



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Day Camp 2022

Child's Full Name: _____ Male Female

D.O.B. ____/____/____ Grade Entering Fall 2022: _____

T-Shirt Size: Child Adult S M L XL

Parent/Guardian Name: _____ D.O.B ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____ Work Phone #: _____

Email: _____

Emergency Contact (other than Parent/Guardian listed above)

Name: _____ Relationship to Child: _____

Primary Phone #: _____ Work Phone #: _____

Authorized Pickup

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Non-Authorized Pickup

Name: _____

Name: _____

_____ I will pack a peanut free lunch for my child

_____ Please provide a free lunch through the OCO Summer Food Program



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Week	5 Day YMCA Member \$140 per/wk	5 Day Non- member \$160 per/wk	3 Day YMCA Member \$115 per/wk	3 Day Non-member \$135 per/wk	Extended Hours 7-8am & 5-6pm Additional \$17/wk	Field Trips & In House Events Additional Fees May Apply
Jul 5-Jul 8						TBD
Jul 11-Jul 15						TBD
Jul 18-Jul 22						TBD
Jul 25-Jul 31						TBD
Aug 1-Aug 5						TBD
Aug 8-Aug 12						TBD
Aug 15-Aug 19						TBD
Aug 22-Aug 26						TBD

** \$15 deposit for each week registered is due upon registration. Remaining balances are due the Friday prior to the camp week

Field Trip Permissions (*Please initial each agreement*)

_____ I give my child permission to attend field trips and in-house events with the Oswego YMCA Summer Day Camp.

_____ I understand my child will be transported by bus to and from any designated field trip, and I will arrange to pick up my child.

_____ I understand that my child will not be permitted to attend field trips without a parent/guardian signature on this form.

_____ I understand there is an additional charge per child for field trips and in-house events that must be paid prior to the day of the trip or event.

_____ I understand there is a 'no refund' policy for any field trip or in-house even that your child does not attend.

By signing this form, I agree to the terms and conditions listed above.

Signature: _____ Print Name: _____ Date: _____



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Health History

To be filled out by parent/guardian. Current immunization records & physical must be submitted at time of registration

Has your child had any of the following?

Sickle Cell_____

Chicken Pox_____

Rubella_____

Measles_____

Mumps_____

Rheumatic Fever_____

Scarlet Fever_____

Poliomyelitis Infections_____

Tuberculosis_____

Epilepsy_____

Diabetes_____

Hepatitis_____

Hay Fever_____

Other (please list):

Does your child have any allergies?

Hay Fever_____

Poison Ivy_____

Bee Stings_____

Insect Bites_____

Penicillin_____

Other (please list):

Does your child tend to get?

Constipation_____

Diarrhea_____

Eczema_____

Stomach Aches_____

Ear Infections_____

Eye Infections_____

Respiratory Infections_____

Other (please list):

Does your child wear glasses? _____ Does your child have difficulty hearing? _____

If your child is a female, has she begun to menstruate? _____ If not, does she know about the menstrual cycle? _____

Does your child have any chronic or recurring illness? _____ If yes, what is the nature of the illness?

Is your child taking any prescribed medication regularly? _____ Please list: _____

Physician Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

I hereby certify the information contained herein is true and accurate.

Signature: _____ Print Name: _____ Date: _____



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Parental / Guardian Consent

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the Oswego YMCA and staff from all responsibility and liability of any nature, including claims of injury, illness, death, loss or damage, resulting from my child's participation in any program activities.

Medical Consent

As the parent, legal guardian, or authorized representative, I hereby give consent to the Oswego YMCA to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DO) or dentist (DDS) for the above-named child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

Participation Agreement

Please go over these items with your child and initial each statement

- _____ Participant agrees to abide by rules and regulations set by the program for the health, safety, and welfare of the participants.
- _____ All medications will be brought directly to the site staff in accordance with the Medications Policy.
- _____ Willful destruction of property will be the responsibility of the participant's parent / guardian.
- _____ Participants must remain within established boundaries wherever the program occurs on and off YMCA property.
- _____ Participants are not allowed to be in possession of any tobacco, alcohol, illegal drugs, firecrackers, firearms, or knives.

Y Camp Extended Day AM/PM

****Regular camp hours are 8AM- 5PM****

We are excited to offer our camp families the convenience of extended care in the early mornings and evenings for an additional \$17 per week.

AM Hours: 7AM-8AM

PM Hours: 5PM-6PM

Pre-registration is required, this is to ensure that we have proper staffing.

- _____ I understand that I must pre-register for the extended hours.
- _____ I understand that there will be an additional fee for the extended hours.
- _____ I understand that the extended hour fee is due on Friday the week prior to my child's scheduled camp week.
- _____ I understand that if there is **not** a minimum of 5 kids registered, the extended hours will not be held.
- _____ I understand that there is a no refund policy for any days or times not used.



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Parent/Guardian Permission for Use of Sunscreen/ Insect Repellent

Camper's Name: _____

_____ I give permission for my child to carry and **self-apply** sunscreen/repellent.

_____ I give YMCA staff my permission to **assist my child** while applying sunscreen/repellent.

Signature: _____ Print Name: _____ Date: _____

Field Trip Agreement Form

Camper's Name: _____

_____ I understand my child(ren) are to bring a bag lunch on field trip days, OCO food program will **NOT** be offered on field trip days.

_____ I understand that the additional fee for field trips and in-house events is due prior to the event.

_____ I understand that my child(ren) must wear the YMCA t-shirt that is provided on field trip days. This is to ensure staff can easily identify campers.

By signing below, I agree that I have read and understand the parent/guardian consent and I have read and understand the field trip policy.

Signature: _____ Print Name: _____ Date: _____



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Oswego YMCA Bank Draft Withdrawal Authorization

Authorization agreement for automated clearing house entries (ACH)

I hereby authorize Oswego YMCA to initiate ACH entries and, if necessary, adjustments for any entries in error to my:

Checking Savings Credit/Debit Card (\$2 additional processing fee applies for each reoccurring transaction)

and my bank (named below) to credit or debit the same to my account.

Commercial Banks Only

Customer's Bank Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Bank Transit Routing/ABA Number: _____

Customer Account/Card Number: _____ Exp Date: _____

Name Listed on Account/Card: _____

VISA Mastercard Discover

Please Initial:

_____ I understand there is a non-refundable \$25 registration fee per child after March 21st, 2022.

_____ I understand there is a \$15 non-refundable deposit that must be paid when registering for each camp option. This includes 5-day or 3-day camp, and option extended hours. This is per week and per child.

_____ I understand my account will be drafted on Friday the week prior to my child(ren)'s scheduled camp week.

_____ I understand I will be charged an additional fee of \$18 for failed bank drafts. No exceptions.

_____ I understand that I will be charged an additional fee of \$10 for payments made after the provided due date.

Signature: _____ Print Name: _____ Date: _____