



Keene Family YMCA Mini Camps June/August 2018

Please complete one form per child:

Child's Name: _____ DOB: _____

To register, please check off days attending. A deposit of \$10 per day is required at registration. The remaining mini-camp balance is due 2 weeks prior to mini-camp.

Gymnastics and More Mini Camp	9-4:30pm	\$45 members per day	\$50 Non per day
Mini Wakonda Camp	9-4:30pm	\$35 members per day	\$40 Non per day
Before Care(session 2 only)	7-9:00am	\$5.00 per day	

Please check off days attending:

Session 1 Gymnastics and More Mini Camp

_____ Tuesday June 19th

_____ Thursday June 21st

_____ Wednesday 20th

_____ Friday June 22nd

Session 2 Gymnastics and More Camp

_____ Monday August 20th

_____ Tuesday August 21st

_____ Wednesday August 22nd

_____ Thursday August 23rd

_____ Friday August 24th

Session 2 Mini Wakonda Camp

_____ Monday August 20th

_____ Tuesday August 21st

_____ Wednesday August 22nd

_____ Thursday August 23rd

_____ Friday August 24th

Session 2 Before Care (please check the days you need)

___ **M** ___ **T** ___ **W** ___ **TH** ___ **F**

The YMCA has my permission to administer first aid or contact 911 in case of an emergency with my child attending the YMCA program. My child may also be transported by the YMCA via bus/vans for daily field trips. I also give my child permission to swim at the Keene Family YMCA pool. I understand that if my child does not attend camp on the dates registered, I will still be responsible for payment.

Parent's Signature: _____ Date: _____



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:



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-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:

I fully understand that the Keene Family YMCA staff are not physicians or medical practitioners of any kind. 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.

BUILDING WAIVER:

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: _____