

YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

Branch: _____	Camp Site: _____	Camp Type: _____
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PARTICIPANT INFO

Child's Name _____ Age _____
D.O.B. _____ Gender _____
Grade in September 2020 _____ School _____
Mailing Address _____ Apt.# _____
City _____ State _____ Zip _____
Home Phone (____) _____ Email Address _____

My child will: Be Picked Up Walk Home (Only campers 10 years or older. Please sign bottom of page 2.)

T-Shirt Size Child: XS S M L XL Adult: S M L XL

PARENT/GUARDIAN INFO

Name of Parent/Guardian Registering Child _____ Email _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
Name of 2ND Parent/Guardian _____ Email _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

EMERGENCY CONTACT INFO

Please list two (2) additional contacts, to be used if the parents/guardians cannot be reached.

Name _____ Relation _____ Home Phone (____) _____
Work Phone (____) _____ Cell Phone (____) _____
Name _____ Relation _____ Home Phone (____) _____
Work Phone (____) _____ Cell Phone (____) _____

PHYSICIAN INFO

Name _____ Telephone Number (____) _____
Address _____ City _____ State _____ Zip _____

AUTHORIZATION / CONSENT

EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a YMCA program, a designated employee of the YMCA will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated by a medical professional or hospitalized by hospital selected by the YMCA.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____
Child's Name: _____ Date: _____

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PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities at the YMCA.

I hereby grant permission for my child to leave the YMCA Summer Camp premises, under proper supervision of the YMCA staff, for neighborhood walks, park activities and field trips. It is my understanding that these trips will be taken over the camp session without further consent from me.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Child's Name: _____ Date: _____ Phone: (_____) _____

AUTHORIZED PICK-UP FORM

The following individuals are 16 years old or older and are allowed to pick up my child from the YMCA Summer Camp Program. Please include the Parents/Guardians. Those authorized to pick up your child, will be asked for photo ID for verification.

Name	Relationship	Phone Numbers

I understand that no one else will be allowed to pick up my child unless I notify the YMCA in advance and in writing. This person will also be asked for their photo ID for verification.

Parent/Guardian Signature

Date

ARRIVAL & SIGN-IN PROCEDURES

I understand that my child must be escorted into the building and a parent/guardian must sign the child in at arrival.

Parent/Guardian Name

Parent/Guardian Signature

Date

UNESCORTED ARRIVAL AND DISMISSAL AUTHORIZATION

ARRIVAL: My child is 10 years of age or older and may sign themselves in and go to camp without an escort.

DISMISSAL: My child is 10 years of age or older and may sign themselves out and go home without an escort at the end of the day.

Parent/Guardian Name

Parent/Guardian Signature

Date

AGREEMENT

I, the undersigned, give permission for my child to participate in all activities in Summer Camp. I am aware that a completed medical form signed by a physician is required before my child may begin Summer Camp. I understand that enrollment is based on availability. Lastly, I fully understand that my child is responsible for their possessions. I have read, signed, and agreed to the registration requirements.

Parent/Guardian Name

Parent/Guardian Signature

Date



YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

STANDARD RELEASE FORM

From time to time, the YMCA of Greater New York (the "YMCA") takes pictures or records videos of members and non-members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.
2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.
3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.
5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Child's Name: _____ Date: _____ Phone: (____) _____

Email (optional): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

No - I, _____, the parent/guardian of _____ do not provide consent for my child to be photographed, filmed or otherwise recorded by the YMCA.

GREENPOINT YMCA PARENT/GUARDIAN CONSENT FOR TRIP

I, the undersigned, give permission for my child _____, born on _____ to go on **any school trips, swim days, and/or daily park trips** with the Greenpoint YMCA Summer Program, located at (please check one):

- 176 Java St, Brooklyn, NY 11222 (including a walking trip to the Greenpoint YMCA at 99 Meserole Avenue once per week for a swim lesson).
- 250 Berry Street, Brooklyn, NY 11222

by means of walking, **on any given day** while my child is in attendance.

Should it be necessary, I give permission for my child to receive emergency medical and or surgical treatment while in the care and custody of the Greenpoint YMCA, and its branches while he/she is on this trip.

Note: If you can be reached by telephone you will be notified of the need for emergency medical or surgical treatment.

Parent/ Guardian Name Parent/ Guardian Signature Date Cell Phone

GREENPOINT YMCA SUNSCREEN PERMISSION SLIP

I, the undersigned, give permission for my child _____, to wear sunscreen. I understand that I will provide sunscreen with my child's name printed clearly on the bottle. I may apply sunscreen on my child before they come to the Center.

- Please allow my child to apply his/her own sunscreen as needed.

