



Keene Family YMCA

CAMP REGISTRATION PACKET 2018

ONE PACKET PER CHILD. Please complete all pages of this registration packet. It is important that you fill out every field and provide complete contact information on each of the following forms. **Camp spots are available on a first-come, first-served basis.** Due to Department of Health and Human Service Regulations for State Licensed Programs we have ratio requirements to which we must adhere. No exceptions can be made if a camp is full to accommodate additional campers, so we recommend early registration. Camper Registrations are not official until you receive a confirmation email from our Camp Registrar confirming camp selection availability and receipt of a complete packet and fees.

Camp Registration Checklist:

- Camp Payment Form
- Camp Selection Form
- Camp Waiver/ Emergency Contact Form
- Health Form & Immunization Record (Due on or before June 1st) **
- NH State Assistance Link Form (for those with existing state accounts)

** If camper has attended camp at the Y in the past year please check with our register to assure health form on file, no need to update.

How to Register for Y Summer Camp:

Before You Register

- Use the included camp offerings grid to easily view what is being offered in your child's age group. Discuss with your child his/her interests and select camp options that make sense for your child.
- Make necessary arrangements to obtain a Universal Health Form and copy of your child's immunization record. This may require a physical examination, so plan ahead if an appointment is required. This form is due on or before June 1st. All physicals must be within the past 2 years to meet regulations.
- Review all camp information available at WWW.KEENEYMCA.ORG/SUMMERCAMP
- Complete this registration packet with all required information. Make sure that all contact information is accurate and up-to-date. Anyone who may pick-up your child must be listed on this paperwork and will need to show ID.
- If you currently receive child care assistance from the state of NH and intend to use your assistance for summer camp you will need to obtain a completed LINK form to be submitted with your packet.
- If you need to apply for financial assistance through the Y you will need to complete the application and submit it with your registration packet. Assistance is limited, and available on a first-come, first-served basis.

Completing Your Registration

- Drop-off or mail all required paperwork and a \$25 deposit for each week of camp for which you are registering to the **Keene Family YMCA**, 200 Summit Road, Keene NH 03431, attention Camp Registrar, Debby Ellison.
- Take time to thoroughly read the Parent Handbook available online at WWW.KEENEYMCA.ORG/SUMMERCAMP.

THIS PAGE IS FOR YOUR USE AND DOES NOT NEED TO BE SUBMITTED



CAMP PAYMENT AGREEMENT 2018

Please read and initial the following:

REFUND POLICY: I understand that I must pay a **Non-Refundable** \$25 deposit per week for which I am registering. The deposit is applied to the weekly fee. I understand that I must pay a **Non-Refundable** \$10 registration fee per child. Refunds, minus the deposit, registration fee and processing fee, will only be issued to those requesting cancellation more than 30 days before the camp date. **NO refunds** will be given for failure to attend but will be issued if attendance is prohibited for medical reasons. Proper medical documentation is required. _____ (initial required)

PROCESSING FEE: I understand that a \$10 fee will automatically be charged to my account if after initial registration I require any alteration to my camp selections, included, but not limited to, switching camp options or weeks. No changes can be made after the Wednesday prior to the following week of camp. _____ (initial required)

EXTENDED DAY FEES: I understand that camp hours are 9am to 4:30pm. I may choose to add extended day services for a fee of \$25 per week for Before Care (7am to 9am) and/or \$10 per week for After Care (4:30-5:30pm). Campers will not be accepted earlier than 9am if not enrolled in Before Care. If campers are not enrolled in After Care you will be charged **Late Fee** of \$5 for the first five minutes and \$5 for every minute after that for campers left at camp after 4:30pm. These payments will be automatically withdrawn. _____ (initial required)

RETURNED CHECK/CREDIT CARD FEES: I understand that no camper will be allowed to attend camp with a balance due. I will be charged a \$25 fee for any returned checks or Credit Card payment. This will be in addition to any fees that my bank or card company may charge. All balances are due two weeks prior to camp. _____ (initial required)

HEALTH FORMS: I understand that no camper will be allowed to attend camp without a complete set of registration paperwork including health and immunization records and a Universal Health Form signed by a doctor on file prior to June 1st. If registering after June 1st, health forms must be included in the packet. _____ (initial required)

Please choose your method of payment:

_____ **Payment in full at time of registration** (full payment enclosed)

_____ **Weekly payment** (Automatic credit card withdrawal on the Monday 2 weeks prior to each week for which you are registered.)

