: June 25 – June 29	Time Travelers	
Week Five: July 2 – July 6	All American	
Week Six: July 9 – July 13	Mystery Week	
Week Seven: July 16 – July 20	Survivor Challenge	
Week Eight: July 23 – July 27	Under the Big Top	
Week Nine: July 30 – August 3	Myths and Legends	
Week Ten: August 6 – August 10	Blast Off!	
	REGISTRATION FEE	\$100
	AMOUNT DUE	

The YMCA accepts cash, checks, money orders, and credit card payments.

*Payments will not be accepted by camp counselors.

**Payments sent through the mail and not received are not the responsibility of the Greater Naples YMCA.

Date Registered: _____ Staff Initials: _____