



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

OFFICE USE: On Financial Aid? Y or N Parent Guide received? Y or N Signatures complete _____ Form Complete _____ Payment Card Completed _____
Date of Admission: _____

Summer Camp Enrollment Form

SUMMER CAMP LOCATION NAME				CHILD'S AGE	DATE OF BIRTH	GRADE IN FALL	T-SHIRT SIZE
CHILD'S NAME				SEX	ETHNICITY	HOME PHONE NO.	
CHILD'S ADDRESS				CITY		STATE	ZIP
PARENT/GUARDIAN'S NAME				DATE OF BIRTH	HOME PHONE	CELL PHONE	
HOME ADDRESS				CITY		STATE	ZIP
DRIVER'S LICENSE NO.	PLACE OF EMPLOYMENT	EMAIL			WORK PHONE NO.		
PARENT/GUARDIAN'S NAME				DATE OF BIRTH	HOME PHONE	CELL PHONE	
HOME ADDRESS				CITY		STATE	ZIP
DRIVER'S LICENSE NO.	PLACE OF EMPLOYMENT	EMAIL			WORK PHONE NO.		
PARENT/GUARDIAN'S NAME				DATE OF BIRTH	HOME PHONE	CELL PHONE	
HOME ADDRESS				CITY		STATE	ZIP
DRIVER'S LICENSE NO.	PLACE OF EMPLOYMENT	EMAIL			WORK PHONE NO.		
EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED				RELATIONSHIP		PHONE NO.	
EMERGENCY CONTACT HOME ADDRESS				CITY		STATE	ZIP
SECURITY CODE		ANY 4 DIGIT NUMBER OR WORD CAN BE USED AS A SECURITY CODE. THIS CODE WILL BE USED WHEN CALLING IN A CHILD'S ABSENCE, FOR PICKUP PURPOSES AND FOR PHONE VERIFICATION.					

I AUTHORIZE THE YMCA TO RELEASE MY CHILD TO THE FOLLOWING PEOPLE (Other than a parent or guardian) with a state issued photo ID:

NAME	RELATIONSHIP	PHONE NO.

Parent's Acknowledgements: This is to acknowledge that the Arlington-Mansfield Area YMCA has provided me with a Payment Schedule, Policies, and my own **YMCA Parent Guide/Handbook**. I agree to read and adhere to the information included.

Child's Description (requested by Arlington Police Dept.)
 Hair Color: _____ Eye Color: _____ Height: _____
 Weight: _____ Ethnicity: _____
 Distinct Features (scars, birthmarks, etc): _____

Parent Signature: _____ Date: _____

CUSTODY/ COURT ORDERS

Are there any court orders affecting custody of this child? Yes No *(If yes you MUST provide the YMCA with a copy of these orders)*
 Are there any restraining orders? Yes No Who has Primary custody of this child? _____
 Child may be released to: () FATHER () MOTHER () OTHER/NOTES: _____

Parent's Consent

TRANSPORTATION: (required for participation) I hereby give consent for my child to be transported by the YMCA and participate in the field trips supervised by the YMCA.
WATER ACTIVITIES: (required for participation) I hereby give my consent for my child to participate in water activities that might be offered by the YMCA. I hereby give the YMCA staff permission to assist my child in the application of sunscreen.

IMMUNIZATION, VISION and HEARING: My child's records are on file at: Elementary School: _____
 Elementary School: (School phone number) _____ - _____ - _____ Elementary School Address: _____

Parent Signature: _____ Date: _____

Health History

Please list any **DIETARY** or **PHYSICAL** restrictions:

Please list any known **ALLERGIES**:

Treatment to be given when in contact with stated **ALLERGIES**:

If your child has a disability, impairment or condition that requires medication or other accommodations, please inform the childcare department of the YMCA of your child's needs before the program begins to ensure that the YMCA is prepared to address your child's needs. Once parent/guardian submits a modification request, Arlington-Mansfield Area YMCA will consider that request on a case-by-case basis and will attempt to accommodate your child within a reasonable amount of time.

Please check here to inform the child care department if your child has a disability, impairment or condition that requires medication or other

Parent's Understanding: I understand that my child's enrollment is on a probationary period of up to 2 weeks. During this probationary period the YMCA will observe him or her in the program environment to assess if the needs of the child are being met. I have been given and understand the YMCA Code of Conduct for Child Development programs.

Parent's Signature: _____ Date: _____

I have:

- received the payment schedule for camp and all new changes to the YMCA summer camp program upon enrollment.
- Reviewed the parent handbook with operational policies including those for discipline and guidance online.

Parent's Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the YMCA Director or person in charge to take my child to:

NAME OF LICENSED PHYSICIAN:

ADDRESS:

PHONE NUMBER:

NAME OF HOSPITAL OR CLINIC:

ADDRESS:

PHONE NUMBER:

Parent Signature: _____ Date: _____

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

In accordance with the State of Texas Minimum Standards For Child-care Centers Subsection 746.605, I acknowledge all information on this form must be correct and completed before my child(ren) will be admitted into the program.

