

GREAT SUMMERS START AT THE Y!

SUMMER PROGRAM 2021 REGISTRATION
YMCA OF GREATER DES MOINES

Camper Name _____ Address _____

City _____ Zip _____ Gender _____ Birthdate ____/____/____

Primary email address _____ Secondary email address _____

Age on first day of camp _____ Grade Completed _____ School Attended _____

Ethnicity _____ C-Caucasian B-Black A-Asian H-Hispanic N-Native American I-Indian M-Middle Eastern O-Other

YMCA Member __Yes __No Cell Phone _____ Name of Cell Phone Carrier _____

Parent/Guardian Name _____ Home Phone _____ Work Phone _____

Parent/Guardian Signature _____ Date _____

Camp Registration Grid (please CHECK all camps you would like your child to attend)

6:30 a.m. – 6 p.m. Completed K – 5 th grade Y Mbr: \$160/wk; Non-Mbr: \$185/wk	Transitional Care Dates \$32/day	June 7-11, 2021	June 14-18, 2021	June 21-25, 2021	June 28 - July 2, 2021	July 6-9, 2021**	July 12-16, 2021	July 19-23, 2021	July 26-30, 2021	August 2-6, 2021	August 9-13, 2021	August 16-20, 2021
Brookview Elementary School 8000 EP True Parkway West Des Moines, Iowa	<input type="checkbox"/> June 1 <input type="checkbox"/> June 2 <input type="checkbox"/> June 3 <input type="checkbox"/> June 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eason Elementary School 605 Boone Drive Waukee, Iowa	<input type="checkbox"/> June 1 <input type="checkbox"/> June 2 <input type="checkbox"/> June 3 <input type="checkbox"/> June 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waukee Elementary School 850 6 th Street Waukee, Iowa	<input type="checkbox"/> June 1 <input type="checkbox"/> June 2 <input type="checkbox"/> June 3 <input type="checkbox"/> June 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**No camp July 5. Y Mbr: \$128; Non-Mbr: \$148

A deposit of \$20 per week will hold your child's space in camp.*

*Through April 1st, pay only a \$10 deposit per week to save a spot in the camp(s) of your choice.

Note: The deposit paid will be applied to your child's remaining camp balance for the week and is non-refundable.

Check One: ___ Payment in full for all sessions ___ Deposit of \$20 per week ___ Financial assistance—deposit of \$10 per week
Scholarships are available for those with financial need thanks to the generosity of donors to the Y.

**In order for the registration process to be complete,
the YMCA of Greater Des Moines must receive the following:**

1. Completed registration form and camp grid
2. Completed Auto Pay Form
3. Current Immunization Record (provided by your child's physician)
4. Emergency Information Form
5. Health Information Form
6. Camper Connection Form

Questions?

Please contact the
Waukee Family YMCA.

515-987-9996

Return all registration materials to the YMCA.

FOR OFFICE USE ONLY

Staff Initials _____ Date & Time Returned _____

Special Notes _____

Emergency Information Form

Please provide a minimum of four individuals and indicate, in order of preference (1, 2, 3, 4), the person to call in the event of an emergency.

Camper's Name _____

Preference	Relationship	First & Last Name	Phone Number

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 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 transport to preferred hospital _____

Parent/Guardian Signature _____ Date _____

Physician _____ Phone _____ Date of last physical exam _____

Insurance Provider _____ Policy Number _____ Group # _____

Dentist Name _____ Phone _____

Dental Insurance Provider _____ Policy Number _____

Camper Pick-up Information

I authorize only the people named above or below to pick up my child. I understand my child will not be released to anyone else unless a change is made in writing by myself or a secondary legal guardian. I have indicated a minimum of 4 authorized pick-up individuals in the space above.

Please list any additional people allowed to pick up your child

Please list anyone who is NOT allowed to pick up your child

Emergency Authorization

I will notify Camp Staff of any serious restrictions related to my child's participation in YMCA Camp programs or activities. I hereby give permission to the medical and dental personnel selected by the camp director to order X-rays, routine tests and treatment for my child. In the event I cannot be reached during 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 my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

Parent/Guardian Signature _____ Date _____

Sunscreen Permission

I will apply sunscreen on my child prior to the arrival at the YMCA Camps. Sunscreen will be reapplied at mid-morning, lunchtime and in the early afternoon. I will be responsible for providing my child with enough sunscreen, in a sealed container labeled with my child's name, to remain at the camp site for later day applications. All children will have sunscreen applied. In the event that my child shall need help applying sunscreen, I hereby give permission to the Camp Staff of the YMCA of Greater Des Moines to help my child apply additional sunscreen. If at any time I fail to comply with the policy, I understand my child will not be allowed to participate in the program and/or its activities.

