SUMMER EXPLORATION ACADEMY/ DAY CAMP REGISTRATION FORM
KERNERSVILLE FAMILY YMCA

ONLINE REGISTRATION IS AVAILABLE FOR SUMMER EXPLORATION ACADEMY/DAY CAMP.
GO TO WWW.YKIDSCAMP.ORG TO REGISTER ONLINE.

FOR OFFICE USE ONLY

___ Summer Exploration Academy/Day Camp Registration Form
___ Code Word
___ Behavior Expectations & Discipline Policy Form - signed
___ Summer Exploration Academy/Day Camp Programs Policies - signed
___ Orders for Medication - signed (must be completed for sunscreen, bug spray, prescriptions and over the counter medications)
___ Registration Fee (If applicable)
___ Weekly Deposit
___ Subsidy Voucher: (If applicable. Three copies per child must be provided by parent. Vouchers are good for one camp location only).
___ Financial Assistance Form (If applicable. Must be filled out completely with income information attached).
___ Complete Summer Exploration Academy/Day Camp Fee Section
___ Complete Payment Form
___ Remind parents to register for all sessions needed to reserve a spot for their child(ren).

*Please make sure all selections/lines are completed before accepting registration packet.
2020 SUMMER EXPLORATION ACADEMY/ DAY CAMP REGISTRATION FORM

- My child is a YMCA member.  
  In 2020-2021 my child will be in _____ grade.  
  Code Word ______________  
  T-shirt size __________ (Initial)

CHILD’S INFORMATION (Please print legibly.)
Child’s name (first/middle/last) ________________________________  
Name called ____________________________  
Address _________________________________________________________________________________________  
City _____________________________________  
Zip ____________________

- Male  
- Female  
Birth date __________  
Age (as of registration date) ______________

Check all that apply to your child, or check “None” for those that don’t apply:
- Allergies (type) _____________________________________________________________________________  
  □ None  
- ADD  
- ADHD  
  □ None  
- Special circumstances (see back page and provide additional information if necessary)  
  □ None

FAMILY INFORMATION (Check parent to contact for payment and other questions)
- Mother/guardian’s name ______________________________________________________________  
  Employer _____________________________________________________________________________  
  Home address ___________________________________________________________________________  
  City __________________________________________________ Zip _________________  
  Phone 1 _______________________________ Phone 2 ___________________________________ Phone 3 __________________________________________________  
  Email address ________________________________________________________________

- Father/guardian’s name  
  Employer _____________________________________________________________________________  
  Home address ___________________________________________________________________________  
  City __________________________________________________ Zip _________________  
  Phone 1 _______________________________ Phone 2 ___________________________________ Phone 3 __________________________________________________  
  Email address ________________________________________________________________

EMERGENCY INFORMATION
In case of emergency, please contact the following first:  
□ Mother/guardian  
□ Father/guardian  
Child’s doctor ________________________________  
Doctor’s phone ________________________________  
Hospital preference ____________________________________________________________________________  
Insurance company ________________________________  
Policy # ________________________________

If mother, father, or guardian cannot be reached, call:
Name __________________________________________ Relationship to child ____________________________  
  Phone 1 _______________________________ Phone 2 ___________________________________ Phone 3 __________________________________________________  
Name __________________________________________ Relationship to child ____________________________  
  Phone 1 _______________________________ Phone 2 ___________________________________ Phone 3 __________________________________________________

I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at the Branch that indicates otherwise. Both parents must have code word for child.

I hereby authorize the Branch to allow the following individual[s] to pick up my child (photo id and knowledge of code word are required):
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Persons not authorized to visit or pick up my child (Court documentation must be attached):
__________________________________________________________________________________________________________________________________________
Child’s Name________________________

Use this form to register for appropriate camp by placing a check in the appropriate box/session.

Any payment not received by Wednesday will incur a $10 late fee. Any child picked up from camp between 6 pm and 6:05 pm will incur a $5 late pick up fee and there is an additional $1 fee for every minute after 6:05 pm.

<table>
<thead>
<tr>
<th>Check Box For Each Camp You Wish To Attend</th>
<th>Non-Refundable Registration Fee</th>
<th>Fee Per Session</th>
<th>Session 1 June 15-19</th>
<th>Session 2 June 22-26</th>
<th>Session 3 June 29 - July 3</th>
<th>Session 4 July 6-10</th>
<th>Session 5 July 13-17</th>
<th>Session 6 July 20-24</th>
<th>Session 7 July 27-31</th>
<th>Session 8 August 3-7</th>
<th>Session 9 August 10-14</th>
<th>Session 10 August 17-21</th>
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<td><strong>SUMMER EXPLORATION ACADEMY/DAY CAMP</strong></td>
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<td>Summer Exploration Academy/Day Camp</td>
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<td>$145 Members</td>
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<td>Half Day Summer Exploration Academy/Day Camp AM</td>
<td>$40</td>
<td>$100 Members</td>
<td>$150 Potential</td>
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<td>Half Day Summer Exploration Academy/Day Camp PM</td>
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<td>Safety Around Water Swim Lesson</td>
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<td>Water Polo</td>
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<td>$35 Potential Members</td>
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<td>Crosstraining for Youth Boot Camp</td>
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<td>Weekly Fee:</td>
<td>$25 Members</td>
<td>$35 Potential Members</td>
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<td>Crosstraining for Youth Boot Camp</td>
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<td>See Membership</td>
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<td>Elite Soccer Camp with NC Fusion</td>
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<td>Weekly Fee:</td>
<td>$60 Members</td>
<td>$75 Potential Members</td>
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<td>Elite Soccer Camp with NC Fusion</td>
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Child’s Name _______________________________________________________________

Please read each of the following policies and sign below to indicate your understanding of these policies.

