



We build strong kids,  
strong families,  
strong communities.



**San Luis Obispo County YMCA**

**South County**



# Spring Camp 2010

**Registration Packet ~ Grades: K – 8<sup>th</sup>**

**\*\*What to Bring\*\***

Healthy Sack Lunch,  
Tennis Shoes,  
Jacket, water

**Location**

Fairgrove Elementary School  
2101 The Pike  
Grover Beach, CA  
805-473-6954

**Program Hours**

7:00am – 6:00pm

**Important Information**

Financial Assistance Applications available online or at the YMCA. Takes up to 10 business days to process. Please visit our website for more information or to download this registration packet.

\*CAPSLO/EOC Clients Welcome

[www.sloymca.org](http://www.sloymca.org)

**YCAMP**<sup>TM</sup>

We build strong kids, strong families, strong communities.



# San Luis Obispo County YMCA 2010 Spring Camp Registration Form



(Instructions: Please follow the steps below. Please complete a separate packet for each child.)

## STEP 1: Child/Parent Information

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Email \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_  
 Sex: M F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Responsible for payment: (Circle) Parent/Guardian CAPSLO/EOC \* Other (specify) \_\_\_\_\_

\*Must show proof of enrollment.

\*Guardians will be held responsible for all payments not collected from any partner agencies such as CAPSLO/EOC

## STEP 2: Please mark an X in the table below for day(s) your child will be attending.

South County (Fairgrove)

Week	Monday	Tuesday	Wednesday	Thursday	Friday
	April 5	April 6	April 7	April 8	April 9
South County 4/5/10 - 4/9/10					

## STEP 3: Amount Due (\$30.00 per day)

Line 1 Fees for Spring Camp (\$30.00 per day X number of days attending) \$ \_\_\_\_\_  
 Line 2 Non-refundable/non-transferable \$15.00 Registration Fee per child \$ **15.00**  
 Line 3 Annual Program Membership Fee \$20.00 per child or \$35.00 per family (2+ kids)  
 (this is an ANNUAL fee, include only if you have not already paid within the year) \$ \_\_\_\_\_  
 Already a member? ID# \_\_\_\_\_  
**Total Due Today (add lines 1, 2 & 3) \$ \_\_\_\_\_**

Are you a CAPSLO/EOC\* client? Yes No

\* CAPSLO/EOC Clients: If you plan for your child to attend Spring Camp you must contact CAPSLO/EOC prior to start of camp to confirm CAPSLO/EOC authorization. You must provide proof that your child is authorized for CAPSLO/EOC reimbursement for Spring Camp. CAPSLO/EOC does not pay the \$15.00 Registration Fee or the \$20.00-\$35.00 Program Membership Fee. Parent/Guardian is responsible for these fees and both fees must be paid at the time of registration.

Total Paid Today \$ \_\_\_\_\_ Check # \_\_\_\_\_

### Pay by Credit Card -- Payment Information

\*\*\*Credit Cards Accepted: VISA, MasterCard, American Express\*\*\*

Cardholder Name (Print Name) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Credit Card # \_\_\_\_\_ Amount \$ \_\_\_\_\_  MC  VISA  AMEX \_\_\_\_\_  
 CC Expiration Date \_\_\_\_\_



# San Luis Obispo County YMCA Spring Camp 2010 Registration Form



**Child's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex M F School \_\_\_\_\_

**Parent/Guardian Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Work Phone#** \_\_\_\_\_ **Cell Phone#** \_\_\_\_\_

**Second Parent/Guardian Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Work Phone#** \_\_\_\_\_ **Cell Phone#** \_\_\_\_\_

**EMERGENCY CONTACTS** (People that are authorized to pick up your child, and in your absence, may be contacted in case of an emergency)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No Carrier \_\_\_\_\_ Group # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone # \_\_\_\_\_

Has your child had the necessary vaccinations required by school?  Yes  No

Has your child had any of the following? If so, please explain. (If more space is needed please attach a separate page).

