



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2019 WEST ST. TAMMANY YMCA Summer Camp Registration

Child's Name: _____ Grade Entering 2019: _____

Please Select One: Member Non-Member

I will be signing my camper up for Pre-K Camp Youth Camp Leaders Camp

Pre-K Camp (ages 3-5, must be 3 by start of session, must be potty trained) & Youth Camp (entering grades K-6th)

•Member: \$150/Week •Non-Member: \$190/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. Weekly rates increase for all registrations received after May 19, 2019.

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

- | | |
|---|---|
| <input type="checkbox"/> Week 1: 5/28-5/31: Paradise Summer* | <input type="checkbox"/> Week 7: 7/8-7/12: Outdoor Adventures |
| <input type="checkbox"/> Week 2: 6/3-6/7: Under the Big Top | <input type="checkbox"/> Week 8: 7/15-7/19: Movin' & Groovin' |
| <input type="checkbox"/> Week 3: 6/10-6/14: Super Heroes/Heroines | <input type="checkbox"/> Week 9: 7/22-7/26: Lights, Camera, Action! |
| <input type="checkbox"/> Week 4: 6/17-6/21: Goin' Green | <input type="checkbox"/> Week 10: 7/29-8/2: Deep Sea Adventures |
| <input type="checkbox"/> Week 5: 6/24-6/28: The Mighty Jungle | <input type="checkbox"/> Week 11: 8/5-8/9: Peace Out, Summer |
| <input type="checkbox"/> Week 6: 7/1-7/5: America the Beautiful* | <input type="checkbox"/> Week 12: 8/12-8/16: School Daze |

*Weeks 1 and 6 will be 4 days. They will be prorated accordingly.

Leaders Camp (entering grades 7th-10th)

LIMITED AVAILABILITY!

•Member: \$150/Session •Non-Member: \$190/Session (\$30/individual or \$50/family one time registration fee)

*\$25 deposit per session taken at the time of registration (for both members and non-members); weekly rates will be the above amounts less the deposit. Prorated rates apply for shorter weeks. Weekly rates increase for all registrations received after May 19, 2019.

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

- | | |
|--|--|
| <input type="checkbox"/> Session 1: Leadership Skills: 5/28-5/31* | <input type="checkbox"/> Session 8: CPR Certification (7/15-7/19) |
| <input type="checkbox"/> Session 2: Fitness Challenge (6/3-6/7) | <input type="checkbox"/> Session 9: Babysitting Certification (7/22-7/26) |
| <input type="checkbox"/> Session 3: CPR Certification (6/10-6/14) | <input type="checkbox"/> Session 10: First Aid Certification (7/29-8/2) |
| <input type="checkbox"/> Session 4: Babysitting Certification (6/17-6/21) | <input type="checkbox"/> Session 11: Peace Out, Summer (8/5-8/9) |
| <input type="checkbox"/> Session 5: First Aid Certification (6/24-6/28) | |
| <input type="checkbox"/> Session 6: Leadership Skills (7/1-7/5)* | |
| <input type="checkbox"/> Session 7: Fitness Challenge (7/8-7/12) | |

Leaders who successfully complete the first 5 sessions and demonstrate exceptional leadership qualities may be invited by the Camp Director to participate in camp as a CIT.

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 Summer Camp Learn to Swim Program

NEW FOR 2019! The purpose of the Summer Camp Learn to Swim Program is to teach your child the basic skills needed to pass the swim test and stay safe around the water. The Summer Camp Learn to Swim Program will be for children entering grades K-6th and consist of 8 lessons over the course of 2 weeks and match your child's skill level. **Your child must be registered for 2 consecutive camp weeks to participate.** All lessons will be conducted during the camper's swim time, allowing 30 minutes of lesson and 30 minutes of free swim. All campers enrolled in the Learn to Swim Program will be swim tested at the end of each 2-week swim session. Once your child passes the swim test, their Learn to Swim Program will be complete. Upon program completion, Group or Private Swim Lessons outside of camp time may be recommended. Campers who pass the swim test will not be eligible to participate in the Learn to Swim Program.

Each 2-week session is \$65 (regularly \$85) | Non-Members \$95

I WOULD LIKE TO REGISTER FOR THE LEARN TO SWIM PROGRAM YES NO

If YES, please fill out the attached Summer Camp Learn to Swim Program 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 2019 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 \$20 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 in full. 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. All payments will be scheduled to auto draft from the account on file at the YMCA or a separate bank account or credit card on Thursdays of the week prior to attending camp, unless prior arrangements have been made with the Camp Director. 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?	# Weeks	Shirt Size	# Swim Sessions	Deposit Due
Y N				\$
If yes, member Number	Rate	# of Extra Shirts	Rate	Staff Initial
	\$150 \$190		\$65 \$95	
If no, registration Fee	Total	Extra Shirt Cost	Total	Payment Method
\$30 \$50	\$	\$	\$	<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			Other Information	
\$				



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2019 WEST ST. TAMMANY YMCA Summer Camp Registration

PLEASE PRINT CLEARLY.

Child's Name: _____ **Date of Birth:** _____

What is the gender of your child: _____

Grade Entering in Fall of 2019: _____ School: _____

- How did you hear about us?** Returning Camper Friend/Family E-mail
Television Radio Billboard Facebook Website 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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2019 WEST ST. TAMMANY YMCA Summer Camp Registration

Child's Name: _____ **Date of Birth:** _____

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?



2019 WEST ST. TAMMANY YMCA
Summer Camp Learn to Swim Program Registration

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PLEASE PRINT CLEARLY.

Child's Name: _____ **Date of Birth:** _____

What is the Gender of your Child? _____

Email Address (required): _____ Cell Phone (required): (_____) _____

Campers will have the opportunity to take "learn to swim" lessons for 30 minutes during their grade's scheduled swim time.

YOUR CHILD MUST BE REGISTERED FOR THE CORRESPONDING WEEKS OF CAMP YOU SELECT TO BE ELIGIBLE FOR THE SUMMER CAMP LEARN TO SWIM PROGRAM SESSION.

**LEARN TO SWIM PROGRAM IS \$65/SESSION FOR MEMBERS & \$95/SESSION FOR NON-MEMBERS
 NORMAL PRICES ARE \$85/SESSION & \$115/SESSION RESPECTIVELY)**

<p>School-Age (Kindergarten—6th Grade)</p> <p>Sessions:</p> <p><input type="checkbox"/> Session 1: Weeks 2 & 3 (6/3-6/14)</p> <p><input type="checkbox"/> Session 2: Weeks 4 & 5 (6/17-6/28)</p> <p><input type="checkbox"/> Session 3: Weeks 7 & 8 (7/8-7/19)</p> <p><input type="checkbox"/> Session 4: Weeks 9 & 10 (7/22-8/2)</p>	<p>•</p> <p>•</p> <p>•</p> <p>•</p> <p>•</p> <p>•</p> <p>•</p>	<p>REGISTRATION by Grade:</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> 1st Grade <input type="checkbox"/> 4th Grade</p> <p><input type="checkbox"/> 2nd Grade <input type="checkbox"/> 5th Grade</p> <p><input type="checkbox"/> 3rd Grade <input type="checkbox"/> 6th Grade</p>
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Learn to Swim Program Placement Questions:

Will your child go underwater voluntarily? YES NO

Can your child float on their front and back on their own? YES NO

Your child will be placed in appropriate groups based on swim ability by instructor after the first lesson.

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
- Cash in full

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