

START DATE: \_\_\_\_\_  
RATE: \_\_\_\_\_



Does your child have food allergies?  
Circle  
**YES or No**

## YMCA SUMMER DAY CAMP Enrollment Form

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Telephone Number (if different from child's) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Telephone Number (if different from child's) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Child's Living Arrangements: ( ) Both Parents ( ) Mother ( ) Father ( ) Other  
Child's Legal Guardian(s): ( ) Both Parents ( ) Mother ( ) Father ( ) Other

**THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONS TO CONTACT IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please put an "X" on the weeks you will need care.

1	2	3	4	5	6	7	8	9	10	11
5/23-5/27	5/30-6/3	6/6-6/10	6/13-6/17	6/20-6/24	6/27-7/1	7/4-7/8	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/5

Do you receive assistance from the Dept. of Family and Children Services? **YES** **NO**

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

# CHILD'S MEDICAL INFORMATION

Child's Physician or Clinic's Name (Child's Primary Health Source) \_\_\_\_\_

Telephone# \_\_\_\_\_

DOES THE CHILD HAVE ALLERGIES OR OTHER PHYSICAL PROBLEMS, MENTAL HEALTH DISORDERS, MENTAL RETARDATION OR DEVELOPMENTAL DISABILITIES; WHICH WOULD LIMIT THE CHILD'S PARTICIPATION IN THE PROGRAM AND ACTIVITIES? ( ) YES ( ) NO

Specify: \_\_\_\_\_

DOES CHILD HAVE ALLERGIES? (INSECT, MEDICATIONS, FOOD, ETC.) ( ) YES ( ) NO

Specify: \_\_\_\_\_

DOES THE CHILD HAVE A HIGHER RISK FOR SEVERE REACTION NEEDING **EPINEPHRINE** TO BE AVAILABLE IN THE SUMMER DAY CAMP SITE AREA? ( ) YES ( ) NO

If yes, a **FOOD ALLERGY ACTION PLAN FORM** is available.

ARE ANY SPECIAL PROCEDURES REQUIRED IN CARING FOR CHILD? ( ) YES ( ) NO

Please specify and give details:

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

## RELEASE AGREEMENT

I give the Moultrie YMCA Summer Day Camp permission to take pictures of my child in his/her daily activities and use them in publications such as but not limited to: The Moultrie Observer, Newsletters, and Flyers.

PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

Should \_\_\_\_\_, \_\_\_\_\_ suffer an injury or illness while in

Child's Name

Date of Birth

the care of the Moultrie YMCA Summer Day Camp and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as necessary. I (we) shall assume responsibility for payment of services. I (we) agree to keep the Summer Day Camp informed of changes in telephone numbers, etc. where I can be reached.

The program agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

\_\_\_\_\_  
Physician/Clinic Name

\_\_\_\_\_  
Telephone

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):

\_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

## VEHICLE EMERGENCY MEDICAL INFORMATION

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

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

### IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED CONTACT:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

The Moultrie YMCA uses Colquitt Regional Medical Center located at

3131 S. Main St. Moultrie, GA 31768; 985-3420

Child's Allergies \_\_\_\_\_

Current Prescribed Medication \_\_\_\_\_

Child's Special Medical Needs and Conditions \_\_\_\_\_

**In the event of an emergency involving my child, and if the Moultrie YMCA Summer Day Camp cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.**

**PARENT/GUARDIAN:** \_\_\_\_\_

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

**PROGRAM DIRECTOR:** \_\_\_\_\_

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

## **PARENTAL AGREEMENT WITH MOULTRIE YMCA SUMMER DAY CAMP**

The Moultrie YMCA Summer Day Camp agrees to provide School Age Childcare for \_\_\_\_\_ on Monday through Friday from \_\_\_\_ am to \_\_\_\_ pm from \_\_\_\_\_ (month) to \_\_\_\_\_ (month).

**My child will participate in the following meal plan: breakfast, lunch and afternoon snack**

Before any medication is dispensed to my child, I will provide a written authorization which includes: date; name of child; name of medication; prescription number; dosage; date and time of day for medication to be given. Medication will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur. For example: telephone numbers, work location, emergency contacts, child's physician, child's health status, etc.

The Moultrie YMCA Summer Day Camp agrees to keep me informed of any incidents with the child, including illnesses, injuries, adverse reactions to medications, etc.

