

# REGISTRATION

<b>CHILD'S NAME</b>	<b>MEMBERSHIP STATUS</b>	<b>AGE GROUP</b>
	MEMBER <input type="checkbox"/>	YOUNG EXPLORER <input type="checkbox"/>
	NON-MEMBER <input type="checkbox"/>	ADVENTURE CAMP <input type="checkbox"/>

WEEK	5 DAY	3 DAY	SELECT 3 DAYS				
			MON	TUE	WED	THU	FRI
WEEK 1: JUNE 30 - JULY 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 2: JULY 7 - 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 3: JULY 14 - 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 4: JULY 21 - 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 5: JULY 28 - AUGUST 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 6: AUGUST 4 - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 7: AUGUST 11 - 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 8: AUGUST 18 - 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 9: AUGUST 25 -29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PROGRAM PARTICIPANT PROFILE - TO BE COMPLETED IN FULL

Date of birth		Age during camp		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		Grade in Fall	
Child's Address	(Street Address)	(City)	(State)	(Zip Code)		T-Shirt Size:  <input type="checkbox"/> Youth <input type="checkbox"/> Adult	
Child lives with:		Child's Height:		Child's Weight:			
Valid Email Address (required):				Name of e-mail owner:			
Guardian's Name (1) required	Primary Phone: (     )		Date of Birth:     /     /	Relationship to child:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization		
	Secondary Phone: (     )						
Guardian's Name (2)	Primary Phone: (     )		Date of Birth:     /     /	Relationship to child:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization		
	Secondary Phone: (     )						
Guardian's Street Address (If different than above):							
Alternate Emergency Contact Name required:	Primary Phone: (     )		Date of Birth:     /     /	Relationship to child:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization		
	Secondary Phone: (     )						
Alternate Emergency Contact Name required:	Primary Phone: (     )		Date of Birth:     /     /	Relationship to child:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Pick Up Authorization		
	Secondary Phone: (     )						

## PARTICIPANT HEALTH & INFORMATION FORM – TO BE COMPLETED IN FULL BY GUARDIAN

Has your child been exposed to an infectious disease or had any major illness in the last month? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, Illness/Disease:	Symptoms:
Is the child covered by any hospitalization/medical care policy? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Insurance Company:	
Card Holder:	Policy/Group #:
How does your child express anger/frustration? What type of discipline is used at home?	
Does your child have any fears?	
Special dietary needs or restrictions?	
Any activity restrictions for your child? Please explain in detail.	
My child has an IEP/504 plan. <input type="checkbox"/> No <input type="checkbox"/> Yes *If you've answered "YES" provide a copy prior to the start of camp to help make your child's experience more positive.	
My child is fully toilet trained and can independently use the toilet? <input type="checkbox"/> No <input type="checkbox"/> Yes *If you've answered "NO" contact program director before registration	
My child's swimming ability is: <input type="checkbox"/> Afraid of water <input type="checkbox"/> Some Lessons <input type="checkbox"/> Confident in Deep Water	
Is there any other information you think is important for us to know about your child?	
Child is allergic to: <div style="text-align: right;">Child keeps an Inhaler <input type="checkbox"/> and/or EPI Pen <input type="checkbox"/> (labeled &amp; kept in backpack or at camp)</div>	

### PARTICIPANT MEDICAL PROFILE

I recognize that YMCA activities can be strenuous endeavors requiring me or my child to be in good physical condition. I hereby certify that my child does not suffer from any physical infirmities or illnesses which would affect my or my child's ability to engage in activities and that if my child is now under the treatment for any of the following I will check the proper heading and discuss them with a YMCA Staff Member.

PLEASE CHECK THE APPROPRIATE HEADING(S):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Nervous Disorder            | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Kidney Related Disease | <input type="checkbox"/> Back Injury             |
| <input type="checkbox"/> Cardiac/Pulmonary Condition | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Mental Distress        | <input type="checkbox"/> Hearing Loss/Impairment |
| <input type="checkbox"/> High/Low Blood Pressure     | <input type="checkbox"/> Fainting Spells     | <input type="checkbox"/> Convulsions            | <input type="checkbox"/> Recent Injury           |
| <input type="checkbox"/> Neck Injury                 | <input type="checkbox"/> Insect Allergies    | <input type="checkbox"/> Orthopedic Problem     | <input type="checkbox"/> Other: _____            |

