



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



WHIRLWIND OF SUMMER FUN AND FRIENDS

**2012 DAY CAMP
Registration Packet
YMCA OF GREATER DES MOINES**

Summer 2012 Checklist

- Complete all paperwork included in this packet. It can be completed on-line, printed and turned in, or printed and filled out as a hard copy.
- Sign all appropriate areas where a signature is required.
- Include your child's current immunizations.
- Submit Auto Pay form to pay for the \$20 deposit per week per child.
- The 2012 Camper Packet and additional information available online: www.ydaycamp.org

YMCA MISSION

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Please fill out the following paperwork and turn it in along with your Auto Pay form! Completed paperwork is required at the time of registration. Thanks!

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- 1 & 2** Registration Form
- 3** Camp T-Shirt
- 4** Auto Pay Form
- 5 & 6** Health/Authorization Form
- 7** Emergency Card
- 8** Camper's Creed & Parent Code of Conduct
- 9** Medication Form (only if needed)
- 10** Allergy Form (only if needed)
- *** Copy of Current Immunization Record (Attach a copy.)

CAMP CONTACTS:

ANKENY

Holly Vickers
515-965-8303 x 433
holly.vickers@dymca.org

SOUTH SUBURBAN

Mike Renze
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JOHN R. GRUBB

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Brandi Halterman
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WAUKEE

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SUMMER 2012 REGISTRATION-F.A.Q.

What type of deposit is required?

At the time of registration a \$20.00 non refundable deposit for each week of camp, per child will be taken automatically from your Auto Pay Form. Your deposits can be moved to another week that does not currently have a paid deposit, however, a deposit can not be moved to apply to a balance of a week of camp. You will need to complete a Change Form and submit it to the Camp Director at your local branch by 4:00 pm Thursday on the week before the camp is to start that you want your child to attend.

How do I pay for my child's camp?

An Auto Pay Form must be completed. Then the remaining balance for each camp will be taken out the Friday prior to the week of camp; otherwise the deposit will be forfeited and the camper's registration will be canceled. If there are still openings available for the camp, you can reregister for the camp but you will need to pay for the camp in full including the deposit. See below for the exact payment due dates. **NO PAYMENTS/AUTO PAY FORMS WILL BE ACCEPTED AT THE SITE.** If at any time you have a question regarding your "camp bill", please do not hesitate to call your local branch.

Camp Start Date	Auto Pay Transaction Dates
June 4	June 1
June 11	June 8
June 18	June 15
June 25	June 22
July 2	June 29
July 9	July 6
July 16	July 13
July 23	July 20
July 30	July 27
August 6	August 3
August 13*	August 10

*Applies only to Grubb, South Suburban and Walnut Creek

If you register after the due date for the week your child will be attending the whole camp fee will be taken from your Auto Pay Form when you register.

What is the YMCA's refund policy?

If the YMCA cancels the camp, we will give you a full refund. If you request to cancel your enrollment in a camp, you may do so as long as it is prior to the first day of camp. You will receive a credit less your deposit.

The camp I want to register for is already full. Is there a waiting list?

When a camp fills up, the staff will start a waiting list. If space becomes available, those on the waiting list will be called in order. Check with your branch to see if there is a waiting list for the camp you are requesting.

What is the Tax ID number for my flex spending plan and my taxes?

420680438

Is Financial Assistance available for Summer Day Camp?

Yes, thanks to many generous community supporters, the YMCA strives not to turn away anyone due to an inability to pay. Financial Assistance applications are available at your YMCA Branch or online at www.dymymca.org.



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SUMMER 2012 REGISTRATION FORM

CAMPER'S INFORMATION

YMCA Member?: Yes No

Name:

Address:

City: Zip:

Email Address:

Birthdate: / / Sex:

Age on first day of camp: Grade Completed:

*For K-5th grade camps, your child must have completed 1 year of kindergarten.

EEOC Code: C-Caucasian B-Black A-Asian H-Hispanic
N-Native American I-Indian M-Middle Eastern O-Other

Parent/Guardian Name:

Parent/Guardian Home Phone:

Parent/Guardian Work Phone:

Parent/Guardian Signature:

How did you hear about us? Promo Code

Under the camp name column, record the name of the camp. Under the location column, record where the camp is located. Under the branch column, record the host branch. Under the price column, record the total amount due for the camp.

Weeks	Dates	Camp Name	Location	Branch	Price	Amt. Pd.
1	June 4-8 [†]					
2	June 11-15					
3	June 18-22					
4	June 25-29					
5	July 2-6					
6	July 9-13 Adventureland					
7	July 16-20					
8	July 23-27					
9	July 30-Aug 3					
10	Aug 6-10					
11	Aug 13-17*					

[†]June 4-8 - Start date varies by branch. *Aug 13-17 - Applies only to Grubb, South Suburban and Walnut Creek.