Parent/Guardian Signature _____ Date _____

Promotional Authorization

The YMCA has my permission to use photographs and video of my child in YMCA promotional material. Yes No

Parent/Guardian Signature _____ Date _____

Camp Activity & Transportation

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

Parent/Guardian Signature _____ Date _____

Health Information Form

Illness	✓	Date(s)	Disease	✓	Allergies	✓
Asthma			Chicken Pox		Hay Fever	
Blood Clotting Disorders			German Measles		Insect Stings	
Convulsions			Mumps		Peanut	
Diabetes			Other (describe)		Poison Ivy, etc.	
Frequent Ear Infections					Other (describe)	
Heart Attack/Disease						
Hypertension						
Mononucleosis						
Tetanus Inoculation						
Other (describe)						

Your Child's Health

Current immunizations updated and turned into the YMCA ___Yes ___No Date of last Tetanus shot _____

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

Other afflictions or details of above health information

Medications taken at home (list all that apply)

Medication Authorization

Regulations require permission to administer any prescription medications to campers. If you would permit Camp Staff to give your child such medications as needed, please sign below. During check-in, please fill out a medication form and turn in all prescription and over-the-counter medications in the original package or bottle with original prescription information listed.

Parent/Guardian Signature _____ Date _____

Operations or serious injuries

Disability due to chronic or recurring illness

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

Dietary restrictions

Immunizations

Parent Authorization

I hereby do declare my child to be physically sound and to have 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 Information Packet and understand the contents thereof.

Parent/Guardian Signature _____ Date _____

Parent or Guardian Permission

My signature below indicates that I have the legal authority to register my 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 Information 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.

Parent/Guardian Signature _____ Date _____

Camper Connection Form

At the Y we are continually trying to build stronger relationships with our campers. In order to do so we would like to ask you some questions regarding your child. Please take a few minutes to answer the following questions with your child. This will help our Camp Leaders to get to know your child better.

Camper Name _____ Age _____ Birth Date _____ Parent email _____

Sibling(s) at camp? Yes No Name of sibling(s) _____

Child lives with Both Parents One Parent Other _____

Summer Camp Parent Code of Conduct

As a parent of _____, a camper, I will...

- Support and teach the YMCA values of Caring, Honesty, Respect and Responsibility.
- Communicate questions or concerns to staff in a mature and private matter.
- Never discredit a staff member or another parent in front of a camper.
- Work with camp staff in a positive manner on all behavioral issues dealing with my child.
- Read the parent packet so I am familiar with its information

Parent/Guardian Signature _____ Date _____

Camper's Creed

During camp I pledge to do the best I can and to be the best I can be. I pledge to work as a team member, and respect my fellow campers and all camp staff. I pledge to work to improve myself every day in spirit, mind and body.

Camper Name _____ Camper Signature _____

Parent/Guardian Signature _____ Date _____

Other Information

Is your camper on any behavior medications or taking a summer break from any medications? Yes No

Please Explain _____

Have any major life events occurred recently for your child? Yes No

Please Explain _____

What type of extracurricular activities does your camper participate in? _____

What else would you like us to know about your child? _____

Indicate your child's swimming abilities:

- Beginning Swimmer Some Swimming Skills Average Swimmer Strong Swimming Skills

Auto Pay Form

At the time of registration all weekly deposits are due. These can be charged to your credit or debit card or paid with cash or check. A minimum of a \$20, non-refundable deposit is required to hold your spot in a camp week. Registrations submitted by April 1st may pay a \$10 deposit per week to hold a spot in each week of camp.

The balance due for your child's camp fee will be paid using our Auto Pay feature. Payments will be charged on the Wednesday prior to the start of camp week(s) selected. The amount charged will be the camp fee minus the deposit paid at registration. In the event of a decline on your account or card you will be charged the amount due plus a \$20 processing fee. If you are issued a new credit or debit card or change bank accounts please contact your YMCA to update your records. Six business days notice is required to make changes.

Child's Name _____

CREDIT CARD/DEBIT CARD INFORMATION

Name on credit/debit card _____

Credit/debit card number _____

Credit/debit card expiration date _____ CVV Code _____

I hereby authorize the Y to charge my credit/debit card for the weekly deposits at the time of registration. I hereby authorize the Y to charge my credit/debit card for the balance due on weeks of camp my child(ren) are enrolled in on the Wednesday before each camp week. I understand it is my responsibility to contact the Y with any changes to my child(ren)'s schedule by 12:00 pm, at least 2 weeks prior to the week of camp in which my child(ren) is enrolled. 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 Pay Transaction Date.

Signature _____ Date _____

Phone Number _____ Email _____