PLEASE USE THIS SPACE TO ADD DETAILS: \_\_\_\_\_

I FURTHER CERTIFY THAT IF MY CHILD IS ON ANY REGULAR MEDICATION I WILL DISCUSS THIS MEDICATION WITH A YMCA STAFF MEMBER

### IMMUNIZATION AGREEMENT

- ✓ I will provide a copy of my child(ren)'s most recent immunization records delivered within 7 days of registering OR by the 1st day of camp (whichever comes first.) If applicable, new immunization will be faxed within 1 week of an appointment.
- ✓ All those who are attending camp are required to have age-appropriate vaccines on file as recommended by the American Academy of Pediatrics (AAP), and the Center for Disease Control (CDC)
  - **DTaP, DT, Td, or Tdap** (Diphtheria, Tetanus and Pertussis), **IPV** (Poliovirus), **HIB** (Haemophilus influenza type b bacteria), **PCV 13** (Pneumococcal) vaccine, **Hepatitis B**, **MMR** (Measles, Mumps, Rubella) or serologic evidence of immunity, **Varicella** (Varivax – for Chicken Pox), or serologic or historical evidence of immunity, **Menactra** (Meningococcal disease / Meningitis) – required for those age 11 and older
- ✓ Exceptions: We recognize that individuals who have had a documented allergy or severe adverse reaction to a particular vaccine may not be able to complete the immunization schedule outlined above. Additionally, individuals with medical conditions such as congenital immunodeficiency or HIV, cancer and who are receiving chemotherapy, transplant patients, and persons receiving immunosuppressive drugs and chronic steroids also may not be able to receive certain vaccines. In these extremely rare circumstances, current documentation from a Physician (MD or DO), or a Pediatric/Family Practice Advanced Practice Nurse (ARNP or PNP), describing the reason for exemption from immunization must be furnished to GLOW YMCA. We are happy to discuss case by case management of the extremely rare circumstance of medical contraindication to partial or complete vaccination.
- ✓ This policy will be enforced in accordance with all applicable local, state, and federal laws. In no way should this policy be interpreted to violate the laws of the State of New York or regulations affecting licensed Day Camps within the state.

<b>Guardian Signature:</b>	<b>Today's Date:</b> /    /
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## PAYMENT/SUBSIDY AGREEMENT

- ✓ I am responsible to make timely payment for my child(ren)'s camp.
- ✓ Camp deposits are non-refundable. Cancellation will result in the loss of deposit. Camp deposits will be used towards the payment of each week of camp. Cancellations will need to be made 14 days prior to the week you are cancelling.
- ✓ Full payments will be made in advance or drafted the 10 days before each week of camp.
- ✓ I understand that by reading this I have been made aware of the YMCA Financial Aid opportunity and will complete the appropriate application prior to submitting my camp packet (must renew annually).
- ✓ Payment is due via automatic draft by the following:

Week	Start Date	Due Date	Week	Start Date	Due Date	Week	Start Date	Due Date
1	6/30/2025	6/20/2025	4	7/21/2025	7/11/2025	7	8/11/2025	8/1/2025
2	7/7/2025	6/27/2025	5	7/28/2025	7/18/2025	8	8/18/2025	8/8/2025
3	7/14/2025	7/4/2025	6	8/4/2025	7/25/2025	9	8/25/2025	8/15/2025

- ✓ I understand that if I receive assistance through a third-party such as the department of social services, it is my responsibility to file the appropriate paperwork with that agency and will inform the YMCA of my subsidy plan. A copy of the approval letter must be submitted as well.
- ✓ I understand that my subsidy plan may be based on the number of hours attended through care. If I do not meet the required number of hours in attendance, I as the legal guardian will be responsible for making the remainder of the payment owed.
- ✓ If my child has attended the program and my subsidy care plan expires or is not approved, I will be responsible to pay the amount owed for the time that my child attended care.

Payment Information					
<b>Name on card/account</b>		<b>Address Associated with card/account</b>			
<b>Credit Card Number</b>		<b>3-digit CVV</b>		<b>Expiration Date</b>	<input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>Master Card</b>
<b>(OR)</b> <b>Bank Routing Number</b>		<b>Bank Account Number</b>			
<i>Guardian Signature:</i>				Today's Date:    /    /	