WAIVERS/PERMISSIONS
I permit my child to participate in activities the YMCA conducts outside the fenced-in play areas at YMCA facilities.

Field Trips – I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff. I may review a written schedule of activities to be conducted off the YMCA premises.

Photography – I permit the YMCA to use images of my child as a YMCA program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA website which are produced or published by the YMCA. I also permit the YMCA and/or the media to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child’s name is not published.

PAYMENT POLICIES
I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due are paid.

All weekly payments are due on the Wednesday before each session, after that a $10 late fee will be assessed.

I understand that it is my responsibility, if I choose to draft for the program, to provide the YMCA with current up-to-date bank or credit card information throughout the term of the program.

Should any program draft not be honored by my bank, for any reason, I realize that I am still responsible for the payment, plus any applicable service charge assessed by the YMCA.

I understand that the YMCA is using a third party to assist in the collection of returned checks and bank drafts. If my check or bank draft is returned for any reason, my account will be debited electronically for the amount of the check and/or draft plus a processing fee.

Cancellations – Non-attendance, without written cancellation, does not relieve me of the responsibility to pay for the program.

Bank draft participants – I understand that I must cancel, in writing, at least fifteen days prior to the date of bank draft in order to stop payment. I understand that if I need to stop a membership draft I will need to do so at the membership branch in person. Stopping a program draft does not automatically stop a membership draft.

Refunds – I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when YMCA programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the YMCA reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 30 days of cancellation. The registration fee and weekly deposits are non-refundable.

I have read and understand all the policies stated above and agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parent/legal guardian signature       Date

MEDICAL TREATMENT POLICIES
Accident Insurance – Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.

Medication – The YMCA does not normally administer any medication and will do so only when directed in writing by the child’s parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action in the best interest of the child.

Blood Borne Pathogen Exposure – I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membranes (e.g. splashing in mouth or eye), from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child’s attending physician to the staff member.

I have read and agree with the statement and specifically authorize the YMCA to release the name and telephone number of my child’s physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.

PROGRAM POLICIES
Babysitting Policy – The YMCA strives to employ the very best staff possible in all of our programs. During staff time-off or after they are no longer employed with us, these persons are private citizens and no longer subject to our employment rules and procedures. The YMCA cannot and does not endorse or recommend its present or former staff members as babysitters to any parent or guardian of any child in any of our programs.

Pickup Policy – I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at the Branch that indicates otherwise. A code word is always required to pick up your child.

Inclement weather – Please refer to local media sources or, if available, www.ymcanwnc.org for program closings related to inclement weather.

Lost Items – I understand that the YMCA is not responsible for any personal items lost or stolen at our programs.
2020 BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICY

Child’s Name ______________________________________________________________

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The YMCA does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

A child’s behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas – running away is not acceptable.

The Discipline Policy

1. If a participant is unable to comply with the behavior expectations, the child will be given an initial warning and his or her parents/guardians will be notified.
2. If a participant’s behavior continues to be disruptive, he or she will receive a written reprimand and parents will be notified and consulted concerning the participant’s behavior.
3. If the participant receives three written reprimands, he or she will be suspended for three days. After six written reprimands, the participant will be suspended for five days. After nine written reprimands, the child will be expelled from the program.
4. The YMCA reserves the right to suspend or expel a child from the program if his or her behavior places other participants or staff in immediate harm and/or if his or her behavior places him or herself in immediate harm.

Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of YMCA property or property of others
5. Sexual misconduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
7. Running away
8. Biting

Special Circumstances

Parents or guardians are required to inform the YMCA in writing, prior to a child’s acceptance in a YMCA program, of any special circumstances which may affect the child’s ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the branch director (or his or her designee, i.e., senior program director, youth director) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA’s evaluation of the child’s/ward’s ability to participate and the YMCA’s consideration of any requested accommodation.

Please initial, indicating that you have read and understand the above:

_________________________________________________________________________________

Parent/legal guardian       Date

I have read, understand, and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward.

_________________________________________________________________________________

Parent/legal guardian signature      Date
ORDERS FOR MEDICATION

To be completed by parent/guardian:

If it is absolutely necessary for the child named below to take medication during camp or child care hours, or in the event your child has a medical condition of which the Branch should be aware, please complete the information requested, sign and return this form to the Branch.

Please Read: No medication (including Tylenol, sunscreen, etc.) may be dispensed/applied without written authorization from parent/guardian. Prescription drugs may only be dispensed from their original container.

Child’s Name_________________________________________________________ Age (as of registration date)__________

Day Camp/Child Care Program____________________________________________________________________________________________________________________________

Name(s) of Parent(s)/Guardian(s):

Mother’s Name_________________________________________________________ Phone 1__________________________________________________________

Phone 2__________________________________________________________

Father’s Name_________________________________________________________ Phone 1__________________________________________________________

Phone 2__________________________________________________________

Medication: (including sunscreen, bug spray, prescription medicine and over the counter medicine)

Medication________________________________________________________________________________________

Dosage________________________________________________________________________ Times(s) to Administer____________________________________________

Possible Side Effects/Special Instructions____________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________________________

Medication______________________________________________________________________________________________________________

Dosage________________________________________________________________________ Times(s) to Administer____________________________________________

Possible Side Effects/Special Instructions____________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________________________

Medical Condition(s): Please list below any allergies (do not include allergies to medications), asthmatic conditions or the like which may require the Branch to administer the child’s medicine.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Symptoms</th>
<th>Medication/Dosage</th>
<th>Special Instructions</th>
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(Parent/Guardian Signature and Date) ____________________________________________________________ (Print Parent/Guardian Name) ____________________________________________________________

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<thead>
<tr>
<th>Medicine</th>
<th>Dosage</th>
<th>Time(s) Given</th>
<th>Caregiver’s Initials</th>
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