Operations or serious injuries? \_\_\_\_\_

Chronic or recurring illness? \_\_\_\_\_

Allergies or dietary restrictions? \_\_\_\_\_

Is your child taking medications?  Yes  No Will your child need medication administered during the camp day?  Yes  No

List medication(s) and dosage. \_\_\_\_\_

Provide a brief description of your child's condition(s). \_\_\_\_\_

Status of child's vision, hearing, and speech? \_\_\_\_\_

Any specific activities to avoid?  Yes  No If so, what and why \_\_\_\_\_

Are there any behaviors/concerns that YMCA staff should be aware of? \_\_\_\_\_

Does your child have a communicable disease or condition, which may prove to be a risk to others?  Yes  No If yes, please comment \_\_\_\_\_

Other significant information about your child that would be helpful to know? \_\_\_\_\_

**Parent's Authorization**

In the event that my child needs immediate medical attention for injuries received while participating in a San Luis Obispo County YMCA program, I give my permission for YMCA staff members to administer necessary medical treatment. YMCA staff may also admit my child to a hospital emergency room for emergency medical treatment without my consent if I cannot be reached to give permission.

Hospital preferred \_\_\_\_\_ City \_\_\_\_\_

I hereby give consent to the San Luis Obispo County YMCA and its designated leaders to transport my child (named above) by means of walking, public transportation, private bus companies, and YMCA vehicles on walking trips, community service learning projects, and field trips with the understanding that such trips are under supervision of authorized personnel of the YMCA and that all possible precautions are taken to insure the health and safety of my child. I give permission for YMCA staff to apply  sunscreen and  bug repellent (please check boxes) as needed for my child.

Signature of Parent or Guardian	Print Name of Parent or Guardian	Today's Date
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**SAN LUIS OBISPO COUNTY YMCA  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**



In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any sports activity or off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of facilities or equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA, its directors, officers, employees and agents (hereinafter referred to as "releases") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused in whole or in part by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO DEFEND, INDEMNIFY, SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur, including attorneys' fees and cost of suit due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA, whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program, sport, or activity affiliated with the YMCA.

The undersigned further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

For valuable consideration, I hereby give the San Luis Obispo County YMCA its successors, and assigns, the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child; (a) to use, reuse, publish, and republish in the same, in whole or in part, separately or in conjunction with other photographs or recordings, in any medium, and (b) to use my child's name herewith.

I hereby release and discharge the San Luis Obispo County YMCA from any claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures, and/or recordings. I also agree that the photographs, videos, motion pictures and the negatives thereof, and recordings, shall constitute your (YMCA) sole property, with full right of disposition whatsoever.

I have read this release and agree to these terms.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR PARTICIPANTS OF MINORITY AGE** (under age 18 at the time of registration):  
THE UNDERSIGNED, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE MINOR PARTICIPANT, DOES HEREBY CONSENT AND AGREE WITH THE TERMS AND CONDITIONS OF THIS RELEASE AND HOLD HARMLESS. THE UNDERSIGNED FURTHER AGREES TO THE RELEASE AND INDEMNIFY THE RELEASES FROM ANY AND ALL LIABILITIES INCIDENT TO THE SAID MINOR'S INVOLVEMENT IN THESE PROGRAMS.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Date of Birth



## Financial Agreement/Parent Statement of Understanding

The following information is important for your understanding of our Camp Program policies. If you are unclear on any of these policies, please ask your site director or the YMCA Program Enrollment Team so that we can clarify any concerns that you might have. Your initials and signature below indicates that you have read and understood the following.

**Please read and initial:**

I understand that if my check or credit card payment is returned unpaid, I will be charged a \$30.00 NSF fee and my child will not be able to attend camp until my account has a zero balance.\_\_\_\_\_

I understand that I may **not** drop-off or pick up my child without making contact with YMCA staff.\_\_\_\_\_

I understand that I must sign my child **IN** and **OUT** daily.\_\_\_\_\_

I understand that I must pick up my child by close of program at 6pm. If my child is not picked up by 6pm, I will be billed \$1.00/minute for every minute after 6pm.\_\_\_\_\_

I understand that I am responsible for submitting my camp tuition payments on time. **Tuition is due the Wednesday prior to start of the camp week.** If my payment is not been received on time, I will be charged a \$15.00 late fee. **This includes CAPSLO/EOC parent co-pays.** Further, I understand that if payment is not received by the 1<sup>st</sup> day of the camp week, my child may be ineligible to attend.\_\_\_\_\_

