



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

**Office Use Only**

Participant #:

Date Received: / / By:

Preferred Method of Payment: ☐ EFT ☐ Online ☐ At Site

Registration Fee: \$ Daily Fee: \$  
☐ FA ☐ ELC/Other ☐ No

# SCHOOL'S OUT CAMP: October 4, 2019

## REGISTRATION FORM | 2019-2020

YMCA of Florida's First Coast | Clay County Youth Development | 904.644.0072 | CCYD@FirstCoastYMCA.org

A completed registration consists of Registration Form, Child Information Form and all required fees paid. Your child may not attend School's Out Camp until ALL required forms are completed and on file with the YMCA Site Director at your site.

### What to bring to camp: lunch, snack & water bottle

#### PROGRAM INFORMATION

**Before/After School Participant & Y Members**

- ☐ \$30/day (per child)  
☐ Day of: \$40/day (per child)

**Program Participants & Non-Members**

- ☐ \$40/day (per child)

**CAMP SITE:** ☐ Barco-Newton YMCA ☐ Dye Clay YMCA

**CAMP DAY(S):** ☐ Friday, October 4

#### CHILD INFORMATION

**CHILD'S NAME** **NICKNAME** **DATE OF BIRTH** / /  
**SCHOOL** **GENDER** **AGE** **ETHNICITY (CIRCLE ALL THAT APPLY)** **W** **B** **A** **H** **I** **OTHER**  
**ADDRESS** **CITY** **STATE** **ZIP**  
**HOUSEHOLD PHONE** **HOUSEHOLD EMAIL**

#### PARENT/GUARDIAN INFORMATION

**MOTHER OR LEGAL GUARDIAN NAME**

**ADDRESS** **CITY** **STATE** **ZIP**  
**EMPLOYER** **WORK PHONE**  
**HOME PHONE** **CELL PHONE** **EMAIL**

**FATHER OR LEGAL GUARDIAN NAME**

**ADDRESS** **CITY** **STATE** **ZIP**  
**EMPLOYER** **WORK PHONE**  
**HOME PHONE** **CELL PHONE** **EMAIL**

**WHO HAS LEGAL CUSTODY?**

- ☐ MOM ONLY ☐ DAD ONLY ☐ BOTH PARENTS ☐ OTHER (PLEASE EXPLAIN)

**WHO IS PERMITTED TO REMOVE THE CHILD?**

- ☐ MOM ONLY ☐ DAD ONLY ☐ BOTH PARENTS ☐ OTHER (PLEASE EXPLAIN)

#### EMERGENCY CONTACTS & AUTHORIZED TO PICK UP

**ID IS REQUIRED TO PICK UP YOUR CHILD** (REQUIRED: MINIMUM OF 2 OTHER THAN PARENTS)

**NAME** **PHONE** **RELATIONSHIP**  
**NAME** **PHONE** **RELATIONSHIP**

#### MEDICAL INFORMATION

**CHILD'S PHYSICIAN** **PHYSICIAN PHONE**

**\*School's Out Day Camp fees are non-refundable, non-transferable.**

**PLEASE SIGN ATTACHED WAIVERS**



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### MEDICAL INFORMATION

#### PLEASE INDICATE ANY OF THE FOLLOWING:

- ☐ MEDICAL CONDITION/DIAGNOSIS: \_\_\_\_\_
- ☐ CHRONIC ILLNESS: \_\_\_\_\_
- ☐ HISTORY OF SERIOUS INJURY/HOSPITALIZATIONS: \_\_\_\_\_
- ☐ PHYSICAL RESTRICTIONS: \_\_\_\_\_
- ☐ ALLERGIES (INSECT, MEDICATIONS, FOODS, ETC.): \_\_\_\_\_
- ☐ SPECIAL DIETARY RESTRICTIONS: \_\_\_\_\_
- ☐ SPECIAL NEEDS (IF YES, PLEASE COMPLETE THE ADDITIONAL INFORMATION BELOW): ☐ YES ☐ NO

### SPECIAL NEEDS

PLEASE HELP US LEARN ABOUT YOUR CHILD'S SPECIFIC SPECIAL NEED AND ABOUT HIS/HER ABILITY TO MANAGE EVERYDAY TASKS THAT ARE COMMON IN OUR PROGRAM. BEFORE YOUR CHILD IS ENROLLED, WE WILL MEET WITH YOU TO DISCUSS FURTHER.

#### PLEASE DESCRIBE YOUR CHILD'S NEEDS:

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**DOES YOUR CHILD HAVE AN IEP?** ☐ YES ☐ NO

### MEDICATIONS

NAME OF MEDICATION: _____	DOSAGE/FREQUENCY: _____
NAME OF MEDICATION: _____	DOSAGE/FREQUENCY: _____
NAME OF MEDICATION: _____	DOSAGE/FREQUENCY: _____

### ADDITIONAL INFORMATION

PLEASE SHARE ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE HELPFUL IN CARING FOR YOUR CHILD:

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**PLEASE SIGN ATTACHED WAIVERS**

### CONDITIONS OF YOUTH DEVELOPMENT PROGRAM PARTICIPATION

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

### I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

I understand the registration fee must accompany this application and is non-refundable. The registration fee is waived for all participants having a current YMCA Family membership. I understand that one week's tuition is required at the time of registration to secure the participant's enrollment.

I understand that I am responsible for ALL weekly payments, regardless of attendance. There will be no prorated fees for non attendance. Part-time care is not available. Payment is due on Friday, for the upcoming week, and will be considered late after 5:00pm on Friday. The YMCA may bill any past due accounts and assess a \$10.00 per

Children must be picked up no later than 6:00pm or a late charge of \$1.00 per minute, per child will be charged and is due at the time the child is picked up or the next morning before returning.

### ACCEPTANCE

I accept the Conditions of Youth Development Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

\_\_\_\_\_  
PRINTED NAME OF CHILD

\_\_\_\_\_  
SITE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE SIGN WAIVER ON BACK OF THIS FORM**

## 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 YMCA of Florida's First Coast, Inc. ("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 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 [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 YMCA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (If less than 18-years-old, parents or legal guardians must sign below)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT / GUARDIAN

\_\_\_\_\_  
DATE