Parent's Signature: _____ Date: _____

Please put an X in each week your child will be enrolled.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
Jun-05	Jun-12	Jun-19	Jun-26	Jul-03	Jul-10	Jul-17	Jul-24	Jul-31	Aug-07	Aug-14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARLINGTON-MANSFIELD AREA YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the Arlington-Mansfield Area YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, 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 consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated programs have been inspected and 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 ARLINGTON-MANSFIELD AREA YMCA FACILITIES, SERVICES, AND PROGRAMS FOR ANY REASON, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE ARLINGTON-MANSFIELD AREA YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. The undersigned hereby releases, waives, discharges and covenants not to sue the Arlington-Mansfield Area YMCA, its directors, officers, employees, and agents ("the 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, WHEATHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES 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 Arlington-Mansfield Area YMCA, without respect to location.
2. The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage, or cost they may incur 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 Arlington-Mansfield Area YMCA or participating in any program affiliated with the Arlington-Mansfield Area YMCA, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE DUE TO THE NEGLIGENCE OF RELEASEES OR OTHERWISE while in, about or on the premises of the Arlington-Mansfield Area YMCA and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the Arlington-Mansfield Area YMCA.
4. The undersigned further assumes full responsibility for any lost or stolen items while in, about, or upon the premises of the Arlington-Mansfield Area YMCA and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the Arlington-Mansfield Area YMCA.
5. The undersigned gives permission to the Arlington-Mansfield Area YMCA to use photographs, film footage, or tape recordings which may include their own image (or family members) or voice for purposes of promoting YMCA programs.
6. The undersigned understands that YMCA membership dues and program fees are not deductible as charitable tax contributions.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement cannot be altered in any way, and is intended to be as broad and inclusive as is permitted by the law of the state of Texas 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.

I HAVE READ THIS RELEASE

I UNDERSTAND THAT THE DEPOSIT IS NON-REFUNDABLE

Parent or Guardian's Signature if Participant is legally a minor

Printed Name

Parent's E-Mail Address

Date: ____/____/____

Summer 2017

Dear Parents/Guardians:

Below we have provided you with a payment schedule for your convenience. Please pay careful attention to the due dates, making your payment for camp balances will ensure efficient check-in processes on Monday mornings.

Day Camp Hours: 6:30 am-6:30 pm

Ages 5 - 12

Payment Schedule for Summer Camp 2017

*Payments are due the Thursday before the session begins.

<u>Day Camp:</u>	<u>Theme:</u>	<u>Trip:</u>	<u>Thursday-Pay Date</u>
Session 1: (June 5 - 9)	Mission Impossible	Forum Bowling	Due: June 1 by 5 pm
Session 2: (June 12 - 17)	Outside the Box	River Legacy	Due: June 8 by 5 pm
Session 3: (June 19 - 23)	To Infinity and Beyond	Theatre Arlington	Due: June 15 by 5 pm
Session 4: (June 26 - 30)	Amazing Race	Minute to Win It	Due: June 22 by 5 pm
Session 5: (July 3 - 7)**	Surf Safari	Hawaiian Falls	Due: June 29 by 5 pm
Session 6: (July 10 - 14)	Lights, Camera, Action	Let's go to the Movies	Due: July 6 by 5 pm
Session 7: (July 17 - 21)	Space Station Vacation	Flight Deck	Due: July 13 by 5 pm
Session 8: (July 24 - 28)	Disco Daze	Arlington Skatium	Due: July 20 by 5 pm
Session 9: (July 31 - Aug 4)	Science-terrific	Perot Museum	Due: July 27 by 5 pm
Session 10: (Aug 7 - 11)	Jump Around	Pump It Up	Due: Aug 3 by 5 pm
Session 11: (Aug 14 - 18)	Back to the Future	Forum Bowling	Due: Aug 10 by 5 pm

**No day camp will be offered on July 4th.

*****Limited spaces will be available the last week of camp.*****

LATE PAYMENTS

Payments are due and *must be receipted* by close of business on Thursday, the Thursday prior to the week your child will be attending. *Payments not receipted by close of business on Thursday will be considered late* and will result in a loss of your child's spot in camp and any deposit paid for that spot.

Payments dropped off at **any** family center or made online after the 5pm deadline will be considered late.

Late camp payments must be paid in person at one of the three Arlington-Mansfield Area YMCA family centers, on the Monday after the payment deadline. If your family still needs care for that week, and we still have room available, your payment must be for the full price of camp (\$120/\$180).

We look forward to working with you and your family this summer. Thank you for choosing our program!

For your convenience, after initial enrollment is complete, weekly camp payments can be made online at www.ymca-arlington.org

Make sure to review your parent handbook and camp guide at <http://ymca-arlington.org/youthsummer.html>

Mission: The Arlington-Mansfield Area YMCA puts Christian principles into practice through programs that build healthy spirit, mind and body for all.