

I understand that at the time of registration, my child/ren is required to be a member of the YMCA of Saratoga. Stewarts' Employees must submit a SIGNED Check Request Form by JUNE 1. DSS members must provide a CURRENT Acceptance Letter by JUNE 1. _____ (initial)

I understand that the cost listed above represents the full cost of each week my child is enrolled in the program. I understand that the person signing this agreement is responsible for payment for each week my child/ren attends camp. I understand that there will be no reduction in fee for my child's absence due to illness, vacation or when an emergency closing is deemed necessary. _____ (initial)

I understand that I must either pay for every week my child/ren will attend camp in full or arrange for automatic withdrawal from a checking or savings account or credit card. _____ (initial)

I understand that if I arrange for automatic withdrawal for payments, that I must pay the first week of camp in full at the time of registration as well as a NON-TRANSFERABLE, NON-REFUNDABLE \$50/week deposit for every week my child/ren will be attending camp. This deposit secures my child/ren a space in the program. The deposit is deducted from each week's fee and the balance is withdrawn on the Wednesday preceding the camp week. _____ (initial)

I understand I will be charged a processing fee if any payments are returned for insufficient funds. _____ (initial)

I understand that it is the policy of the YMCA of Saratoga to charge a late fee if I am late picking my child up. The late pick up fees are \$5 per child for the first 15 minutes and \$1 per minute thereafter, payable to the YMCA of Saratoga at the time the child/ren is(are) signed out. _____ (initial)

The YMCA of Saratoga reserves the right to refuse childcare services if my child is picked up late more than (3) times during the season. I also understand that the YMCA of Saratoga may be required to report my child/ren as abandoned to the New York Office of Children and Family Services if my child/ren has not been picked up from the program by 7pm. _____ (initial)

SIGNATURES: The above terms have been read, are understood and agreed to, and I am enrolling my child in the YMCA of Saratoga's Day Camp Program.

Parent/Guardian Signature:

Date:

Enrollment Dates

Week	Date	Starhitch Only Option A or B	Travel Camp Weekly Fees	Deposit \$50	Balance Due or Paid in Full	Balance Due Pay Date
1	6/28/2010	A OR B \$173 OR \$200	\$225			At registration
2	7/5/2010	A OR B \$173 OR \$200	\$225			6/30/2010
3	7/12/2010	A OR B \$173 OR \$200	\$260			7/7/2010
4	7/19/2010	A OR B \$173 OR \$200	\$205			7/14/2010
5	7/26/2010	A OR B \$173 OR \$200	\$205			7/21/2010
6	8/2/2010	A OR B \$173 OR \$200	\$260			7/28/2010
7	8/9/2010	A OR B \$173 OR \$200	\$205			8/4/2010
8	8/16/2010	A OR B \$173 OR \$200	\$225			8/11/2010
9	8/23/2010	A OR B \$173 OR \$200	\$260			8/18/2010

Hold Harmless

I absolve and hold harmless the YMCA of Saratoga's Day Camp Program, its staff, and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in any of the YMCA of Saratoga's sponsored programs, including the Day Camp Program. Any and all accidents must be reported to the parents, Camp Director and Senior Director within 24 hours.

Parent/Guardian Signature:

Date:

Authorizations and Permission Forms

FIELD TRIP and PHOTO AUTHORIZATION: Throughout the summer our campers will be participating in various activities, including field trips and/or swimming. All field trips/activities transportation will be provided by the Saratoga City School District Transportation Department or Charter Bus. All trips/activities will be properly supervised by certified staff. These trips/activities require parents to sign a permission form. I, the undersigned, give my child permission to participate in all programs and activities including field trips and swimming, provided through the YMCA of Saratoga's Day Camp Program.

I further give _____ (or) do not give _____ my consent for the use of my child's comments and his/her photograph/video to be used in YMCA professional materials, including website postings.

Parent/Guardian Signature:

Date:

T-Shirt Size (Please choose one.)

<input type="checkbox"/> Child's Small	<input type="checkbox"/> Child's Medium	<input type="checkbox"/> Child's Large	
<input type="checkbox"/> Adult's Small	<input type="checkbox"/> Adult's Medium	<input type="checkbox"/> Adult's Large	<input type="checkbox"/> Adult's Extra Large

Camper Code of Conduct

My parents and I understand and agree to the Code of Conduct. We further understand that the YMCA of Saratoga has the right to withdraw services if this Code of Conduct is not followed.