_____ **Monthly payment** (Automatic credit card withdrawal on June 1st, July 1st and August 1st)

_____ **State of NH Childcare Assistance or Camp Scholarship** (LINK form required with this packet for state assisted campers. You must provide credit card information and set up a payment plan with Debby Ellison, Camp Registrar before camp registration will be finalized. State funded and scholarship recipients must pay their cost share as their deposit up to \$25.00 per week at the time of registration.)

Credit Card Authorization Agreement

I, _____ (cardholder) hereby agree to pay and authorize The Keene Family YMCA to charge my credit card for my child's camp tuition per my selection above. Furthermore, the cardholder agrees to furnish updated credit card information to the Camp Registrar in order to continue to process camp payments. Cardholder understands that failure to provide valid credit card information to the Camp Registrar will result in immediate suspension of camp services. Cardholder agrees that this authorization is and will remain in effect until all registered camp tuition fees have been received and applied. The Cardholder further agrees to inform the Camp Registrar in writing of any changes in the credit card information which would potentially prohibit the Keene Family YMCA from processing any or all of the above enumerated charges. To cancel camp privileges, a written letter must be received by the Camp Registrar 30 days prior to the date of intended cancellation.

Cardholder's Name (please print) _____ Camper Name _____

Address _____ City/State/Zip Code _____

___ MasterCard ___ VISA Credit Card # _____ Expiration Date _____ Security Code _____

Cardholder's Signature _____ Date _____

The Keene Family YMCA is committed to protecting the privacy of members, program participants and guests. All information provided to the YMCA with regard to any individual, family or group is for Internal Use Only.



Keene Family YMCA Camper Emergency Form 2018

Child's Name: _____ Birthdate: _____ Grade Entering: _____

Address: _____ Home Phone: _____

Parent or Guardian #1: _____ Birthdate: _____

Address: _____ Telephone: Home: _____ Cell: _____

Business Name: _____ Work Phone: _____ Email: _____

Parent or Guardian #2: _____ Birthdate: _____

Address: _____ Telephone: Home: _____ Cell: _____

Business Name: _____ Work phone: _____ Email: _____

Special instructions for reaching parent/guardian: _____

Emergency Contacts/ Alternate Pick Up Persons (to whom your child may be released to when parent or guardian cannot be reached or authorized to pick up in a non emergency situation.

Name #1: _____ Relationship: _____

Telephone: Home: _____ Work : _____ Cell Phone: _____

Name #2: _____ Relationship: _____

Telephone: Home: _____ Work: _____ Cell Phone: _____

Child's Primary Medical Care

Physician's Name: _____ Phone #: _____

Address: _____ In case of an emergency, hospital to take your child: _____

Child's Health Insurance

Name of Insurance Plan: _____ Policy Holder Name: _____

Certificate Number (or ID) #: _____ Group #: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child receive first aid by YMCA staff / EMT, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs.

Parent/Guardian #1 Signature: _____ Date: _____



CHILD IDENTIFICATION & HEALTH & DEVELOPMENT HISTORY

The information on this form will be used to assist YMCA staff in providing the highest quality care for your child and creating a program that is as accommodating as possible for the children we serve.

Camper Name _____

Physical Description

Body Build: _____ Hair Color: _____ Eye Color: _____

Special identifying marks (birthmarks, scars, etc.):

Health & Development

Allergies:

Please list any allergies to food, medication, environment, etc and the severity of each on a scale from 1 (mild) to 5 (severe) _____

Note—Allergy Action plan must be included and signed by a doctor.