Parent/ Guardian Name Parent/ Guardian Signature Date

GREENPOINT YMCA 2020 SUMMER CAMP FEE SCHEDULE

* Session dates DO NOT include Saturday and Sunday. Camp hours 8AM – 6PM. No camp on July 3rd.*

Early Childhood Ages 2 (2's already enrolled in EC) 176 Java Street				Early Childhood Ages 3-4 176 Java Street			
SESSION	MEMBER	NON-MEMBER	DATES	SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$802	\$933	June 29 - July 10	<input type="checkbox"/> Session 1	\$771	\$896	June 29 - July 10
<input type="checkbox"/> Session 2	\$802	\$933	July 13 - July 24	<input type="checkbox"/> Session 2	\$771	\$896	July 13 - July 24
<input type="checkbox"/> Session 3	\$802	\$933	July 27 - August 7	<input type="checkbox"/> Session 3	\$771	\$896	July 27 - August 7
<input type="checkbox"/> Session 4	\$802	\$933	August 10 - August 21	<input type="checkbox"/> Session 4	\$771	\$896	August 10 - August 21

Kinder camp/ Caterpillar Ages 4-5 (entering Kindergarten)			
SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$648	\$744	June 29 - July 10
<input type="checkbox"/> Session 2	\$648	\$744	July 13 - July 24
<input type="checkbox"/> Session 3	\$648	\$744	July 27 - August 7
<input type="checkbox"/> Session 4	\$648	\$744	August 10 - August 21

Grasshopper Age 5 (Completed Kindergarten)			
SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$578	\$744	June 29 - July 10
<input type="checkbox"/> Session 2	\$578	\$744	July 13 - July 24
<input type="checkbox"/> Session 3	\$578	\$744	July 27 - August 7
<input type="checkbox"/> Session 4	\$578	\$744	August 10 - August 21

Bumblebee Ages 6-7			
SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$510	\$744	June 29 - July 10
<input type="checkbox"/> Session 2	\$510	\$744	July 13 - July 24
<input type="checkbox"/> Session 3	\$510	\$744	July 27 - August 7
<input type="checkbox"/> Session 4	\$510	\$744	August 10 - August 21

Firefly Ages 8-9			
SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$484	\$744	June 29 - July 10
<input type="checkbox"/> Session 2	\$484	\$744	July 13 - July 24
<input type="checkbox"/> Session 3	\$484	\$744	July 27 - August 7
<input type="checkbox"/> Session 4	\$484	\$744	August 10 - August 21

Dragonfly Ages 10-12			
SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$478	\$744	June 29 - July 10
<input type="checkbox"/> Session 2	\$478	\$744	July 13 - July 24
<input type="checkbox"/> Session 3	\$478	\$744	July 27 - August 7
<input type="checkbox"/> Session 4	\$478	\$744	August 10 - August 21

Specialty Camp - Progressive Swim Ages 7-9/ 10-12			
SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$692	\$796	June 29 - July 10
<input type="checkbox"/> Session 2	\$692	\$796	July 13 - July 24
<input type="checkbox"/> Session 3	\$692	\$796	July 27 - August 7

Specialty Camp - Basketball Ages 7-9/ 10-12			
SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$692	\$796	June 29 - July 10
<input type="checkbox"/> Session 2	\$692	\$796	July 13 - July 24

Specialty Camp - Soccer Camp Ages 7-9/ 10-12			
SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 3	\$692	\$796	July 27 - August 7
<input type="checkbox"/> Session 4	\$692	\$796	August 10 - August 21

Specialty Camp - Creative Arts and Theater Camp Ages 6-8			
SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$692	\$796	June 29 - July 10
<input type="checkbox"/> Session 2	\$692	\$796	July 13 - July 24
<input type="checkbox"/> Session 3	\$692	\$796	July 27 - August 7
<input type="checkbox"/> Session 4	\$692	\$796	August 10 - August 21

Lisa Beth Gerstman Camp for Children with Special Needs Ages 5-12			
SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$690	\$744	June 29 - July 10
<input type="checkbox"/> Session 2	\$690	\$744	July 13 - July 24
<input type="checkbox"/> Session 3	\$690	\$744	July 27 - August 7
<input type="checkbox"/> Session 4	\$690	\$744	August 10 - August 21

Camp Fees					
SESSION	FEE		DEPOSITS/ DISCOUNTS		SESSION TOTAL
<input type="checkbox"/> Session 1	_____	-	_____	=	_____
<input type="checkbox"/> Session 2	_____	-	_____	=	_____
<input type="checkbox"/> Session 3	_____	-	_____	=	_____
<input type="checkbox"/> Session 4	_____	-	_____	=	_____
Session Total	_____	-	Total _____	=	Grand Total _____

Payment Information

Credit Card Cash Money Order

Last Four Digits of Credit Card # _____ Exp. Date _____

Bank Name: _____ Account #: _____ Routing #: _____

Authorized Signature: _____

**GREENPOINT YMCA
PARENT/GUARDIAN AGREEMENT**

I, the undersigned, give permission for my child to participate in the YMCA day camp on the dates noted above.

