



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

Extravaganza

entering 4th-8th

YOUTH INFORMATION

First Name		Last Name		Preferred Name		Gender	Birthdate	Age
						M F		
Home Address				City	State	Zipcode	Custody Paperwork?	Carseat?
							Y N	Y N

PROGRAM

Session	Dates	Non Mem	Member	Extended Care		Staff Use
2	June 27-July 1	\$165 []	\$145 []	am \$10 []	pm \$15 []	
3	July 5-8	\$135 []	\$115 []	am \$8 []	pm \$12 []	
4	July 11-15	\$165 []	\$145 []	am \$10 []	pm \$15 []	
5	July 18-22	\$205 []	\$185 []	am \$10 []	pm \$15 []	
6	July 25-29	\$165 []	\$145 []	am \$10 []	pm \$15 []	
7	Aug 1-5	\$165 []	\$145 []	am \$10 []	pm \$15 []	
8	Aug 8-12	\$165 []	\$145 []	am \$10 []	pm \$15 []	
9	Aug 15-19	\$220 []	\$200 []	am \$10 []	pm \$15 []	

Total

PARENT OR GUARDIAN

First Name		Last Name		Email Address			
Home Address (if different than child)				City	State	Zipcode	
Home Number		Cell Number		Work Number		Does child live with you?	
Employer				Work Hours		Birthdate	

PARENT OR GUARDIAN

First Name		Last Name		Email Address			
Home Address (if different than child)				City	State	Zipcode	
Home Number		Cell Number		Work Number		Does child live with you?	
Employer				Work Hours		Birthdate	

EUGENE FAMILY YMCA

2055 Patterson Street, Eugene, OR 97405

P 541 686 9622 F 541 342 4451 www.eugeneymca.org

SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS

Dietary Modifications/Allergies		Physical/Behavioral/Developmental Information to Share	
Current Medications (medication authorization may be required)			
Chronic/Recurring Illness			
Doctor Name	Doctor Number	Dentist Name	Dentist Number

EMERGENCY AND PICK UP AUTHORIZATIONS

Name	Relationship	Phone	Contact in Emergency?
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YMCA POLICIES

I have received and read the Parent Handbook and will follow the policies to the best of my abilities.

I will pay my tuition when it is due. If I don't, a late fee will be assessed.

I know my child will have fun at the Y. This may mean they come home wearing glitter, paint, grass stains, or any number of fun substances.

AUTHORIZATIONS

Participation: I give permission for my child to participate in all activities, including field trips and swimming, and to be transported as authorized by the Y. I give permission for the Y to use any pictures of my child for future promotional purposes.

Medical Treatment: I hereby give permission for my child to be given CPR and first aid treatment by a qualified staff member of the Y. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the Y staff when deemed necessary or advisable by the physician to safeguard my child's health.

Property Loss: I understand that the Y is not responsible for personal property lost, damaged or stolen while participating in these activities.

Insurance: I understand it is my responsibility to provide for my child's accident and health coverage while participating in these programs and I further understand that the Y does not provide this coverage.

Release from Liability and Indemnification: Recognizing that the Y will do its best to ensure a safe experience, I understand that accidents may occur from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the Eugene Family Y, its employees, volunteers, independent contractors and directors from all liability based on damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in Y programs. I further agree to indemnify and hold the Y harmless from all claims which are in any way connected with my child's participation in this program.

I have read and understood the above and have completed this form to the best of my ability.

 Signature of Parent/Guardian

Date

 Staff Name

Receipt #

Y SUMMER CAMP POLICIES

HEALTH FORMS

Each child must have a Y camp health form completely filled out. A health form needs to be on file in order for your child to participate in the YMCA camp program. If your child is attending more than one camp session, you only need to fill out one health form.

FEES, TRANSFERS, REFUNDS

Registration for all camps requires a \$25.00 non-refundable registration deposit per camper per week. *All camp fees must be paid in full by the Tuesday before that week of camp begins.* Payments made after the due date will be assessed a \$10.00 late fee. If payment has not been made by the Thursday after the due date, you will lose that reserved space in camp. If you need to make a payment arrangement other than those stated above, please contact the Billing Department. Refunds, minus the \$25 non-refundable registration deposit will be given with a written one-week prior notice of cancellation only. Canceled camp fees may be transferred to another available camp session.

CALENDARS

Calendars are 99% correct. Rain, economy or scheduling conflicts will cause activities to change.

ABSENTEEISM

If your child will not be attending camp on a specific day(s), please call the YMCA and leave a message to that effect before 8:00 am. There will be no refund or credit for absences.

SIGN IN/OUT

Camp hours are 9:00 am to 4:00 pm. Please write your time of arrival/departure and your initials on the daily attendance sheets. Leave your child in the care of a Camp Director, and notify a Camp Director when you are taking your child home. If you will be having someone else pick up your child, s/he must be listed on the health form, and have ID to show to staff.

EXTENDED CARE

Extended Care provides a safe and fun place for day campers before and after normal camp hours. Extended Care is available at the following weekly rates: \$10 from 7:30-9:00am and \$15 from 4:00-6:00pm. Extended care closes promptly at 6:00pm. There will be a \$15 late charge for every quarter hour you are late picking up. (i.e.: 6:20pm = \$30 charge)

FIELD TRIPS

Safe and fully insured vans or busses will transport campers on all field trips. Our camp staff is trained to drive these vehicles. In addition, we do a DMV check on all employees.

BRING AND WEAR

All Campers need to bring lunch, water, swim suit and towels and wear closed toe shoes with back straps. Check calendar to see what to bring to your specific camp. Do not allow your child to bring knives, matches, toy weapons, money, or other expensive games to camp. Inappropriate toys and other items will be held for parents.

MEDICATION

The YMCA staff will only administer medication with a signed medication form from the parent and medications have to be in the original container with dosage instructions.

BEHAVIOR POLICY

It is the goal of the YMCA to ensure that all children have a safe and fun camp experience. Our camp staff use redirection and positive reinforcement to encourage each child's success. In the event of serious discipline problems, a staff-camper conference will be held, followed by a staff-parent conference if needed. Possible exclusion may result from repeated behavior problems, or serious safety violations.