Has your child had or does your child have any of the following: (Circle answers)

Asthma? Yes No suspected, but undiagnosed

Serious illnesses? Yes No Please Explain: _____

Physical disabilities? Yes No Please Explain: _____

Developmental delays? Yes No Please Explain: _____

Mental disorders? Yes No Please Explain: _____

Speech impediment? Yes No Please Explain: _____

Is your child receiving services for any of the above listed? Yes No

Does your child have an IEP at school? Yes No (please provide a copy to the staff if yes)

More details _____

Please answer the following questions regarding medications: (Circle answer)

Does your child receive any regular medications? Yes No

Is your child allergic to any medications? Yes No

If yes, please describe: _____

Parent/Guardian Signature: _____ Date: _____



Keene Family YMCA CAMP WAIVER 2018

The following form contains waivers for particular activities and circumstances that may arise in camp. Please read the list carefully and initial all that you agree to allow and those that ask for you to acknowledge understanding.

Teen Climbing Camper Transportation Waiver: I give permission for my child to be transported by YMCA vehicle to/from the YMCA to off-site climbing areas _____ (initial). **Teen Climbing campers only.**

Walking Trips: I give permission for my child to participate in spontaneous group walking field trips with YMCA staff during the program time without prior notice _____ (initial).

Swimming: I give my child permission to participate in swimming/water activities in the YMCA pool, area public beaches or outside fields under the supervision of YMCA staff and/or lifeguards. Water activities are scheduled each day. _____ (initial)

I understand that all swimmers under the age of 13 must take a swim test with a Keene Family YMCA lifeguard prior to pool entry. If the swimmer cannot pass the deep-water test or chooses not to take the test the child must wear a coast guard approved lifejacket, which the Y will provide. YMCA Staff will accompany all children into the pool. _____(initial)

Has your child passed the YMCA deep water test ____yes* ____no *green necklace required

Please describe your child's swimming ability and whether or not your child is afraid of the water.

Outside area: I give my child permission to participate in activities that take place within the YMCA facility property that may be outside the licensed childcare/camp area and or in an unfenced area (Y fields, pond, Y sidewalks, Camp fields,) _____ (initial).

Photography Waiver: I give the YMCA permission to photograph my child. I understand that these photographs may be used by the Y for marketing, publicity, and advocacy purposes to further the Y's non-profit mission and cause. Uses may include, but are not limited to, brochures, presentations, posters, articles, digital media, and online applications _____ (initial)

Title XX or Assistance Waiver: I give the YMCA permission to disclose my state case number or assistance case number for purposes that will benefit the quality of the YMCA summer camp program including, but not limited to, food assistance programs and funding programs. _____ (initial)

Personal Items Waiver: I understand that no personal items (such as toys and electronics) from home are allowed at any Keene Family YMCA Camp programs. The YMCA is not responsible for lost or stolen items. _____(initial)

Sunscreen and Bug Spray: I give permission for my child to apply sunscreen and/or bug spray by him/herself or with a YMCA staff. As the parent I will supply the bug spray and sunscreen for my child. _____ (initial)

Camper Name: _____

Parent Signature: _____ Date: _____



Keene Family YMCA CAMP WAIVER 2018

CHILD CARE STATE LICENSING: (ALL CAMPER) The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility=Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025. During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator. If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.

I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

Parent Signature _____ Date _____

GYMNASTICS WAIVER: (Gymnastic Campers ONLY)

I fully understand that the Keene Family YMCA staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the YMCA staff to render temporary first aid to my child in the event of any injury or illness, or the calling of an ambulance for said child should the YMCA staff deem necessary.

The staff of the YMCA recognize their obligation to make their students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students could suffer injuries, minor, serious or catastrophic in nature. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions.

The YMCA, its coaches and other staff members will not accept responsibility for the injuries sustained by any student during the course of gymnastics, tumbling, cheerleading, and dance instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the programs offered by the YMCA. I, my executor or other representatives, waive and release all rights and claims for damages that I or my child may have against the YMCA and or its representatives whether paid or volunteer. It is always advisable to consult a physician prior to the undertaking of any physical exercise program.

