



# 2020 SUMMER DAY CAMP REGISTRATION

Child: First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

YMCA Member  Non Member Email \_\_\_\_\_ Enrollment Date \_\_\_\_\_

## SUMMER DAY CAMPS

CHOOSE YOUR CAMPS & LOCATION:

- Ages 5-12 (must have attended kindergarten)
- Ages 4-5 (Sarpy YMCA ONLY)

- Armbrust YMCA             Mills County YMCA
- Downtown YMCA         Sarpy YMCA
- Charles E. Lakin YMCA    Southwest YMCA
- Maple Street YMCA       Twin Rivers YMCA

Member: \$145/week; 2 children: \$275/week; 3 children: \$405/week  
 Non member: \$180/week; 2 children: \$345/week; 3 children: \$510/week

## CHOOSE YOUR DAY CAMP WEEKS:

Please check all weeks that apply.

- May 25-29 \_\_\_\_\_ YMCA Core Values
- June 1-5 \_\_\_\_\_ Jr. Archaeologist
- June 8-12 \_\_\_\_\_ Wildlife Encounters
- June 15-19 \_\_\_\_\_ Problem Solving & Teamwork
- June 22-26 \_\_\_\_\_ Passport to Fun
- June 29-July 3 \_\_\_\_\_ Jr. Oceanography
- July 6-10 \_\_\_\_\_ Camp H2O
- July 13-17 \_\_\_\_\_ Y Chef
- July 20-24 \_\_\_\_\_ Cultures Around the World
- July 27-31 \_\_\_\_\_ YMCA Olympics
- August 3-7 \_\_\_\_\_ Triple Threat: Art, Music & Dance
- August 10-14 \_\_\_\_\_ YMCA Core Values

## SPECIALTY CAMPS

CHOOSE YOUR CAMPS. ARMBRUST YMCA ONLY.

**FULL DAY SPECIALTY CAMP:** Member: \$200/week • Non member: \$250/week

## CHOOSE YOUR SPECIALTY CAMPS:

Please check all weeks that apply.

- June 8-12 \_\_\_\_\_ Master Chef (ages 5-12)
- June 22-26 \_\_\_\_\_ Build It (ages 5-12)
- July 13-17 \_\_\_\_\_ Wacky Water (ages 5-12)



## PAYMENT AGREEMENT

**Scheduled Payments:** Weekly Payments must be scheduled at time of registration. Payments will be withdrawn automatically 3 days prior to the camp start date.

### DEBIT/CREDIT CARD INFORMATION

Card Type (check one):  Visa  Mastercard  American Express  Discover

Last 4 of credit card \_\_\_\_\_ (Card must be presented at time of registration)

Please use the account the YMCA has on file. Last 4 of credit card \_\_\_\_\_

#### Please note:

Returned payments will be assessed a \$25 return payment fee and may be electronically collected. Camp Fees not collected will be referred to an outside collection agency.

**Child Care Subsidy:** Families who receive State Assistance will be responsible for all unpaid fees, copays, or fees if authorization expires. Proof of Authorization must be provided to YMCA before child can be registered for Camp. Copays are due at the beginning of each month.

**Attendance:** I understand I am responsible for payment of all weeks registered, whether my child attends or not. I also understand that my child cannot attend if payment has not been made. All weeks are filled on a first come, first serve basis.

•The registration fee is a one time \$25 administrative fee.

•A non-refundable \$20 deposit per child/per week is required to secure your child's spot at time of registration. The remaining weekly fee is due 3 days prior to the week of camp your child is attending.

•Registration fee and deposits are non-refundable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SCHOLARSHIP OPPORTUNITIES

Scholarships are available to those in need of financial assistance. Child Care Subsidy is accepted at all locations except for Armbrust YMCA, Southwest YMCA, YMCA Camp Platte and specialty camps. Scholarship is given after Child Care Subsidy options have been denied.

Please complete the financial aid application (available at the Welcome Center) and return with your Child Care Subsidy denial letter.

**Scholarships are awarded on a first come, first serve basis within the resources of the Y.**

### I'D LIKE TO SPONSOR A KID WITH A CAMBERSHIP

Many of our campers attend Summer Day Camp each week on scholarships. We could not provide this to these families without help from people like you. Make a difference for a child & family in need.

By checking this box, I give the YMCA permission to add \$ \_\_\_\_\_ to my payment for a one-time tax deductible contribution to the Strong Communities Campaign.

**CHILD INFORMATION & HEALTH FORM**

Child: First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade in the Fall \_\_\_\_\_

ANY KNOWN ALLERGIES/INTOLERANCES (food, insects, pollens, etc.) \_\_\_\_\_

Details of reactions: \_\_\_\_\_

Action steps if exposed: \_\_\_\_\_

ANY KNOWN SPECIAL NEEDS OR HEALTH ISSUES? \_\_\_\_\_

Medication, if any \_\_\_\_\_ Possible side effects \_\_\_\_\_

Will this medication be taken while he/she is at camp? [ ] YES [ ] NO If yes, please speak with the director.

Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of? \_\_\_\_\_

.....

**REGISTRATION INFORMATION**

How did you hear about us? \_\_\_\_\_

Mother's (or guardian) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Mother's DOB \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Address \_\_\_\_\_

Father's (or guardian) First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Father's DOB \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Address \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

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

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

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

**Family's Annual Income**

- [ ] 0-\$14,999
- [ ] \$15,000-\$24,999
- [ ] \$25,000-\$34,999
- [ ] \$35,000-\$49,999
- [ ] \$50,000-\$74,999
- [ ] \$75,000+
- [ ] Unknown

**Ethnic Background**

- [ ] Hispanic or Latino
- [ ] Not Hispanic
- [ ] Unknown

**Race**

- [ ] Native American
- [ ] Asian
- [ ] Black
- [ ] Pacific Islander
- [ ] White
- [ ] Other
- [ ] Unknown

**In case of EMERGENCY, we should contact the following person(s)  
if parents cannot be reached:**

(Please list names in order you would like them to be called)

A. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relation \_\_\_\_\_

B. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relation \_\_\_\_\_

C. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relation \_\_\_\_\_

**PLEASE PUT  
YOUR CHILD'S  
MOST RECENT  
SCHOOL  
PICTURE HERE**

**AUTHORIZED PERSON(S) TO TAKE CHILD FROM SITE:**

(You **MUST** list anyone who may pick up your child, including parents, guardians and emergency contacts)

A. Name \_\_\_\_\_ Relation to child \_\_\_\_\_

B. Name \_\_\_\_\_ Relation to child \_\_\_\_\_

C. Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Please list any additional names on an additional sheet of paper.

Please speak with the Director if there is a person that is **NOT** authorized to pick up or see the child.

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I (we) expect to be notified at once in case of accident or illness to my/our child; I/we will make arrangements for medical care of my/our child with the physician or hospital of my/our choice; If I/we cannot be reached to make the necessary arrangements, I/we hereby authorize the YMCA to contact:

Dr. \_\_\_\_\_ at \_\_\_\_\_  
PREFERRED HOSPITAL ADDRESS PHONE

or the nearest hospital for emergency medical treatment of \_\_\_\_\_  
CHILD'S NAME

Furthermore, I/we certify that my child is, to my/our knowledge, in good health and free of disabilities that would endanger him/her or other children in the YMCA programs.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICATION PERMISSION AND  
COMPETENCY**

I \_\_\_\_\_ have determined that the YMCA staff is competent to give or apply medication to my child(ren). I understand that YMCA has the responsibility to assess the ability of staff to give or apply medication safely and may give or apply medications to my child.

**Parent Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Permission (check all that apply)**

- My child has permission to swim during camp.
- My child has permission to swim in the deep end.  
Swimming ability: Non-Swimmer  Fair  Good   
**Child must pass a deepwater test prior to being allowed to swim in the deep end EVERY DAY.**
- I give my child permission to participate in field trips during camp. **Field Trips will include both walking and bus transportation.**
- I give to the YMCA, its nominees, agents and assigns, unlimited permission to use and publish testimonials, photos, videos, etc. for purposes of advertising and/or education.

**Signature**

\_\_\_\_\_

# TRANSPORTATION RELEASE

**Parent or guardian:** This form must be completed entirely as a necessary prerequisite for participation in transportation services. The YMCA of Greater Omaha (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs. Transportation may be provided by a private provider, a YMCA owned and operated vehicle and/or public transportation systems in the area. I (we) the undersigned understand and authorize the YMCA to transport

my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the YMCA Association and its agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the transportation program. We fully understand the nature of the transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

**THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the YMCA Association, its directors, officers, employees, and agents (hereinafter referred to as "releases") 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 the negligence of the releases 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 location.

**THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releases 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 Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise.

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

**THE UNDERSIGNED** further expressly agrees that the forgoing **RELEASE, WAIVER AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE (Parent and/or Guardian)**

\_\_\_\_\_ Printed name of participant  
(First, Middle, Last, Suffix (Jr./Sr./II/III))

\_\_\_\_\_ Signature of parent or guardian

\_\_\_\_\_ Date of signature

\_\_\_\_\_ Other names used by parent or guardian  
(Maiden/Previous Married/Alias/Nicknames)

**YMCA of Greater Omaha**

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY 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 program constitutes an acknowledgement that such premises and all facilities and equipment thereon and 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. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

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 LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. 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 therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the 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 location.
2. 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 the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES 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 forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
date                      participant #1 signature

I HAVE READ THIS RELEASE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
date                      participant #2 signature