I understand that if I have paid a payment for a particular week of camp and my child does not attend, I will still be billed for the full balance of the fees **unless** I notify the **Program Enrollment Team by email [programenrollment@sloyymca.org](mailto:programenrollment@sloyymca.org) or phone 543-8235 by the Wednesday prior to the start of the camp week. Notifying my site director or other YMCA staff does not relieve me of my responsibility to notify the Program Enrollment Team directly.**\_\_\_\_\_

I understand that camp fees and tuitions paid are **non-refundable** after camp start date.\_\_\_\_\_

Regarding the Community Action Partnership of SLO (formerly EOC): I understand that if I have a CAPSLO/EOC contract to cover my child's YMCA tuition, I am responsible for signing my child's CAPSLO/EOC attendance record **DAILY** with the exact time NO ROUNDING OFF. This ensures payment of my child's tuition by CAPSLO/EOC. If there is a day that my child does not attend I must sign an absence verification excuse on the back of the CAPSLO/EOC attendance record form. I understand that if CAPSLO/EOC does not cover any portion of the YMCA tuition, the registration fee or the program enrollment fee, I am responsible for the remaining balance. If your CAPSLO/EOC AR sheet is not present at site to sign, it is my responsibility to contact the Program Enrollment Team.\_\_\_\_\_

You may contact the YMCA Program Enrollment Team to answer any of your billing questions at: (805) 543-8235 or [programenrollment@sloyymca.org](mailto:programenrollment@sloyymca.org)

I have read, understand, and agree to the above-mentioned policies.\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Site (Location)

 San Luis Obispo County YMCA   
**SPRING CAMP PARENT CHECK LIST 2010**

Dear Parents;

We are looking forward to a very safe, fun-filled and successful Spring Camp experience for your child(ren). It is necessary that you read and agree to all the items listed below so that you and your child(ren) have the best possible Spring Camp experience at our YMCA. Please read and INITIAL each of these with your child(ren).

Thank you.

YMCA Camp Staff

1. Pack a nutritious lunch (no perishables) and include a bottle of water (no glass bottles). Also pack a healthy snack. Please NO soda. \_\_\_\_\_
2. Apply sunscreen (if appropriate) before leaving the house. Pack sunscreen. \_\_\_\_\_
3. Please leave all electronic equipment (gameboys, ipods, computers, etc.) at home. These items are also not allowed on field or bus trips. The YMCA is not responsible for items that are lost or stolen. \_\_\_\_\_
4. Pack any special/prescription medicines needed during the day. These types of personal items should be given to a YMCA Staff each morning in a zip lock bag in their ORIGINAL prescription bottle(s). DO NOT pack in child's bag. Please complete a Medication Authorization Form indicating when the medications are to be administered. This form specifically gives YMCA Staff permission to administer the medications. YMCA staff may assist your child(ren) with these medications, but they may NOT dispense "over the counter" medications. \_\_\_\_\_
5. The YMCA will NOT tolerate any violent behavior, and will handle each situation with positive discipline and/or Behavior Contract and/or program expulsion. \_\_\_\_\_
6. You will be required to sign your child(ren) **IN** and **OUT** each day of camp. \_\_\_\_\_
7. The SLO County YMCA and our YMCA Staff are NOT responsible for lost or stolen items. Valuable items such as watches or jewelry should be left at home. \_\_\_\_\_
8. In the event that you are late picking up your child(ren), YMCA staff will make every attempt to contact parents/guardians and persons listed as Emergency Contacts in this registration packet. If YMCA Staff are unable to make contact by 6:30pm, the local Police Dept. will be called. \_\_\_\_\_
9. YMCA policy is not to prohibit bringing cell phones to camp, but to require campers to use them **ONLY** in emergency situations & in the presence of a YMCA staff person. \_\_\_\_\_
10. I (we) have read this Parent Check List with our child(ren) and agree to follow these important polices.

\_\_\_\_\_  
Parent/Gaurdian Print Name

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date