INDEPENDENT HEALTH FAMILY BRANCH YMCA
2021 Summer Camp Registration Form

CHILD'S INFORMATION

Name (first/middle/last) _____ Nickname _____

[ ] Male [ ] Female Date of Birth _____ Grade entering Sept 2021 _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

FAMILY INFORMATION

Parent/Guardian Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

E-mail Address _____

Parent/Guardian Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____

E-mail Address _____

AUTHORIZED TO PICK UP MY CHILD

People listed to pick up children must be 18 years of age or older and must have a photo ID with them when picking up children:

Name _____ _____ Relationship _____ (p) _____

Name _____ _____ Relationship _____ (p) _____

Name _____ _____ Relationship _____ (p) _____

Name _____ _____ Relationship _____ (p) _____

ALLERGIES

Describe reaction and management of the reaction

Medications (e.g., penicillin) _____ _____

Food (e.g., eggs, dairy) _____ _____

Other (e.g., insect stings, hay fever) _____ _____

PERMISSION TO SUPERVISE APPLICATION OF TOPICAL ITEMS (Sunscreen, Bug Spray, Lip Balm)

Type of Topical Item _____ Prescription # _____ Start Date _____ End Date _____

Days to be Taken M T W TH F Time of Day _____ Amount (Dosage) _____

[ ] Yes [ ] No	I request that the camp staff supervise my child taking the above medication or applying the topical items as indicated.

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INDEPENDENT HEALTH FAMILY BRANCH YMCA SUMMER CAMP PROGRAMS

Use this form to register for camp by checking the appropriate box for the desired weeks. The first price that is listed is for Y members, followed by program member price. For camps with the 3 day option, please circle the days attending.			6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23	8/30
INDEPENDENT HEALTH FAMILY BRANCH YMCA 150 Tech Dr, Amherst		**FEE**										
Young Explorers Ages 3 - entering kindergarten	Per Week	$205 $246										
Day Camp Entering grades 1-6	Per Week	$205 $246										
Teen Camp Entering grades 7 & up	Per Week	$205 $246										
Bounce & Splash Camp Ages 5-15	Per Week	$234 $281										

YMCA Member [ ] Yes [ ] No

REGISTRATION & REFUND POLICIES

- A non-refundable, non-transferable deposit must accompany each week selected. This is deducted from the weekly fee.
- $10 registration fee per child per week.
- In the case of serious or prolonged illness or injury, all paid fees (except the deposit) will be refunded with a written note from your child's physician.
- Payment in full is required two (2) weeks before each week of attendance. Failure to make payment on time may forfeit your child's spot.
- Children will not be admitted into camp without a completed health form and proof of immunizations.
- If you pick up your child after 6:00 pm, a late fee of $20 per child will be applied to your bill. Consistent late pick-up will result in dismissal from the program.
- Prices are subject to change without notice.

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CHILD'S INFORMATION

Name (first/middle/last) _____ Date of Birth _____

CAMPER HEALTH HISTORY

The following information must be completed by the parent/guardian. The intent of this information is to provide camp staff the background to provide appropriate care. Provide complete information so that the camp is aware of your child's needs.

Child's Physician _____ (p) _____

Insurance Carrier _____ Identification # _____ Group # _____

Name of insured _____ Relationship to child _____

Medications
Medications require a separate form. Please contact the camp director or staff for more information.

Immunization History – Attach a copy of child's immunization records and list the month/day/year administered below.

