



2019 EAST JEFFERSON YMCA Summer Camp Registration

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's Name: _____ Grade: _____

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

I will be signing my camper up for **Youth Camp** **Leaders Camp**

Youth Camp (entering grades K-6th)

•Member: \$140/Week •Non-Member: \$185/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: 5/28-3/1: Paradise Summer* | <input type="checkbox"/> Week 6: 7/1-7/5: America the Beautiful* |
| <input type="checkbox"/> Week 2: 6/3-6/7: Movin' and Groovin' | <input type="checkbox"/> Week 7: 7/8-7/12: Outdoor Adventures |
| <input type="checkbox"/> Week 3: 6/10-6/14: Deep Sea Adventures | <input type="checkbox"/> Week 8: 7/15-7/19: Under the Big Top |
| <input type="checkbox"/> Week 4: 6/17-6/21: The Mighty Jungle | <input type="checkbox"/> Week 9: 7/22-7/26: Goin' Green |
| <input type="checkbox"/> Week 5: 6/24-6/28: Super Heroes and Heroines | <input type="checkbox"/> Week 10: 8/29-8/2: Peace Out, Summer! |

*These weeks will be 4 days due to holidays.

Leaders Camp (entering grades 7-10)

•Member: \$280/2-Week Session •Non-Member: \$370/ 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.

Leaders who successfully complete 1 session and demonstrate exceptional leadership qualities may be invited By the Camp's Director to participate in camp as a C.I.T.

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

- | | |
|--|--|
| <input type="checkbox"/> Session 1: Babysitting Certification (6/3-6/7) | * Indicates short-
ened week due to
holiday. |
| <input type="checkbox"/> Session 2: Leadership Skills (6/17-6/21) | |
| <input type="checkbox"/> Session 3: First Aid Certification (7/1-7/5)* | |
| <input type="checkbox"/> Session 4: CPR Certification (7/15-7/19) | |
| <input type="checkbox"/> Session 5: Fitness Challenge (7/29-8/2) | |

After care will begin at 4:00 pm and last until 6:00 pm and is \$25/week and \$6/day

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.

I would like to purchase _____ tie-dye shirts for \$12 per shirt

YMCA Swim Lessons

Add swim lessons to your camp registration for a great deal! Lessons are for children ages 3-12 and consist of 2-week sessions with a variety of time and skill level options. 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) | non-members \$95 (regularly \$115)

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 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 per day will be assessed. Day of registration will have an added \$35 late fee. 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 \$185 \$280 \$370	# of Extra Shirts	Rate \$65 Members \$95 Non-Members	# of weeks Aftercare: _____ (x\$25)
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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PLEASE PRINT CLEARLY.

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

Child's Gender: _____

Grade Entering in Fall of 2018: _____ School: _____

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

Television Radio Billboard Facebook Website Magazine

Macaroni Kid Newspaper 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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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 in order to best serve your child.

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 EAST JEFFERSON YMCA Camp Group Swim Lesson Registration

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PLEASE PRINT CLEARLY.

Child's Name: _____ Date of Birth: _____

Child's Gender: _____

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

Pre-School (ages 4-5)

STAGE: 1 at 8:00am

2 at 8:30am

SESSION:

Session 1: Weeks 2 & 3 (5/28-6/7)*

Session 2: Weeks 3 & 4 (6/10-6/21)

Session 3: Weeks 5 & 6 (6/24-7/5)

Session 4: Weeks 7 & 8 (7/8-7/19)

Session 5: Weeks 9 & 10 (7/22-8/2)

School-Age (ages 6-12)

STAGE: 1 at 8:00am

2 at 8:30am

SESSION:

Session 1: Weeks 2 & 3 (5/28-6/7)*

Session 2: Weeks 3 & 4 (6/10-6/21)

Session 3: Weeks 5 & 6 (6/24-7/5)

Session 4: Weeks 7 & 8 (7/8-7/19)

Session 5: Weeks 9 & 10 (7/22-8/2)

*Indicates shortened weeks due to holidays.

**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