

SUMMER DAY CAMP 2024



PARTICIPANT INFORMATION

Camper's Last Name: _____ Camper's First Name: _____

Date of Birth: _____ Age: _____ Male _____ Female _____ Other _____

Grade child is entering September 2024: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Child Lives with: ___ Mother ___ Father ___ Both ___ Other

Guardian Full Name _____ Guardian Day Phone _____

Guardian Email _____

Guardian Full Name _____ Guardian Day Phone _____

Guardian Email _____

If unable to locate guardians (in an emergency) please call:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Does your child have any special needs requiring any accommodations:

FULL DAY _____

HALF DAY _____

EMERGENCY CONTACTS & AUTHORIZED PICK-UP

Person (s) (that are not primary guardians) authorized to pick up child: (Minimum 2)

Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Even if the child has a sibling please fill out the form completely for insurance purposes.

MEDICAL

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Insurance Co. _____ Policy # _____

Preferred Hospital _____

Allergies we should be aware of: _____

Immunization records submitted: _____yes _____will submit BEFORE first day of camp.

****Due to the YMCA being a private entity we do not offer care to any child who is unvaccinated. Children must have all up to date mandatory vaccines. If immunization records are not submitted prior to first day of care the child is unallowed to attend with no refund for that week. Records are good for ONE CALENDAR YEAR.**

SUMMER DAY CAMP

Youth entering K-6th Grades/Ages 5-13 in September 2024

Member Rates: \$145 Non-Member Rates: \$165

Half Day Member Rates: \$85 Half Day Non-Member Rates: \$105



Meet the Staff & Counselors:

Event will take place on Saturday, June 1st from 12:00pm - 1:30pm. This program invitation is for any registered camper to attend and all first year participants are encouraged to join. This program will allow families to meet the staff and counselors, ask questions about camp and hear from our Coordinator on how to best prepare for the first day of camp. Date subject to change! Watch for the location of the event!

- Session 1 June 3-7: Welcome Week
- Session 2 June 10-14: Camps Got Talent
- Session 3 June 17-21: Lost in Space
- Session 4 June 24-28: Fairytale Fantasy
- Session 5 July 1- 5: Red White Blue Olympics (No camp July 4/5) *
- Session 6 July 8-12: Wacky Weather
- Session 7 July 15-19: Mad Science
- Session 8 July 22-26: Camp CLUE
- Session 9 July 29- Aug 2: Water, Water, Water
- Session 10 Aug. 5-9: Exploring the Past
- Session 11 Aug 12-16: Summer Sendoff

EARLY BIRD DISCOUNT INFORMATION:

- From February 1-29 only.
- Sign up for 5 or more weeks of camp and get \$25 off each week.
- A whole summer saves \$250.
- This discount is for FULL DAY campers.

This form must be accompanied by a \$30.00 non-refundable Camp Registration Fee per child. There is also a \$10 non-refundable hold fee per week the child is registered. Cancellations after the two-week deadline or a no-show for the week of camp will not receive any type of refund.

- 1. Participant is a current YMCA Member. To receive the member rate on Summer Day Camp, membership must be maintained for all registered weeks of camp.
- 2. I would like to have ALL Summer Day Camp fees for the selected weekly session(s) auto-debited from my existing YMCA membership account. (Deposits will be auto-debited at registration. The balance will be debited on Friday in the week preceding each camp session.)
- 3. I have attached a non-refundable cash or check deposit for the selected session(s) and I will pay the balance before the Friday prior to each camp session.
- 4. As a legal guardian of my child(ren), I do hereby consent and authorize the Kandiyohi County Area Family YMCA Summer Day Camp staff to take any and all action, including use of medical services and hospital facilities as they deem appropriate in the event that my child should become ill or otherwise injured under the care of the Summer Day Camp Program. **
- 5. I authorize the YMCA to take and use pictures of my child for promotional purposes and marketing purposes. If you choose to opt out of pictures, we will not take any pictures or post any pictures of your child(ren).
- 6. I understand that my child(ren) (and I as their parent/guardian) are responsible for following all YMCA policies as stated in the parent handbook and code of conduct. I understand that the YMCA has the right at any point in time to terminate care if these policies are not followed. **

**If the fourth and sixth boxed are unchecked we are unable to register your child.

Guardian Signature _____ Date _____

Complete registration form and send or return with registration fee and deposits if not auto-debited to Monica J. Simmons
 RCRW YMCA c/o BOLD School District | 701 S. 9th St. | Olivia, Minnesota 56277
 P | 320-262-7110

SPECIAL NEWS about Session 5: July 1- 3

- The week is pro-rated for the shorter week and it will be noted on you bill.

Members: \$87 Non-Members: \$99

Half day Members: \$51 Half day Non-Members: \$63

- This week does NOT apply to the Early Bird Discount due to the shorter week.

My child is a t-shirt size

___ YOUTH XS ___ YOUTH S ___ YOUTH M

___ YOUTH L ___ ADULT S ___ ADULT M

PARTICIPANT TRANSPORTATION RELEASE
RCRW YMCA SUMMER DAY CAMP 2024

The Kandiyohi County Area YMCA ("Association") is funded by public support and operated by the YMCA. The undersigned is participating in a YMCA program operated by the Association. The participant listed is receiving transportation to and from programs. Transportation may be provided by a private provider, a YMCA owned and operated vehicle and/or public transportation systems in the area. I understand and authorize the YMCA to transport me to and from activities offered by the Association. Signing this permission slip releases and indemnifies the YMCA Association and its agents and/or employees from all liabilities, damages and any claims made by the undersigned, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of my participation in the transportation program. I fully understand the nature of the transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA Association, its directors, officers, employees, and agents ("releases") from all liability to the undersigned, their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases 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 YMCA, without respect to location.

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 Association premises or in any way using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA Association and/ or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Association. **THE UNDERSIGNED** further expressly agrees that the foregoing

RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State 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 AND AGREE THAT IT WILL REMAIN VALID FOR ONE YEAR FROM DATE OF SIGNATURE.

Printed name of participant

Signature of parent

Date of signature
