



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Oswego YMCA Summer Day Camp Registration 2024

<b>CAMPER'S INFORMATION</b>
Child's Full Name: _____ <input type="radio"/> Male <input type="radio"/> Female
D.O.B. ____/____/____ Grade Entering Fall 2024: _____
T-Shirt Size: <input type="radio"/> Child <input type="radio"/> Adult    S   M   L   XL
<b>PARENT/GUARDIAN INFORMATION</b>
Parent/Guardian Name: _____ D.O.B ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone#: _____ Work Phone #: _____
Email: _____
<b>EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN LISTED ABOVE)</b>
Name: _____ Relationship to Child: _____
Primary Phone#: _____ Work Phone #: _____
<b>AUTHORIZED PICKUP</b>
Name: _____ Phone #: _____
Name: _____ Phone #: _____
Name: _____ Phone #: _____
<b>NON-AUTHORIZED PICKUP</b>
Name: _____
Name: _____
<b>LUNCH OPTIONS</b>
<input type="radio"/> I will pack my child a lunch <input type="radio"/> My child will utilize the OCO Summer Food Program

HEALTH HISTORY	
<b><i>To be filled out by parent/guardian. Current immunization records &amp; physical must be submitted at time of registration.</i></b>	
<b>Has your child had any of the following?</b>	
<input type="radio"/> Sickle Cell	<input type="radio"/> Poliomyelitis Infections
<input type="radio"/> Chicken Pox	<input type="radio"/> Tuberculosis
<input type="radio"/> Rubella	<input type="radio"/> Epilepsy
<input type="radio"/> Measles	<input type="radio"/> Diabetes
<input type="radio"/> Mumps	<input type="radio"/> Hepatitis
<input type="radio"/> Rheumatic Fever	<input type="radio"/> Hay Fever
Other (please list):	
<b>Does your child have any allergies?</b>	<b>Does your child tend to get?</b>
<input type="radio"/> Poison Ivy	<input type="radio"/> Constipation
<input type="radio"/> Bee Stings	<input type="radio"/> Diarrhea
<input type="radio"/> Insect Bites	<input type="radio"/> Stomach Aches
<input type="radio"/> Penicillin	<input type="radio"/> Ear Infections
<input type="radio"/> Nuts	<input type="radio"/> Eye Infections
Other (please list):	<input type="radio"/> Respiratory Infections
	Other (please list):
Does your child wear glasses? <input type="radio"/> Yes <input type="radio"/> No	
Does your child have difficulty hearing? <input type="radio"/> Yes <input type="radio"/> No	

If your child is a female, has she begun to menstruate? <input checked="" type="radio"/> Yes <input type="radio"/> No
If not does she know about the menstrual cycle? <input checked="" type="radio"/> Yes <input type="radio"/> No
Does your child have any chronic or recurring illness? <input type="radio"/> Yes <input type="radio"/> No
If yes, please explain their condition:
Does your child take medication regularly? <input type="radio"/> Yes <input type="radio"/> No
Please list:
<b>MEDICAL PROVIDER INFORMATION</b>
Physician's Name: _____
Phone number: _____
Dentist's Name: _____
Phone number: _____
<b>I hereby certify the information contained herein is true and accurate.</b>
<b>Signature:</b> _____
<b>Print Name:</b> _____ <b>Date:</b> _____

**SELECT YOUR WEEKS**

<b>Week</b>	<b>5 Day</b> YMCA Member \$150 per/wk	<b>5 Day</b> Non Member \$170 per/wk	<b>3 Day</b> YMCA Member \$120 per/wk	<b>3 Day</b> Non Member \$145 per/wk	<b>Extended Hours</b> <b>7-8am &amp; 5-6pm</b> Additional \$15/wk	<b>Field Trips &amp; In House Events</b> Additional Fees May Apply
Jul 1-Jul 5 <i>*No Camp 7/4</i>						
Jul 8-Jul 12						
Jul 15-Jul 19						
Jul 22-Jul 26						
Jul 29-Aug 2						
Aug 5-Aug 9						
Aug 12-Aug 16						
Aug 19-Aug 23						
Aug 26-Aug 30						

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

**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 \$15 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 <b>not</b> 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.

**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.

**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: \_\_\_\_\_

**YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE**

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (“YMCA of the USA”) or any of its chartered member associations in the United States (collectively “the Y”), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.**

With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_ I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Parent/Guardian Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Oswego YMCA Bank Draft Withdrawal Authorization

Please Initial:

\_\_\_\_\_ I understand there is a non-refundable \$30 registration fee per child.

\_\_\_\_\_ 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: \_\_\_\_\_