



2024 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)

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

Member: \$170/week (Save with our \$15 sibling discount)

Non member: \$195/week (Save with our \$15 sibling discount)

CHOOSE YOUR DAY CAMP WEEKS:

Please check all weeks that apply.

- May 28-31
- June 3-7
- June 10-14
- June 17-21
- June 24-28
- July 1-3 (No camp July 4 & 5)
- July 8-12
- July 15-19
- July 22-26
- July 29-August 2
- August 5-9 (no Gretna Crossing or Sarpy)
- August 12-16 (Iowa locations & Twin Rivers only)



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, and Twin Rivers YMCA. 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 CAMPERSHIP
 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.

ADDITIONAL REQUIREMENTS:

- Photo of child (see above)
- Immunization record (Charles E. Lakin YMCA, Downtown YMCA, Maple Street YMCA, Mills County YMCA, Sarpy YMCA)
- Annual Wellness Form (Mills County YMCA)

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? _____

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REGISTRATION INFORMATION

How did you hear about us? _____

Parent or Guardian #1 First Name _____ Last Name _____ Parent's DOB _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Employed by _____ Address _____

Parent or Guardian #2 First Name _____ Last Name _____ Parent'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 _____

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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

Household Size _____

- #### 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 (City, state & zip) _____ Relation _____

B. Name _____ Phone _____

Address (City, state & zip) _____ Relation _____

C. Name _____ Phone _____

Address (City, state & zip) _____ Relation _____

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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 _____

FIRST MIDDLE INITIAL LAST

Full Address _____

Birth Date _____ Email _____ Phone _____

B. Name _____ Relation to child _____

FIRST MIDDLE INITIAL LAST

Full Address _____

Birth Date _____ Email _____ Phone _____

C. Name _____ Relation to child _____

FIRST MIDDLE INITIAL LAST

Full Address _____

Birth Date _____ Email _____ Phone _____

D. Name _____ Relation to child _____

FIRST MIDDLE INITIAL LAST

Full Address _____

Birth Date _____ Email _____ Phone _____

E. Name _____ Relation to child _____

FIRST MIDDLE INITIAL LAST

Full Address _____

Birth Date _____ Email _____ Phone _____

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.

PAYMENT AGREEMENT

Scheduled Payments: Weekly Payments must be scheduled at time of registration. Payments will be withdrawn automatically 10 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 may 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.

- All changes/cancellations to registered weeks must be completed, through the camp director, by May 15th. Starting May 16th, all weeks registered will be due in full and no refunds will be issued.
- The registration fee is a one time \$30 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 10 days prior to the week of camp your child is attending.**
- Registration fee and deposits are non-refundable.

Signature _____ Date _____

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 deep water test prior to being allowed to swim in the deep end.
- 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.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

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, communicable disease, or damages sustained 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 Parent/Guardian Signature



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Omaha Camper Code of Conduct

Our goal is to provide the highest quality recreational day camp in a safe environment for the campers. Please assist us in maintaining a safe and enjoyable environment by following the camper code of conduct.

- Be respectful of the feelings and properties of others, by treating them the same way that they would want to be treated while treating others with courtesy and consideration.
- Show respect to the staff and cooperate with their instructions and rules.
- Know and follow the rules of camp.
- Communicate with others in an appropriate manner. No use of foul language.
- Refrain from the verbal or physical harm of other participants and/or staff.
- Understand that any form of pushing, kicking, hitting, or fighting is unacceptable and will not be tolerated.
- Use equipment and supplies in an appropriate manner.
- Be fully responsible for his/her action and understand the consequences of any inappropriate actions.

Consequences for misbehaving or breaking camp rules will be:

1st and 2nd offense: The inappropriate behavior will be discussed with the child as well as positive alternatives by their teacher.

3rd offense: The inappropriate behavior will again be discussed with the child as well as positive alternatives, then a time out will be enforced, 1 minute for every year they are old by their teacher/counselor or the Director.

4th offense: A meeting will be scheduled with the child's teacher/counselor, director and family before the child is allowed back into the program. If the behavior continues and threatens the safety of other children, suspension from the program can be implemented.

Any child who exhibits aggressive, physical behavior towards another child or adult will have his/her parents contacted and the parent may be required to come and pick up their child from the program. Immediate dismissal will result if a child is continuously exhibiting behaviors such as biting, inappropriate language, hitting, spitting, or otherwise harmful behaviors. The Suspension, Expulsion and Reinstatement process will be used. Please see your program director for more information.

I have read and understand the above policy, as well as having received a copy of the Parent Information Brochure and the Center's Description of Services and Center Policies. I assume the responsibility for insuring my child is aware of this policy and the consequences of his/her actions should there be such offense.

Parent/Guardian signature: _____ Date _____

Child/Participant signature: _____ Date _____

The mission of the YMCA of Greater Omaha is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Sunscreen Permission Slip

The YMCA may provide sunscreen SPF 30 or higher (brands may vary). We ask that between the months of April and September, that you send your child with sunscreen. It must be labeled with your child's name as well as written on your child's medications sheet: "ONLY _____ brand". For our School Age programs, spray form is required. No lotions of any kind. We will apply sunscreen before going outside for an extended period of time and will re-apply if out longer than one hour.

The YMCA has my permission to apply SPF 30 sunscreen or higher (brands may vary) as needed to my child.

Parent Signature

Date

In the event that your child has an allergic reaction please notify staff immediately.