The Moultrie YMCA Summer Day Camp agrees to obtain written authorization from me before my child participates in routing transportation, field trips, special activities away from the facility and water related activities occurring in water that is more than two (2) feet deep.

**I acknowledge it is my responsibility to give a two weeks notice before withdrawing my child from the program. I understand that if I fail to give the required notice I will still be responsible for paying for two weeks of care.**

I understand that if my child should pose a threat to himself/herself, to other children, and/or staff, and/or property I will be asked to sign a behavior report acknowledging the problem. If my child continues to pose a threat to any of the above mentioned and together we have not been able to make improvements in the child's behavior, I am aware that I might be asked to remove my child from the program, giving me two weeks to find other means of school age childcare.

**By signing below I am stating that I understand and agree to abide by the policies and procedures for the Moultrie YMCA Summer Day Camp.**

**PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROGRAM DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## MOULTRIE YMCA FIELD TRIP PERMISSION SLIP

I hereby give permission for \_\_\_\_\_ to participate in  
Name of child

Summer Day Camp from May 23, 2011 through August 5, 2011. Children will be riding on the YMCA bus.

In the event of an injury to my child while in the care, custody, and control of the Moultrie YMCA, its employees or agents, I grant permission for those YMCA employees, or agents to take whatever steps or action as they deem necessary for the medical welfare of my child without liability or financial responsibility for the actions taken. I have noted on this form any special medical instructions or information concerning my child that I deem necessary.

This authorization and release shall terminate the 5<sup>th</sup> day of August 2011.

I, the undersigned, certify that I have fully read and understand this form.

Special medical instructions:

---

---

---

---

**PARENT/GUARDIAN:** \_\_\_\_\_  
Print

**PARENT/GUARDIAN:** \_\_\_\_\_  
Signature

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

## MOULTRIE YMCA SUMMER DAY CAMP RELEASE/WAIVER

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

I, the undersigned parent/guardianship of the above said minor, give permission for the minor to participate in the YMCA Summer Day Camp. The minor is physically able and mentally prepared to participate in all Summer Day Camp activities.

In consideration of said minor being permitted to enter the YMCA Summer Day Camp facility and participate in all activities I, as parent/guardian, hereby:

1. Release the YMCA, it's directors, officers, employees agent and volunteers (collectively "Releasees":) from all liability to me or to my minor child or ward named above for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near the YMCA facilities or participating in YMCA Summer Day Camp activities at other locations.
2. I covenant not to sue Releasees for any loss, damage, injury or death suffered by the above named minor and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA's facilities, whether caused by the negligence of Releasees or otherwise.
3. I assume all responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees.
4. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.
5. I do hereby authorize the YMCA Summer Day Camp as agent for the undersigned, to consent with respect to said minor, to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to rendered under general or special supervision of, any physician and surgeon licensed in the Sate of Georgia and any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA Summer Day Camp is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the law of the State of Georgia: If any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

**PARENT/GUARDIAN:** \_\_\_\_\_

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

## **Moultrie YMCA Summer Day Camp Swimming and Water Activity Authorization**

Upon enrollment in the Moultrie YMCA Summer Day Camp, your child may have the opportunity to participate in water related activities such as swim instructions, water safety, and recreational swimming. The activities listed above will involve water more than 2 feet deep.

All children enrolled at the YMCA Summer Day Camp that wish to participate in water related activities will be required to complete a 15 yard swim test with their head above the water. Wristbands will be attached to each child that identifies them as a swimmer or non-swimmer. All non-swimmers that cannot touch the bottom of the pool (3.5 feet deep) will be required to wear a Coast Guard approved Type II personal floatation device and will be assigned to a designated and clearly identified swimming area.

### **AUTHORIZATION**

I give my child, \_\_\_\_\_, permission to participate in water related activities with the YMCA Summer Day Camp. This will be in effect for May 23, 2011 – August 5, 2011. Any changes in this authorization are required to be communicated in writing to the YMCA Summer Day Camp Program Director.

**PARENT/GUARDIAN:** \_\_\_\_\_  
Print

**PARENT/GUARDIAN:** \_\_\_\_\_  
Signature

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

### **IF YOU DO NOT WISH FOR YOUR CHILD TO SWIM COMPLETE THE LINE BELOW:**

Child's Name: \_\_\_\_\_

I do not wish for my child to swim.

**PARENT/GUARDIAN:** \_\_\_\_\_  
Print

**PARENT/GUARDIAN:** \_\_\_\_\_  
Signature

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