

2023-2024 Holiday Camp REGISTRATION

Please only list **ONE CHILD PER FORM** and attach a recent **IMMUNIZATION CERTIFICATE**.

Print legibly, complete all fields and include your \$25 registration fee

First day child will attend	Email address <small>(to receive important program updates and registration information)</small>
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CHILD'S INFORMATION

First name	Middle initial	Last name	Date of birth / /	Gender	M	or	F
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Race (circle one)	Caucasian/white	African American/black	Multi racial	Asian American	Native American	Native Hawaiian/Pacific Islander	Other
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Physical conditions/special needs/IEP	Medications/Allergies
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To better serve your child, please circle if he/she has been diagnosed with any of the following:

ADD/ADHD	Convulsions	Bleeding/Clotting Disorders	Autism	Aspergers	Fragile X	Cerebral Palsy	Bipolar Disorder	Tourettes
Rhett Syndrome	Down Syndrome	Chronic Health Problems	Asthma/Severe Allergies	Heart defect/disease	Diabetes	Other		

Name of Child's School	Grade in School (2023-2024)
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1st PARENT/GUARDIAN

Name	Relationship to Child	Date of Birth / /
Address	City	State Zip
Primary phone	Cell Phone (for emergency communications)	
Work phone	Employer	

2nd PARENT/GUARDIAN

Name	Relationship to Child	Date of Birth / /
Address	City	State Zip
Primary phone	Cell Phone (for emergency communications)	
Work phone	Employer	

UNITED WAY INFORMATION

School lunch classification <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Full pay	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Veteran status (circle any that apply) Parent is current active military Parent is a veteran Neither parent is a veteran Unknown	

INSURANCE INFORMATION

Health insurance company	Policy number
Name of physician	Physician phone
What is your preferred hospital in the event that your child needs medical attention	
Hospital Phone Number	

PLEASE LIST ANY ADULT OTHER THAN THE ABOVE THAT MAY BE PICKING UP THIS CHILD OR THAT MAY BE CONTACTED IN AN EMERGENCY

Name	Relationship to Child	Phone 1	Phone 2
Name	Relationship to Child	Phone 1	Phone 2

The YMCA has permission for my children to be photographed and/or interviewed for promotional purposes (circle one) Yes No

You must choose one option below to process your registration. Drafts will occur each Monday of the current week, unless otherwise scheduled through our registration office.

I am currently on draft. Please use the account on file ending in _____. **Authorized account holder signature** _____

Full payment attached. (Check or money order only!) I would like to pay by credit card.

I am authorizing a NEW bank draft from my checking account and I have attached a voided check.

I have the legal authority to sign up the child named on this form and to the best of my knowledge the information on this application form is complete and accurate. I understand that my application will not be processed unless it includes the full fee or automatic draft authorization. I understand that the YMCA prohibits staff members from being alone with children they meet in YMCA programs outside of the YMCA. This includes but is not limited to baby-sitting, tutoring, sleep-overs, etc. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anesthesia or surgery for this child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian. I understand that this release may be revoked by me at any time by written request.

Signature	Date
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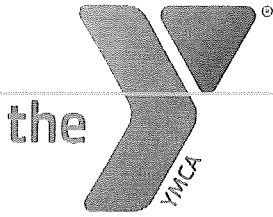
The following information is important for the safety and protection of your child and includes the Owensboro Family YMCA's Child Abuse and Prevention Parent Statement of Understanding. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the registration form. Adults only are permitted to pick up; no one under the age of 18 can sign a child out.
- I understand that I am responsible to walk my child to the childcare entrance and not leave my child at the YMCA unless a YMCA staff member is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in each morning and to sign my child out before leaving in the afternoon.
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the behavior policy and that behavior reports are at the discretion of the supervising staff member. The YMCA has a zero tolerance for violence and there is a 365-day suspension for acts of violence.
- I understand that if my child receives a behavior report they must be picked up within 30 minutes and go home for the rest of the day.
- I understand the policy on sickness and that my child will be sent home if they are ill.
- I understand that my child and their clothing may get dirty and/or wet during holiday camp. The YMCA is not responsible for damages.
- I understand that the YMCA is not responsible for lost, stolen, or damaged items.
- I understand that the YMCA program requires that my child be potty trained. I also understand that in the event that staff feel that my child is not potty trained, my child may be disenrolled from the program.
- I understand that my child will need a change of clothes, a towel, and a water bottle daily and that I am responsible for providing these items.
- I understand that my child MUST wear tennis shoes every day and that flip flops must stay in my child's swim bag and only be worn at the pool.
- I understand that the YMCA is a Christian facility and my child will be exposed to Christian morals and values.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport my child.
- I understand that my child should not receive gifts, letters, or phone calls from YMCA staff or volunteers, and I should report this if it happens.
- I understand that my child should not receive any email or personal address of a YMCA staff or volunteers, and I should report this if it happens. This includes the last day of the program.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff will contact the police.
- If your child requires medication to be administered by YMCA staff, I understand that a medication form must be filled out at the beginning of each week. The medication form MUST match the prescribed instructions on the original prescription container. All prescriptions must be in the original container.
- I understand that the Director may discontinue care for any of the following reasons:
 - 1) Parent has not submitted required paperwork or paperwork is inaccurate.
 - 2) Payment is late or unpaid.
 - 3) Child is determined to be dangerous (physically, sexually or verbally aggressive or threatening) to other children or staff.
 - 4) Child is determined to have a medical, developmental, or emotional condition that is beyond the scope of the camp program's licensed ability to care for the needs of the child.

By signing below, I verify that I understand all of the statements listed above and will adhere to the policies of the YMCA Holiday Camp.

Parent Signature: _____

Date: _____



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SWIM TEST PERMISSION FORM

All children who visit the Owensboro YMCA as part of the Holiday Camp program must pass a swim test to determine each child's swimming abilities. The swim test will consist of 1.) treading water for 20 seconds then 2.) swimming 12 ½ yards on the surface of the water using their strongest stroke without touching the bottom of the pool. The test will be given by a certified lifeguard of the YMCA staff. A child MUST have the permission form below signed by a parent/guardian to take the test. All children who pass the test will be able to swim in any area of the pool. Those who do not pass or refuse to participate in the test will stay in the shallow end.

My child _____ has permission to participate in the swim test.

Parent/Guardian signature: _____

Date: _____



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PHOTO/ AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

My Consent. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), and/or Owensboro Family YMCA (YMCA), I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

_____ I give my consent.

_____ I do NOT give my consent.

Signature: _____ Date: _____

Printed Name: _____ Age: _____

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: _____

Printed name: _____

OWENSBORO FAMILY YMCA
900 KENTUCKY PARKWAY
OWENSBORO, KY 42301