FOR OFFICE USE ONLY: PAYMENT-AMOUNT AND METHOD

Check One: Payment in full for all sessions Deposit of \$20 for each week

Special Notes:

Staff Initials:

Date and Time Returned:

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SUMMER 2012 CAMP T-SHIRT

Child's Name:

Camp Site(s):

FREE CAMP SHIRT* for all Full Day Camps.

Your child will receive 1 free Camp Shirt with their registration.

*Half-Day Camp may purchase a shirt for \$5.

Please circle t-shirt size:

Youth XSmall	Youth Small	Youth Medium	Youth Large
Adult Small	Adult Medium	Adult Large	Adult XLarge

**Your child will receive his/her camps shirt(s) the first day he/she attends camp. We will do our best to give your child the shirt size indicated on this form, however, this is not a guarantee.

ADDITIONAL CAMP SHIRTS

You also have the option of purchasing additional camp shirts for \$5 each.

Payment for the extra shirts will then charge your credit card or debit card using the Auto Pay Form.

Please indicate the number of additional shirts you would like to purchase and the shirt sizes.

I would like to purchase additional shirt(s).

Please circle t-shirt size:

Youth XSmall	Youth Small	Youth Medium	Youth Large
Adult Small	Adult Medium	Adult Large	Adult XLarge

Total Amount due \$

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SUMMER 2012 AUTO PAY FORM

Child's Name:

Date of Birth:

Member ID#:

Camp Site(s):

This summer all camp payments will be paid using our new Auto Pay feature. Your credit card or debit card will be charged automatically at the time of registration for all weekly deposits. The balance due for your child's camper fee will then be paid the Friday prior to the start of the camp week(s) selected. Transactions will take place each Friday by noon and will be for the amount due for the following camp week. In the event of a decline on your account, you will be charged the amount due plus a \$20.00 processing fee. If you are issued a new credit/debit card, you may contact any YMCA to update your record. You will need to make this change request 6 business days prior to your next payment date.

Name on credit/debit card:

.....

Credit/debit card number:

.....

Credit/debit card expiration date:

.....

I hereby authorize the Y to charge my credit/debit card for the weekly deposits at the time of registration and the balance due on weeks of camp my child(ren) are enrolled in on the Friday before each camp week. I understand that it is my responsibility to contact the Y with any changes to my child(ren)'s schedule by 4 pm the Thursday before the camp week. It is also my responsibility to notify the Y of any changes to my bank information at least 6 business days prior to the Auto Payment Transaction Date.

Signature:

Date:

Phone Number

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SUMMER 2012 HEALTH/AUTHORIZATION FORM

CAMPER'S INFORMATION

Name: YMCA Member/Participant #:

Address:

City: Zip:

Birthdate:/...../..... Race: Sex:

Age on first day of camp: Grade Completed:

*For K-5th grade camps, your child must have completed 1 year of kindergarten.

CAMPER PICK-UP INFORMATION

I authorize only the people named below to pick up my child. Please list in order of preference all persons, (including yourself, and if applicable, the child's other parent or legal guardian) who are authorized to pick up your child. For your child's safety, he/she will not be released to anyone else. No changes to this list will be made unless the parent or legal guardian whose signature appears below requests such changes in writing. (Must complete a minimum of four.)

PARENT/GUARDIAN INFORMATION

	1	2
Guardian name		
Relationship		
Mailing Address		
City/Zip		
Place of Employment		
Work Phone		
Home Phone		
Email		
Cell Phone/Pager		

	3	4
Guardian name		
Relationship		
Mailing Address		
City/Zip		
Place of Employment		
Work Phone		
Home Phone		
Email		
Cell Phone/Pager		

SUNSCREEN PERMISSION

I understand that I will apply sunscreen on my child prior to the arrival at YMCA Day Camps. Sunscreen will be applied at mid-morning, lunchtime and in the early afternoon. All children will have sunscreen applied. In the event that my child shall need help applying sunscreen, I hereby give permission to the Day Camp Staff of the YMCA of Greater Des Moines to help my child apply additional sunscreen. I also understand that if at any time I fail to comply with the policy, my child will not be allowed to participate in the program and/or its' activities.

Parent/Guardians Signature:

Date:

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SUMMER 2012 HEALTH/AUTHORIZATION FORM

YOUR HEALTH

(page 2 of 2)

Camper's Name:

Camp Site Registered For:

CHECK ALL THAT APPLY, GIVING APPROXIMATE DATES

Frequent Ear Infections		
Heart Attack/Disease		
Convulsions		
Diabetes		
Bleeding Clotting Disorders		
Hypertension		
Tetanus Innoc.		
Mononucleosis		
Asthma		

DISEASES	ALLERGIES
German Measles	Hay Fever
Mumps	Poison Ivy, etc.
Chicken Pox	Insect Stings
Other (please describe)	Peanut
	Other (please describe)

Any camp activities from which your child should be exempted or limited in for health reasons:

