



We build strong kids,
strong families,
strong communities.



San Luis Obispo County YMCA



South County Thanksgiving Break Day Camp 2009

Registration Packet ~ Grades: K – 8th

****What to Bring****

Healthy Sack Lunch,
Tennis Shoes,
Jacket, Water

Location

Pismo Beach House
340 Pomeroy Ave.
Pismo Beach, CA
For Info Call: (805)-543-8235

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.

*CAP Clients Welcome

www.sloymca.org

YCAMPTM

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San Luis Obispo County YMCA



2009 South County Thanksgiving Break Day 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 CAP* Tri- Counties* Other (specify) _____

*Must show proof of enrollment.

*Guardians will be held responsible for all payments not collected from any cooperating agencies such as CAP and Tri-counties.

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

South County (Pismo Beach House)

Week	Monday	Tuesday	Wednesday
South County 11/23/09 - 11/25/09	November 23	November 24	November 25

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

Line 1 Fees for Thanksgiving Break Camp (\$30.00 per day X number of days attending) \$ _____
 Line 2 Non-refundable/non-transferable \$10.00 Registration Fee per child **\$ 10.00**
 Line 3 Annual Program Membership fee \$20.00 per child or \$35 per family
 (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 an CAP* client? Yes No

* CAP Clients: If you plan for your child to attend Thanksgiving Break Day Camp you must contact CAP prior to start of camp to confirm CAP authorization. You must provide proof that your child is authorized for CAP reimbursement for Thanksgiving Break Day Camp. CAP does not pay the \$10.00 Registration Fee or the \$20 or \$35 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 Thanksgiving Break Day Camp 2009 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 _____



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 it's 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 Adventures 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 I am responsible for submitting my camp tuition payments on time. **Tuition is due by the Wednesday prior to the camp week.** If my payment is not been received on time, I will be charged a **\$15.00 Late fee. This includes CAP parent co-pays.** Further, I understand that if payment is not received by the 1st day of the camp week, my child may be ineligible to attend. _____

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 if I make any changes to or cancel my child’s enrollment in summer camp within 7 days of the start of the camp week I will be charged a **\$30.00 Cancellation/Change Fee.** _____

I understand that camp fee deposits are non-refundable and non-transferable after camp start date.
NO EXCEPTIONS _____

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

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 if I have paid a deposit 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 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.** _____

Regarding the Community Action Partnership (CAP): I understand that if I have an CAP contract to cover my child’s YMCA tuition, I am responsible for signing my child’s CAP attendance record daily with the exact time **NO ROUNDING OFF.** This ensures payment of my child’s tuition by CAP. If there is a day that my child does not attend I must sign an absence verification excuse on the back of the CAP attendance record form. **I understand that if CAP does not cover any portion of the YMCA tuition, I am responsible for the remaining balance.** If your CAP sheet is not present at site to sign, it is my responsibility to contact the Program Enrollment Administration. _____

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

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

Parent/Guardian Name (print)

Childs Name (print)

Parent/Guardian Signature

Date

Program Site Location



THANKSGIVING BREAK DAY CAMP PARENT CHECK LIST 2009

Dear Parents;

We are looking forward to a very safe, fun-filled and successful summer 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 summer 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 two bottles of water (no glass bottles). Also pack a healthy snack. Please NO soda. _____
2. Apply sunscreen before leaving the house. Pack sunscreen. _____
3. Please leave all electronic equipment (gameboys, ipods, computers, and other valuable items such as watches or jewelry etc.) at home. These items are also not allowed on field or bus trips. The YMCA is not responsible for items that are lost, damaged, 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. _____
6. You will be required to sign your child(ren) IN and OUT each day of camp. _____
7. 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 enrollment packet. If YMCA Staff are unable to make contact by 6:30pm, the local Police Dept. will be called. _____
8. The YMCA policy is not to prohibit bringing cell phones to camp, but to require campers to use only in emergency situations & in the presence of Y staff. _____
9. I (we) have read the Parent Handbook and this Parent Check List with our child(ren) and agree to follow these important policies. _____

(Parent/Guardian Print Name)

(Child's Name)

(Parent/Guardian Signature) (Print Child's Name)

(Date)



**SAN LUIS OBISPO COUNTY YMCA
PHOTO AND VIDEO/AUDIO RECORDING RELEASE**



I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the San Luis Obispo County YMCA, I hereby give my permission and consent, now and for all time, to the San Luis Obispo County YMCA, the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with San Luis Obispo County YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA, I authorize, according to this Release, shall belong to the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA will not be subject to any obligation of confidentiality and may be shared with and used by the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA;
- The San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA; and
- The San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the San Luis Obispo County YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge the San Luis Obispo County YMCA, YMCA of the USA and third parties collaborating with the San Luis Obispo County YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience the San Luis Obispo County YMCA as described herein.

Date: _____ **Age:** _____

Signature: _____

Printed Name: _____

Address: _____

I am the Mother/Father/Legal Guardian of _____ (child’s name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____ **Date:** _____