Parent Signature: _____ Date: _____

BUILDING WAIVER: (All Campers)

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the recipient, its employees, agents, personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to person or property or resulting in death of the recipient, whether caused by the negligence of the releases or otherwise while the recipient or its employees, clients, agents, or representatives are in, upon, or about the premises including use of any facilities or equipment therein.

I HEREBY AGREE TO INDEMNIFY, DEFEND, SAVE, AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur arising from the recipient's operations at the YMCA premises, including but not limited to use of YMCA's equipment or facilities, regardless of whether such harm is caused by the sole or partial fault of the releases.

I ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE that may be incurred arising from the recipient's operations at the YMCA premises, including but not limited to use of YMCA's equipment or facilities, regardless of whether such harm is due to the sole or partial fault of the releases.

I expressly agree 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 of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE USE OF PREMISES AGREEMENT AND THE INCORPORATED RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducement inconsistent with the foregoing written agreement have been made.

Parent Signature: _____ Date: _____



KEENE FAMILY YMCA 2018 SUMMER CAMP

CAMP SELECTION FORM

FORM INSTRUCTIONS: Locate the camp options for which you are registering along the top of the form, moving down the column place an "X" in the row corresponding to the week for which you wish to register. Shaded boxes indicate that an individual option is not being offered that particular week. After selecting your weeks, be sure to indicate for each week if you desire to add Before Care, and/or After Care. Campers must be of the minimum age indicated prior to August 31, 2018 to enroll.

Camper Name _____ **DOB** _____ **Grade entering in fall 2018** _____

Dates	Camp Wakonda	Hummingbirds	Gymnastics Skills	Gymnastics & More	Ninja Camp	Creative Arts	Mixed Bag	Outdoor Adventure	Before Care All Camps	After Care Specialty Camps only
Y Member Price Week 2 *	\$170 *\$136	\$180 *\$144	\$215	\$215	\$215 *170	\$210	\$210	\$225	\$25	\$10
Public Price Week 2*	\$190 *\$156	\$200 *\$164	\$235	\$235	\$235 *190	\$230	\$230	\$250	\$25	\$10
Deposit	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25		
Week 1 June 25-29										
Week 2 July 2-6* No Camp 7/4										
Week 3 July 9-13										
Week 4 July 16-20										
Week 5 July 23-27										
Week 6 July 30-Aug 3										
Week 7 Aug 6-10										
Week 8 Aug 13-17										
Camp Deposit (# of weeks X 25)							\$			
One Time Registration Fee							\$10.00			
Due Now							\$			

Camp Deposits and Registration Fees are NON REFUNDABLE



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

the KEENE FAMILY YMCA

Child Care Emergency Plan for Allergic Reactions

ALLERGY TO: _____

Child's Name: _____ DOB _____

Does your Child have Asthma? YES NO
Does your child have an Epi Pen? YES NO

Signs of an Allergic Reaction	
• Mouth	itching, swelling of the lips, tongue or mouth
• Throat	itching, and/or a sense of tightness in throat, coughing, hoarseness
• Skin	hives, itchy rash, and/or swelling about the face or extremities
• Gut	nausea, cramps, vomiting and/or diarrhea
• Lungs	shortness of breath, repetitive coughing, and/or wheezing
• Heart	Rapid pulse and "passing out"

ACTION FOR MINOR REACTION

If symptom(s) are: _____

- Administer: _____
- Call Parent/Guardian
- If conditions does not improve within 10 minutes, follow steps for Severe Reaction below:

ACTION FOR SEVERE REACTION

If symptom(s) are: _____

- Administer: _____
- Call 911
- Call Parent/Guardian

Parent Name/Phone Number _____

Parent Signature _____ Date _____

Doctors Name/Phone Number _____

Doctors Signature _____ Date _____

If you have any further questions please feel free to contact me.

Thank you,

Kelly Fleurette
Child Care Service Director
kfleurette@keene-ymca.org
603-283-5240