Other afflictions or details above:

Medications taken at home please list all that apply:

Medications taken at camp please list all that apply.
(Prescription only-send in original bottle):

Operations or serious injuries:

Disability due to chronic or recurring illness:

Any special needs (health, physical, educational, mental or psychological) your child has that require medication, treatment or special restrictions while at camp:

Dietary restrictions:

Immunizations:

Current Immunizations on file: Yes..... No

Date of last Tetanus shot:

Name of family physician:

Phone:

Date of last physical examination:

Hospital preference:

Insurance carrier:

Policy #:

Name of dentist:

Phone:

Special needs (health, physical, educational, mental or psychological) for camp counselor awareness:

Swimming ability: Non-Swimmer Beginner Intermediate Advanced

EMERGENCY AUTHORIZATION

I hereby give permission to the medical and dental personnel selected by the camp director to order X-rays, routine tests and treatment for me or my child, and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician and/or dentist selected by the camp director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

Signature of Parent/Guardian Date
.....

PROMOTIONAL AUTHORIZATION

The YMCA has my permission to use photographs of my child(s) in YMCA Promotional material.

..... Yes No

Signature of Parent/Guardian Date
.....

PARENT AUTHORIZATION

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the YMCA of Greater Des Moines. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and the "Camper Packet" and understand the contents thereof.

Signature of Parent/Guardian Date
.....

CAMP ACTIVITY AND TRANSPORTATION AUTHORIZATION

I hereby give permission for my child to participate in camp activities and to travel by bus with the YMCA Day Camp Staff. I understand that only licensed and qualified personnel will operate and vehicle to and from Day Camp, and that there will be at least one Day Camp staff member present at all times. I agree to release the YMCA of Greater Des Moines, its officers and directors, and the YMCA Day Camp staff from any and all claims of damages, demands or liabilities which may result of my child's participation in camp activities and bus trips.

Signature of Parent/Guardian Date
.....

PARENT OR GUARDIAN PERMISSION

My signature below indicates that I have the legal authority to sign-up the child named on this form and that to the best of my knowledge the information on this application form is complete and accurate.

I further understand that this is an application and the named child's participation is contingent upon space being available in the program(s) as contained in the "Camper Packet" and that, furthermore, all necessary health, security, and waiver forms must be signed and on file with the YMCA prior to my child attending the program(s). Failure to comply with the above could result in the loss of the camp space.

Signature of Parent/Guardian Date
.....



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SUMMER 2012 EMERGENCY INFORMATION

Site(s):

Name:

Birthdate: Age: Grade:

Address:

Phone (home): Phone (work):

**In the event of an emergency-
Please indicate, in the order of preference, (1,2,3,4) the person to call:**

Preference		Name	Phone Number
	Mother		
	Father		
	Relative		
	Other		
	Other		

Doctor		
Dentist		

In the event the person(s) noted above cannot be located, I hereby give my consent for the YMCA Staff to administer first aid or call for emergency care for my child under extreme conditions. I expect that a conscientious effort will be made to locate me or the designates before any action will be taken. If it is not possible to locate me or the designates, any expense incurred will be accepted by me. If the child needs emergency care while on a field trip, I understand the closest paramedics will be summoned. If the child is at the center, the following parties will be contacted:

911 Paramedics toHospital

Parent/Guardians Signature:

Date:

Additional Medical Information:

.....

.....

Medication(s):

.....

Insurance Provider:

Policy # Group #



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SUMMER 2012 CAMPER'S CREED

"During all camp activities, I pledge to do the best I can. I pledge to be a team player, to respect my fellow campers and all camp staff, and to improve myself in spirit, mind, and body."

Child's name printed:

Child's Signature:

Parent/Guardians Signature:

Date:

SUMMER 2012 PARENT CODE OF CONDUCT

**As the parent of,
a YMCA camper, I will...**

- Support & teach the YMCA values of Caring, Honesty, Respect, & Responsibility
- Communicate questions or concerns to the staff in a mature & private manner
- Never discredit a staff member or another parent in front of a camper
- Work with the YMCA staff in a positive manner on all behavioral issues dealing with my child
- Volunteer if I have the opportunity to do so
- Read the Camper Packet and additional handouts so I am familiar with all of the information in them
- Read all information, and respond to if necessary, any information that is handed out at the site
- Understand all of the payment and add/change procedures
- Enter into all camp facilities OFF of my cell phone so staff has the opportunity to relay important information to me and so that my child has my attention at drop off and pick up times, to encourage a smooth transition

Parent/Guardians Signature:

Date:



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ALLERGY/FOOD EXEMPTION INFORMATION FOR CAREGIVER

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Child's Name:

Parent's Name:

Nature of Allergy/Food Exemption:

Foods Child Should Avoid	Reaction

Allergies Other Than Food	Reaction

Parent/Guardians Signature:

Date:

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