



KANDIYOHİ COUNTY AREA FAMILY YMCA

# SUMMER CAMP

For registration questions, please contact the YMCA at: **320-222-9622** or [sarahr@kandiymca.org](mailto:sarahr@kandiymca.org)

## REGISTRATION CHECKLIST

- Authorization for Emergency Medical Care
- Guidelines Waiver

- General and Emergency Pick-up Information
- Payment Method Authorization Form
- Transportation Release Form

- County Child Care Assistance
- YMCA Financial Assistance (must be applied for separately)
- YMCA Member

To comply with safety policies, all sections of this form must be complete before we can accept any child for care.

## CHILD INFORMATION

Child (1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (2026-27): \_\_\_\_\_ School Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_  Male  Female

White  African American  American Indian  Asian  Pacific Islander  Latino/Hispanic  Other

Check box if child has no special needs or illnesses

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware:

Child (2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (2026-27): \_\_\_\_\_ School Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_  Male  Female

White  African American  American Indian  Asian  Pacific Islander  Latino/Hispanic  Other

Check box if child has no special needs or illnesses

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware:

Child (3) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (2026-27): \_\_\_\_\_ School Name: \_\_\_\_\_

Program Start Date: \_\_\_\_\_  Male  Female

White  African American  American Indian  Asian  Pacific Islander  Latino/Hispanic  Other

Check box if child has no special needs or illnesses

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware:

## PRIMARY PARENT/GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell # \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## SECONDARY PARENT/GUARDIAN INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell # \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## EMERGENCY CONTACT

 Person(s) authorized to pick up child (One name per slot):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MEDICAL CONTACT** To comply with safety procedures, a preferred physician must be listed. In the event that the parent/guardian cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA Program Staff to take my child(ren) to the closest emergency care facility.

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Allergies we should be aware of: \_\_\_\_\_

## PARENTAL CONSENT

 Please provide your initials acknowledging each item below

**CONSENT FOR TREATMENT:** I give consent for any and all necessary treatment when my child(ren) is in the care of his/her physician.

**AUTHORIZATION:** In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its employees can be held responsible in the event of accident or accidental death.

**SIGN-IN & SIGN OUT:** Please make contact with an adult/counselor to ensure your child is signed in and out of the program.

**IMMUNIZATION:** I have attached a copy of my child's immunization record, or immunization exemption form.

## PARENT AND PARTICIPATION STATEMENT OF AGREEMENT

- I understand that I may not leave my child(ren) at the YMCA location unless there is a YMCA staff member present.
- I understand that my child(ren) will not be allowed to leave the program with an unauthorized person or staff member.
- Only adults with a valid state issued photo ID, who are over the age of 16, can be authorized to pick up the child(ren).
- I understand that the YMCA is mandated by law to report any suspected cases of child abuse or neglect.
- I understand that the YMCA staff may not babysit, transport, or care for children other than during YMCA program hours.
- I understand that my child(ren) may be removed from a YMCA program for any of the following reasons:
  - Failure to pay program fees by designated deadlines.
  - Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA including staff, YMCA volunteers, children in the program, or members.
  - Failure to observe any of the conditions listed in the parent handbook.
  - Custodial issues which cannot be resolved by parents or legal guardians.
- I authorize for my child(ren) to participate in the following activities while enrolled in YMCA programs
  - Swimming/water activities, viewing of PG rated films, travel on YMCA arranged transportation, participating in activities including field trips and participating in photos or videos for YMCA publications.

### BEHAVIOR POLICY

Good behavior is important to everyone in daily life. Certain behaviors are expected from the children involved in YMCA School Age Child Care and Day Camp programs. Staff establishes and enforces clear and consistent limits and expectations for appropriate behavior. When a child ignores or disregards rules, everyone's experience is diminished. A behavior contract is the first formal step to help solve rule violations. The behavior contract involves parents, child, and staff as it requires the participation of all parties. If your child's behavior becomes an ongoing problem, the behavior contract will be issued. Example contract is available at the School Age Child Care and Day Camp site. Failure to correct behavior may result in suspension or dismissal. Please note that not all of the steps of a behavior contract will be taken every time a child breaks a YMCA rule. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues that compromise the safety of the YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from the program.

**WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT:** I understand that YMCA activities have inherent risks and in consideration for membership at the YMCA and participation in YMCA programs I hereby assume all risks and hazards incident to my participation in all YMCA activities, due to the negligence of the YMCA or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA, including volunteer service. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, employees, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property or participation in programs.

**LARGE GROUP FORMAT:** I understand that, due to the large group format of our program, the YMCA is unable to provide one-on-one care for any child except on an intermittent basis. Such instances include injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children. I understand that I will receive a copy of the YMCA Parent Handbook on or before the first day of my child(ren)'s enrollment. This information is also available at [www.kandiymca.org](http://www.kandiymca.org).

Please sign to indicate that you have received the Kandiyohi County Area Family YMCA's Parent and Participant Statement of Agreement and waiver, release, indemnification and hold harmless agreement and agree to the terms listed above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## RATES:

Write the number of days you would like in the orange box next to each week. 

If selecting 3 or 4 day options, write which days of the week you would like behind each week.

### 3 DAYS

Member: \$110/week\*

Non-Member: \$122/week\*

### 4 DAYS

Member: \$144/week\*

Non-Member: \$161/week\*

### 5 DAYS

Member: \$175/week

Non-Member: \$195/week

\*An extra \$15 charge for 3-day and 4-day if Wednesday (field trip day) is chosen.