## GUARDIAN AGREEMENT

- ✓ I must notify the YMCA Childcare Director immediately of any changes on these forms.
- ✓ In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, order injections, anesthesia or surgery for my child. I am responsible for the cost of all medical treatment and care.
- ✓ YMCA staff and volunteers are not allowed to babysit or transport children at any time.
- ✓ The YMCA is mandated to report suspected cases of child abuse/neglect to the appropriate agencies for investigation.
- ✓ My child will be expected to follow all camp rules and regulations. Failure to abide by the rules and regulations may result in suspension and/or expulsion from the program.
- ✓ My child is expected to be able to toilet independently, no physical assistance will be provided with hygiene. No diapers.
- ✓ My child has my permission to participate in walking field trips with the YMCA and ride on vehicles as arranged by the YMCA for transportation to and from YMCA Summer Programs and scheduled field trips. Specifics will be posted weekly.
- ✓ I authorize the YMCA to assist my child in applying parent supplied sunscreen and bug repellent as appropriate.
- ✓ My child has permission and is encouraged to swim at YMCA Summer Programs. My child's swimming ability will be assessed by the Progressive Swim Instructor prior to participating in swimming activities and will be reassessed on a regular basis to ensure swimmer safety. My child will only be able to swim in areas deemed appropriate for their swimming ability by the Swim Instructor.
- ✓ The YMCA has my permission to use photographs of my child in promotional materials such as brochures, ads, YMCA website or newspaper releases. I will not be informed of or reimbursed for such photographs.
- ✓ If your child has an IEP/504, we require you to contact us prior to camp to have a discussion to help your child transition into the camp environment smoothly and successfully! Additionally, please provide a copy of the IEP/504.
- ✓ I, the undersigned, hereby hold harmless, waive, and release GLOW YMCA, their childcare workers, officers, representatives, agents, organizers and successors from liability as a result of exposure and or contraction of COVID-19 and all other illnesses while the above child/children is/are in their care at camp. I understand that my child is incurring greater risk by participating in childcare with other participants and staff but that all measures will be taken by staff and administration to minimize the risk.
- ✓ I, the undersigned, agree that I will inform the Sign-in staff or Director if I have administered fever reducing medication to my child within the last four hours.

<i>Guardian Signature:</i>	Today's Date:    /    /
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## GENESEE COUNTY YMCA PARTICIPANT LIABILITY WAIVER

### Inflatable Activity Waiver

ALTHOUGH WE STRIVE TO MAKE ALL ACTIVITIES AS SAFE AS POSSIBLE, ACTIVITIES OF THIS NATURE DO COME WITH SOME ELEMENT OF RISK. THIS WAIVER ENSURES THAT WE HAVE CONTACT INFORMATION OF YOU AND/OR YOUR CHILD AND YOU ARE AWARE OF THESE RISKS. A COMPLETED PARTICIPANT LIABILITY WAIVER IS REQUIRED TO PARTICIPATE IN ALL INFLATABLE ACTIVITIES. WE WILL KEEP ON FILE CONTACT INFORMATION FOR YOUR CHILD FOR OTHER YMCA PROGRAMS AND ACTIVITIES AT YOUR REQUEST. IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY PARTIES OR PROGRAMS AT OR WITH THE GLOW YMCA THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES AND AGREES:

1. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases of others, and assume full responsibility for all participants listed below;
2. I willingly agree to comply with the stated and customary terms, rules, and conditions for participation. If, however, I observe any significant hazards during my participation, I will bring it to the attention of the nearest official immediately; and
3. The risk of injury from this equipment can be significant, including the potential for paralysis and even death, and while particular rules, equipment, and personal discipline reduce the risk, the risk does exist;
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, hereby hold harmless YMCA their officers, agents, employees, other participants, and sponsoring agencies with respect to all injury, disability, death, or loss of damage to personal or property to the fullest extent of the law;
5. By signing below for my children, and/or spouse, I also agree to the above conditions, should I decide to participate.

### Photo Release

I grant my permission to the GLOW YMCA to use without limitation or obligation photographs, film footage, tape recordings, or other media that may include an image or voice of me or my child at YMCA programs for purposes of promoting YMCA programs.

### Acknowledgement of Risk & Assumption of Responsibility

I understand that during my or my child's participation in activities at or with the GLOW YMCA, I or my child may be exposed to psychologically and physically stressful and challenging situations. I understand that although the program has taken precautions to provide proper organization, supervision, instruction and equipment for each activity it is impossible for the program to guarantee absolute safety. I also understand that I share responsibility for safety, and I assume that responsibility.

Further I waive any claim that may arise against the GLOW YMCA and/or its employees as a result of my or my child's participation in the YMCA program or activity, except those which are a direct result of the negligence by the GLOW YMCA or its employees. I have accepted responsibility for verifying my or my child's personal health and medical history on the top of this sheet. In so doing I state that I or my child have no physical or psychological problems that would prohibit participation in this program. I or my child agrees to comply with all instruction and direction given by YMCA staff members during my or my child's participation. I understand the YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises or at a YMCA function or activity.

<i>Guardian Signature:</i>	Today's Date:    /        /
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## Deposit Agreement

I understand that a \$30 deposit will be assessed for EACH week of registration. This fee will be charged after registration is completed and charged to the payment method provided during registration.

<i>Guardian Signature:</i>	Today's Date:    /        /
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