



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2017 EAST JEFFERSON YMCA Summer Camp Registration

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Please Circle One:      Member                      Non-Member**

**I will be signing my camper up for     Youth Camp             C.I.T.**

### **Youth Camp (entering grades K-6<sup>th</sup>)**

•Member: \$140/Week      •Non-Member: \$180/Week (\$30/individual or \$50/family one time registration fee)

\*\$25 deposit per week taken at the time of registration (for both members and non-members); weekly rates will be the above amounts less the deposit.

*Please check off the weeks you would like your child to attend camp at the YMCA!*

- |   |  |
|---|--|
| <input type="checkbox"/> Week 1: 5/30-6/2: Cruising into Summer     | <input type="checkbox"/> Week 6: 7/3-7/7: Stars and Stripes        |
| <input type="checkbox"/> Week 2: 6/5-6/9: Medieval Mayhem           | <input type="checkbox"/> Week 7: 7/10-7/14: Sports Center          |
| <input type="checkbox"/> Week 3: 6/12-6/16: Under the Sea           | <input type="checkbox"/> Week 8: 7/17-7/21: To Infinity and Beyond |
| <input type="checkbox"/> Week 4: 6/19-6/23: It's a Jungle Out There | <input type="checkbox"/> Week 9: 7/24-28: In the Spotlight         |
| <input type="checkbox"/> Week 5: 6/26-6/30: Blast from the Past     | <input type="checkbox"/> Week 10: 7/31-8/4: Bon Voyage, Summer     |

### **C.I.T. (entering grades 7-10) APPLICATION REQUIRED\*\*                      LIMITED AVAILABILITY!**

•Member: \$280/2-Week Session                      •Non-Member: \$360/ 2-Week Session (\$30/individual or \$50/family one time registration fee)

\*\$25 deposit per 2-week session taken at the time of registration (for both members and non-members); weekly rates will be the above amounts less the deposit.

\*\* Youth interested in C.I.T. Camp must complete a volunteer application and submit an essay to be considered for admission into the program

*Please check off the 2-week session you would like your child to attend camp at the YMCA!*

- Session 1: Leadership Skills** (5/30-6/9)
- Session 2: First Aid Certification** (6/12-6/23)
- Session 3: CPR Certification** (6/26-7/7)
- Session 4: Babysitting Certification** (7/10-7/21)
- Session 5: Fitness Challenge** (7/24-8/4)

**After care will begin at 4:00pm and last until 6:00pm and is \$20/week**

I need After Care for:

- |                                 |                                 |                                 |                                 |                                  |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 3 | <input type="checkbox"/> Week 5 | <input type="checkbox"/> Week 7 | <input type="checkbox"/> Week 9  |
| <input type="checkbox"/> Week 2 | <input type="checkbox"/> Week 4 | <input type="checkbox"/> Week 6 | <input type="checkbox"/> Week 8 | <input type="checkbox"/> Week 10 |

T-Shirt Size (2 shirts included):  YXS  YS  YM  YL  S  M  L  XL

I would like to purchase \_\_\_\_\_ extra shirts at \$10 per shirt.

### **YMCA Swim Lessons**

Add swim lessons to your camp registration for a great deal! Lessons are for children ages 5-11 and consist of 8 sessions over the course of 2 weeks and match your child's skill level. Your child must be registered for the corresponding weeks of camp you select to be eligible for the discounted swim lesson rate.

**Each 2-week session is \$65 (regularly \$85)**

**I WOULD LIKE TO ADD SWIM LESSONS     YES     NO**

**If YES, please fill out the Summer Camp Swim Lessons Registration Form.**

## Payment Options

- Card on File with YMCA: Card Number XXXX-XXXX-XXXX-\_\_\_\_\_ Expiration Date \_\_\_/\_\_\_
- New Form of Payment (please call or come into the branch to complete new payment set up)
- Credit Card: Name on Card: \_\_\_\_\_  
Card Number XXXX-XXXX-XXXX-\_\_\_\_\_ Expiration Date \_\_\_/\_\_\_
- Bank Account  
Bank Routing Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_

### PAYMENT POLICY AND PROCEDURES:

**Deposits are non-refundable but are transferrable within the 2017 Summer Camp season. Weekly balances must be satisfied the Thursday prior to the intended week of participation. If not paid by Thursday, a late fee of \$5 per day will be assessed. If balance is not paid by Monday of the current week, registration is void and your child will be unable to attend until payment is received. No refunds or credits will be issued to anyone withdrawing once the first day of the session has begun. Cancellations or transfers must be made in writing one week in advance. Payments can be made by automatic withdraw from the account on file at the YMCA or a separate bank account or credit card. Checks will be processed as EFT.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO THE LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to the location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMED FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED FURTHER EXPRESSLY AGREES THAT THE FOREGOING RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the state of Louisiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effort.

I hereby give my consent to the YMCA of Greater New Orleans to secure emergency medical treatment for my child in the event of a medical emergency if parents/guardians listed on this form are unable to be contacted. I understand that I am liable for any resulting medical bills. I understand that if transportation is required for this program, that my child will be transported in vehicles owned or secured by the YMCA. I hereby give my consent for my child to participate in swimming or physical activities during the program. I will notify the YMCA of any special needs my child may have to allow them to make the needed accommodations. I understand that filming and photographs of activities will take place for future use in publications or news releases, so I hereby give the YMCA permission to publish photos/videos in which I and/or my child appear in for no compensation. I also understand some art creations made by participants may be used for recognition items for donors and other supporters of the YMCA and hereby give the YMCA permission to use my child's artwork.