All registrants will pay a one-time \$30 registration fee.

## SUMMER DAY CAMP

Youth entering Grade 1-5

- Adventure Awaits - June 8-12 \_\_\_\_\_
- Nature Quest - June 15-19 \_\_\_\_\_
- Wild & Free Outdoors - June 22-26 \_\_\_\_\_
- Red, White & Fun - June 29-July 3 \_\_\_\_\_
- Community Helpers - July 6-10 \_\_\_\_\_
- Splashtacular - July 13-17 \_\_\_\_\_
- Around the World - July 20-24 \_\_\_\_\_
- Animal Kingdom - July 27-31 \_\_\_\_\_
- Camp Olympics - August 3-7 \_\_\_\_\_
- Spirit Week - August 10-14 \_\_\_\_\_
- Party in the YMCA - August 17-21 \_\_\_\_\_  
(limited space)
- Bummer End of the Summer - August 24-28 \_\_\_\_\_  
(limited space)

## LEADERS IN TRAINING (LIT)

Youth entering Grade 5-8 (max age 13)

## PARENT & CHILD OPEN HOUSE

This program invitation is for any registered camper to attend. While parents get an overview of what to expect at summer camp, children will have the chance to visit their camp room, meet staff, and get familiar with the space. This helps ease first-day nerves and gets everyone excited and ready for a great summer! The events will be offered as in-person or zoom: **June 2 | 5-6 p.m.**, **June 4 | 12-1 p.m.**, **June 5 | 5-6 p.m.**

We strongly encourage attending one open house session. If you are unable to attend please contact Sarah at [sarahr@kandiymca.org](mailto:sarahr@kandiymca.org) to set up an alternate meeting time.

## SWIM LESSONS

Swimming lessons will be held on Thursdays, during programming hours of camp. Lessons will be held from 9:00-9:30 a.m. and 9:30-10:00 a.m. on the weeks scheduled. Each session is \$27 for members and \$50 for non-members.

Session 1: June 11 - July 2

Session 2: July 9 - July 30

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 boxes are unchecked we are unable to register your child

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

## FEES AND PAYMENT POLICIES

**REGISTRATION FEE (NON-REFUNDABLE):** A \$30 / child registration fee is required for all program participants. Registration fees must accompany the registration packet. You may send a check or money order, or complete the "Payment Method Authorization Form" to authorize payment of the registration fee.

**PROGRAM PAYMENTS:** Payments for the week are due the Friday prior to the week of care. Payments not made via Automatic Funds Transfer (cash, check or money order), need to be approved by the Program Director and are subject to late payment fees. Payments are considered late if they are received after Monday of the week the care is provided.

**CANCELLATION POLICY:** To withdraw a participant, a two (2) week notice is required.

**DECLINED PAYMENTS:** A \$25 fee is charged for all declined payments. Children will not be allowed to attend the School Age Child Care and Day Camp unless payment has been received and recorded.

**AUTOMATIC PAYMENT PLAN:** The Kandiyohi County YMCA offers an automatic payment plan, where weekly fees are automatically charged to your Financial Institution, Credit Union, or Credit Card Company. Payments are due Friday prior to the week of care and the payment will be withdrawn from the account listed.

### BANK/CREDIT/DEBIT DRAFT AGREEMENT:

- I understand that the Kandiyohi County Area Family YMCA will be processing electronic funds transfers. Debit to your account will be presented in your bank statements as "Kandiyohi County Area Family YMCA" and these funds will be electronically transferred to the YMCA and posted to your child care account weekly.
- The YMCA, Board of Directors and/or management may, at their discretion, adjust the rate plan applicable to childcare programs at any time. I understand that I will receive at least a 30 day notification prior to any such change.
- WHEN USING THE CREDIT/DEBIT CARD OR BANK DRAFT/EFT PAYMENT METHOD:** Should any debit not be honored by my credit card company or Financial Institution for any reason, I understand that I am still responsible for the payment plus a \$25 service charge applied by the YMCA. This is in addition to any service fee my credit card company or my Financial Institution may require.

**DRAFT DATE:** Payments will be withdrawn from accounts on the Friday prior to the week of planned care.

#### OPTION 1: CREDIT/DEBIT CARD

VISA       MASTERCARD  
 AMERICAN EXPRESS       DISCOVER

Name of Card/Account Holder: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

Last four (4) digits of Credit Card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

#### OPTION 2: BANK DRAFT/EFT

Name of Account Holder: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Last four (4) digits of the Bank Account Number: \_\_\_\_\_

**\*YOUR SECURITY MATTERS:** If this credit card is on file, the YMCA will automatically set up your monthly payments. If this card is not on file, you must register at the YMCA front desk to have banking information entered into the system or your card scanned into the system.

Authorization I hereby authorize the YMCA to debit above credit card/bank draft/EFT on the dates as indicated for my 2025/2026 School Age Child Care and Day Camp payments in the amount necessary for the program(s) I have selected. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur from use of the service.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# KANDIYOHİ COUNTY AREA FAMILY YMCA

# TRANSPORTATION RELEASE

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 forgoing **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: \_\_\_\_\_  
(First, Middle, Last, Suffix (Jr./Sr./II/III))

Signature of Parent: \_\_\_\_\_

Date of Signature: \_\_\_\_\_