- I am aware that an up-to-date medical with immunization record form signed by a physician is due by June 1, 2020 before my child can begin camp. Please note any known allergies on the registration form, the medical form, and inform your child’s teachers. Please note the YMCA is a peanut-free and nut-free environment.
- In addition, I am fully aware that to reserve a space, I must make a **deposit of \$50** per two-week session and submit a registration form.
- I understand that there is a **one-time non-refundable \$100 registration fee**. The \$100 registration fee is waived if you have a family membership.
- For families with a Y Family Membership who cancel, the \$50 fee per session is non-refundable per session.
- For families without a Y Family Membership who cancel, the \$100 registration fee is non-refundable, and the \$50 per session fee is non-refundable.
- Take advantage of the 10% Early Bird Discount by paying off your entire balance by April 18, 2020.
- Each session must be paid in full by the payment due date. Session payment due dates are as follows:
 - Session 1 due date is March 15, 2020
 - Session 2 due date is April 15, 2020
 - Session 3 due date is May 15, 2020
 - Session 4 due date is June 15, 2020
- All requests for credits and/ or transfers must be made by June 14, 2020.

Lastly, I fully understand that my child is responsible for their own possessions. I have read, signed, and agreed to the registration requirements.

Parent/Guardian’s Signature: _____ Date: _____

No credits will be considered after June 14, 2020.

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS

(This side to be filled in by parent/guardian.)

Name of Program: _____

Child's Last Name: _____ Child's First Name: _____

Birthdate: ____ / ____ / ____

Sex: Male Female

Home Address: _____

Parent/Guardian: _____ Phone: (____) _____

Place of Employment: Parent/Guardian #1: _____ Work Phone: (____) _____

Parent/Guardian #2: _____ Work Phone: (____) _____

In case of emergency, notify: _____ Phone: (____) _____

If Parent, Guardian are not available in an emergency, notify: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance? Yes No

If yes, state type of exposure: _____

HEALTH HISTORY: (Check, giving approximate dates)

Ear Infection: _____ Hay Fever: _____ Measles: _____

Rheumatic Fever: _____ Ivy Poisoning, etc.: _____ German Measles: _____

Convulsion: _____ Insect Stings: _____ Mumps: _____

Diabetes: _____ Penicillin: _____ Other Contagious Illnesses: _____

Behavior: _____ Other Drugs: _____

Asthma: _____ Chicken Pox: _____

Other Past Illnesses: _____

Operations or Serious Injuries (Dates) Hospitalization (Dates): _____

Chronic or Recurring Illness: _____

Any specific activities to be encouraged? Conditions that require activity to be restricted?: _____

Permission for all program activities unless otherwise noted by doctor: _____

Appliance worn (glasses, contacts, etc.): _____

Medication taken: _____

Suggestion from Parent/Guardian: _____

*****CONSENT FOR EMERGENCY MEDICAL TREATMENT*****

I do hereby give authority to the New York City's YMCA staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature: _____ Relationship: _____

Date: _____ Phone: (____) _____

PHYSICAL EXAMINATION

(To be filled out by Physician – please note information on opposite page.)

The purpose of this health record is to provide the staff with pertinent information, which will help to serve the needs of this child in YMCA programs.

IMMUNIZATION HISTORY: This is a record of dates of basic immunization and most recent booster doses.

DTaP/Tdap/DTP/Td	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Polio	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
MMR	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Haemophilus influenzae type B (Hib)	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Hepatitis B	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Varicella	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Other:	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Other: _____			Date: _____	Date: _____	Date: _____

MEDICAL EXAMINATION: To be filled out by licensed physician

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory X = Not Satisfactory (Explain) O = Not Examined

General Appearance: _____

Height: _____ Weight: _____ Blood Pressure: _____ Hgb. Test (Date): _____

Urinalysis (Date): _____ Posture & Spine: _____ Throat – Tonsils: _____

Eyes: _____ Vision: _____ w/Glasses: _____ Extremities: _____

Heart: _____ Ears: _____ Hearing: _____ Feet: _____

Lungs: _____ Skin: _____ Nose: _____ Teeth: _____

Abdomen: _____ Hernia: _____ Genitalia: _____

Neurological Findings: _____

Describe Abnormal Findings and/or Handicapping Conditions: _____

Has child ever received products containing horse serum?: _____

Allergy: (Please specify): _____

Recommendations and restrictions while in camp: _____

Special Diet: _____

Special Medicine (name it): _____

Is parent/guardian sending special medicine?: _____

Swimming: _____ Diving: _____

Activity Restrictions: _____ General Appraisal: _____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

Doctor's Stamp Here

Examining Physician (Signature): _____ Date of Examination: _____

Physician's Name (Please Print): _____

Address: _____ Zip Code: _____ Phone: (_____) _____