DPT Series	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	MMR	__/__/__	__/__/
Tetanus/Diphtheria	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	or measles	__/__/__	__/__/
Tetanus	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	or mumps	__/__/__	__/__/
Polio OPV (Sabin)	__/__/__	__/__/__	__/__/__	__/__/__			or rubella	__/__/__	__/__/
HIB Vaccine	__/__/__	__/__/__	__/__/__	__/__/__			Varicella	__/__/__	__/__/
Hepatitis B	__/__/__	__/__/__	__/__/__				TB Mantoux Test	__/__/__	
Haemophilus Influenza B	__/__/__						TB Test Results	[ ] Positive	[ ] Negative

Has participant had:

1. Measles	[ ] Yes	[ ] No	15. Recent injury, illness or infectious disease	[ ] Yes	[ ] No
2. Chicken Pox	[ ] Yes	[ ] No	16. Chronic or recurring illness/condition	[ ] Yes	[ ] No
3. German Measles	[ ] Yes	[ ] No	17. Heart defect/disease/murmur	[ ] Yes	[ ] No
4. Mumps	[ ] Yes	[ ] No	18. Eating disorder	[ ] Yes	[ ] No
5. Hepatitis A/B/C	[ ] Yes	[ ] No	19. Diarrhea/constipation	[ ] Yes	[ ] No
6. Mononucleosis	[ ] Yes	[ ] No	20. Wear glasses, contacts or protective eye wear	[ ] Yes	[ ] No
7. Frequent ear infections	[ ] Yes	[ ] No	21. Orthodontic appliance (e.g., retainer)	[ ] Yes	[ ] No
8. Asthma	[ ] Yes	[ ] No	22. Hypertension (high blood pressure)	[ ] Yes	[ ] No
9. Diabetes	[ ] Yes	[ ] No	23. Emotional difficulties for which professional help was sought	[ ] Yes	[ ] No
10. Seizures/Convulsions	[ ] Yes	[ ] No			
11. Frequent headaches	[ ] Yes	[ ] No	24. Any specific activities that child cannot participate in or needs assistance	[ ] Yes	[ ] No
12. Head Injury	[ ] Yes	[ ] No			
13. Knocked unconscious	[ ] Yes	[ ] No	25. Dizzy/passed out after physical activity	[ ] Yes	[ ] No
14. Skin Problems (e.g., itching rash, acne)	[ ] Yes	[ ] No			

Date of last physical _____

Please explain any "YES" answers, noting the applicable number _____

_____

_____

Any additional information about the participant's behavior and physical, emotional or mental health the camp should be aware of:

_____

_____

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YMCA POLICIES

Everyone is Welcome:
The YMCA is a membership organization open to all people.

Financial Assistance:
If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need. **The deadline for financial assistance is June 1, 2021.**

Personal Safety Discussions:
Our staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior, and encourage children to tell if someone touches them in a way that makes them feel uncomfortable. YMCA Buffalo Niagara respects the diversity and rights of the individuals it serves.

Environment of Acceptance and Respect:
Every person has the right to have the best possible experience at camp, and by working together as a team to identify and manage bullying, we can help ensure that all campers and staff have a great summer at our Y camp. Our leadership addresses all incidents of bullying seriously and trains staff to promote communication with other staff members and their campers so both staff and campers will be comfortable alerting us to any problems.

AUTHORIZATIONS

Participation
I give permission for my child to participate in all activities, including field trips, climbing wall, overnights, and swimming and to be transported as authorized by the YMCA. Release from Liability Recognizing that the YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks.

Medical Treatment
I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Insurance
It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all YMCA activities. YMCA Buffalo Niagara does not provide any accident or health coverage for its participants.

Photo Release:
The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the members' image or voice to promote or interpret YMCA programs. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

BY SIGNING BELOW, I RELEASE YMCA BUFFALO NIAGARA, ITS EMPLOYEES, VOLUNTEERS, INDEPENDENT CONTRACTORS, DIRECTORS AND AGENTS FROM ALL LIABILITY BASED ON ANY DAMAGE, LOSS OR INJURY WHETHER IT IS THE RESULT OF ORDINARY NEGLIGENCE OR OTHERWISE, CAUSED TO MY CHILD OR TO ME FROM PARTICIPATION IN YMCA PROGRAMS.

Parent/Guardian Signature: _____ **Date:**_____