**I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT :**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Member? Y      N	# Weeks/Sessions	Shirt Size	# Swim Sessions	Deposit Due \$
If yes, member Number	Rate \$140 \$180 \$280 \$360	# of Extra Shirts	Rate \$65	# of weeks Aftercare: _____ (x\$20) \$
If no, registration Fee \$30      \$50	Total \$	Extra Shirt Cost \$	Total \$	Payment Method <input type="checkbox"/> ON FILE <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Account
Total of Registration Fee, Weekly Fee, Swim, and Shirt Cost \$			Staff Initial	



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## 2017 EAST JEFFERSON YMCA Summer Camp Registration

PLEASE PRINT CLEARLY.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Gender:  Male  Female

Grade Entering in Fall of 2017: \_\_\_\_\_ School: \_\_\_\_\_

**How did you hear about us?**  Returning Camper  In the Y  Friend/Family  E-mail

Television  Radio  Billboard  Facebook  Website  Drive By  Magazine

Macaroni Kid  Newspaper  New Orleans Moms Blog  Other \_\_\_\_\_

**Camper's Home Address:** \_\_\_\_\_

**Primary Contact 1**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Work : \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_

**Primary Contact 2**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Place of Work : \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_

**Emergency Contacts** *(other than primary contacts):*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**AUTHORIZED PICK UP INFORMATION** *(other than primary contacts):*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I understand that any changes/additions/deletions made to the authorized pick up list must be done in writing and given directly to the on-duty Camp Director.**

Please initial: \_\_\_\_\_

Special Custody Arrangements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## 2017 EAST JEFFERSON YMCA Summer Camp Registration

**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

### Medical Information

Camper's Medical information or other needs should be brought to YMCA staff's attention to ensure the safety of your child and other children participating in YMCA programs.

Does your child have any allergies?  Yes  No

If yes, please list and describe: \_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication?  Yes  No

If yes, please list and describe: \_\_\_\_\_  
\_\_\_\_\_

Will medication need to be administered during camp hours?  Yes  No

\*If yes, please fill out a medication authorization form.

Does your child have any special needs?  Yes  No

If yes, please list and describe: \_\_\_\_\_  
\_\_\_\_\_

### Physician Information

Child's Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Dentist Name: \_\_\_\_\_ Phone # \_\_\_\_\_

### Emergency Medical Authorization

I hereby give my consent to the YMCA of Greater New Orleans to secure emergency medical treatment for my child in the event of a medical emergency if parents/guardians and emergency contacts listed on this form are unable to be contacted.

I hereby release any facts concerning my child's medical history, including allergies, medications and any physical impairments to which a physician should be made aware in an emergency situation. I assume all responsibility for payment of all medical costs incurred and understand that the YMCA of Greater New Orleans is not responsible for the payment of any medical costs incurred.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Any additional information you would like the YMCA to know about your child?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# 2017 EAST JEFFERSON YMCA Camp Group Swim Lesson Registration

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PLEASE PRINT CLEARLY.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Male  Female

Email Address (required): \_\_\_\_\_

Cell Phone (required): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  If a lesson is canceled, you may contact me via text message

**YOUR CHILD MUST BE REGISTERED FOR THE CORRESPONDING WEEKS OF CAMP YOU SELECT TO BE ELIGIBLE FOR CAMP SWIM LESSONS.**

**CAMP SWIM LESSONS ARE \$65/SESSION**

<input type="checkbox"/> <b>Pre-School (ages 3-5)</b> <b>STAGE:</b> <input type="checkbox"/> 1 at 8:00am <input type="checkbox"/> 2 at 8:30am <b>SESSION:</b> <input type="checkbox"/> Session 1: Weeks 2 & 3 (6/5-6/16) <input type="checkbox"/> Session 2: Weeks 4 & 5 (6/19-6/30) <input type="checkbox"/> Session 3: Weeks 7 & 8 (7/10-7/21) <input type="checkbox"/> Session 4: Weeks 9 & 10 (7/24-8/4)	<input type="checkbox"/> <b>School-Age (ages 6-12)</b> <b>STAGE:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <b>TIME:</b> <input type="checkbox"/> 8:00am <input type="checkbox"/> 8:30am <b>SESSION:</b> <input type="checkbox"/> Session 1: Weeks 2 & 3 (6/5-6/16) <input type="checkbox"/> Session 2: Weeks 4 & 5 (6/19-6/30) <input type="checkbox"/> Session 3: Weeks 7 & 8 (7/10-7/21) <input type="checkbox"/> Session 4: Weeks 9 & 10 (7/24-8/4)
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### Payment Options

**Please call or come into the branch to complete payment set up. REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS PROCESSED.**

- Card currently on file: XXXX-XXXX-XXXX-\_\_\_\_\_
- New Credit Card
- Bank Draft
- Check

### **LESSON CANCELLATION AND MAKE-UP POLICY**

For each session of lessons we will only conduct make up lessons due to facility cancellations within the current session. In the event that less than 8 lessons are delivered, credits for missed classes will be given towards a new session of swim lessons. There are no refunds given for the current session. Make up lessons will only be held due to facility cancellations, not personal absence. There are designated make up dates for each swim lesson session. Please refer to the specific center you are taking lessons at for make up times.

### **PAYMENT POLICY AND PROCEDURES:**

No refunds or credits will be issued to anyone withdrawing once the first day of the session has begun. Refunds and transfers after this time will be at the discretion of the aquatics director. Payments can be made by automatic withdraw from the account on file at the YMCA, a separate bank account or credit card, check or cash.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date