Camper's Name: _____ (print) Camper's Signature: _____ (sign) Date: _____

Parent/Guardian: _____ (print) Parent/Guardian: _____ (sign) Date: _____

Sunscreen, Cell Phones and Footwear

Sunscreen

The YMCA of Saratoga requires written permission for our staff to distribute topical sunscreen or lotions to a child. Please fill in the following information if you wish us to do so. ****All sunscreen needs to be labeled with the child's name. Staff will keep all sunscreen in one container. Staff will bring the sunscreen container to all offsite locations (field trips) or when sunscreen is needed. No children are allowed to carry sunscreen.**

I give permission for the staff of the YMCA of Saratoga's Day Camp Program to distribute sunscreen as needed to help protect my child from the sun.

Special Instructions:

Cell Phones

I understand that personal cell phones (those belonging to the campers) will be collected by the Day Camp staff each morning, stored in a locked box, and distributed at pick up in the evenings. The YMCA of Saratoga has phones available for emergency purposes. If a parent needs to contact their child during the day at Travel Camp, they may call 248-8072. For Starhitch Campers, please call the Wilton Branch at 587-3000.

Footwear

I understand that sneakers or closed toe sandals are required for all trips. I further understand that flip flops will be worn at the pool or lake only.

Camper Signature:	Date:
Parent/Guardian Signature:	Date:

Child's Medical Information

Your child's immunization form and physical report must be submitted to the Camp Director by June 1, 2010.

Child's Name:				Program:	
Immunization History: This section must include all dates of basic immunizations as well as booster doses. This is required by New York State Department of Health. Minimum requirements are noted below. To your knowledge, are all shots up to date and meet the NYS Health requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No					
DPT (Diphtheria, Pertussis and Tetanus) <small>At least three dates.</small>	1st:	2nd:	3rd:	Booster:	Booster:
POLIO OPV (sabin) <small>At least three dates.</small>	1st:	2nd:	3rd:	Booster:	Booster:
Tetanus Booster (within 10 years of 1st series)	1st:	2nd:			
Hepatitis B <small>At least three dates.</small>	1st:	2nd:	3rd:	Tuberculin Test given?	Yes No Date:
**MMR (two dates for people born after 1956)	1st:	2nd:			
HIB (Hemophilus Influenza Type B) <small>Sometimes combined with DTP</small>	1st:	2nd:	3rd:	Booster:	
Influenza Type B					
Varicella (Chicken Pox) Specify Immunization or Disease	Date:	Booster:	Booster:		
Other					

****MMR is a combination of Measles (live), Measles (Rubella) and Mumps**

Health History: For all questions checked please give date of diagnosis and current management below, if appropriate.			
<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Asthma	ALLERGIES	DISEASES
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Hay Fever Further Detail:	<input type="checkbox"/> Chicken Pox Further Detail:
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Ivy Poisoning, etc.	<input type="checkbox"/> Measles
<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Bleeding/Clotting Disorder	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Shingles
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> German Measles
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Cancer	<input type="checkbox"/> Foods	<input type="checkbox"/> Mumps
<input type="checkbox"/> Other Drugs			
Chronic or recurring illness: (include details)			
Specific information regarding child's development (physical, emotional, cognitive):			
Any specific activities to be... ENCOURAGED?			
RESTRICTED?			
Parent Authorization			
This health history is correct so far as I know and the person herein described has permission to engage in all camp activities, except as noted by me above.			
Parent/Guardian Signature:			Date:
Permission to Dispense Medication			
Medication will not be dispensed for any reason if this portion is not filled out by a parent or guardian.			
I hereby give the Camp Director, the Camp Medical Designee, or the Activities Director permission to dispense the following medication(s) to my child in the following manner:			
Medication:	Dosage:	Times:	
Parent/Guardian Signature:			Date:
Medication:	Dosage:	Times:	
Parent/Guardian Signature:			Date:
All medications must be given to us in the original pharmacy bottle and we must have enough for the entire week. Please note that all medication must be given to the Camp Director, Camp Medical Designee or the Activities Director only.			
Medical Concerns			
Please specify any concerns (i.e.: seizures, epilepsy, heart problems, heat stroke, physical limitation and any allergies):			
Do you have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance Carrier:		Name of Insured:	
Member ID#:		Group #:	
Permission to Seek Medical Treatment			
I am filling out this form for my child _____ . In the event that I can not be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director and/or Camp Medical Designee and/or the Activities Director of the YMCA of Saratoga to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as noted on this form. I understand EMS will handle any emergency requiring assistance and ambulance transport if required.			
Family Physician:		Phone:	
Family Dentist:		Phone:	
Hospital of Preference:		Date of Last Tetanus Shot:	
Parent/Guardian Signature:			Date:



290 West Avenue/PO Box 4610
Saratoga Springs, NY 12866
Phone: 518-583-9622 . Fax: 518-581-7598
www.ymcasaratoga.org