

# YMCA Camp Achievement Special Needs Camp Registration Form 2017

REGISTER AT YMCA FRONT DESK OR ON-LINE @ WWW.HOPKINSVILLEYMCA.ORG

Camp Location: Henderson Memorial Church

Ages: 3 – 18

Rate is weekly only: \$50 per student

The YMCA is a United Way agency and offers financial assistance for programs and membership.

**NO REFUNDS ON FEES AFTER CAMP STARTS.**

Entire registration forms must be completed by parent or guardian. **Updated immunization form must accompany registration form.** Please print in ink.

Note: **Camp space is limited with a 1:3 ratio of staff to children. Once you register for a particular week, you are responsible for payment whether or not your child attends the camp and no weeks can be prorated.**

Staff initials _____
Date _____
Amtpd _____
Cash/chk _____
Receipt# _____
Immunization Yes / No

Child's Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Sex \_\_\_ Hair Color \_\_\_ Eye Color \_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Telephone

# \_\_\_\_\_ Cell# \_\_\_\_\_ Mother's E-mail:-

Father's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Telephone

# \_\_\_\_\_ Cell# \_\_\_\_\_ Father's E-

mail: \_\_\_\_\_

If person above is not available in the event of an emergency, notify

Name: \_\_\_\_\_ Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_

Name of child's personal physician \_\_\_\_\_ Telephone# \_\_\_\_\_

Personal Health/Accident Carrier \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

Persons Authorized to pick up your child

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_

If parents are divorced, who is the custodial parent? \_\_\_\_\_

If there are special circumstances involving visitation and pickup rights, you must provide the Camp Director with legal documentation of those arrangements.

I give permission for full participation in the YMCA Special Needs summer camp including field trips by school bus, subject to limitation noted herein, In case of emergency; I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission the licensed health care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injection of medication for my child.

Signature of Parent or Guardian \_\_\_\_\_

**Please circle each week the camper will attend**

**Week#1** June 13-15

**Week#2** June 20-22

**Week#3** June 27-29

**Week#4** July 4-6 (no camp on the 4<sup>th</sup>)

**Week#5** July 11-13

**Week#6** July 26-27

**General Information:**

While all our counselors are first aid and CPR certified, we do not have nursing personnel on staff. Director is trained to administer tube feedings, if necessary.

**Please fill this out completely; know that all information will be kept confidential. Use back of page or additional sheets if needed.**

Child's Diagnosis: \_\_\_\_\_

List any medical situations that your child has, including food or serious environmental allergies: \_\_\_\_\_

List any medication to be taken at camp; Medical Authorization Form must be filled out daily: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in activities: \_\_\_\_\_

Does your child have a behavior plan or other educational/therapeutic plan of which we should be aware? We want to do what we can to be as consistent as possible with what you are doing. Please let us know how we can help. \_\_\_\_\_

Does your child have fears, emotional triggers, any sort of trauma of which we should be aware?

List equipment needed for your child while at camp such as wheel chair, AFOs, glasses, communication devices or communication books, etc...

Please share any other information about your child that you think would be helpful for camp staff to know.

**Thank you for filling out this form! We look forward to working with you and your child this summer. Please feel free to contact us if you have any questions or needs.**

**Waiver & Photo Release Consent**

I acknowledge that the Hopkinsville-Christian County Family YMCA carries liability insurance and does not provide health or accident insurance for its programs. In consideration of my participation in summer camp, I do hereby agree to hold free from any and all liability the Hopkinsville-Christian County Family YMCA and Bradford Square Mall, and its respective officers, employees, volunteers and do hereby for myself, my heirs, executors, and administrators, waive release, and forever discharge all rights claims for all injuries and damages, occurred. I do hereby declare the participant to be physically sound, having medical approval to participate in the activities of the YMCA Special Needs Summer Camp.

I HEREBY CONSENT to the use, publication and display, in whole or in part, by or on behalf of HOPKINSVILLE CHRISTIAN COUNTY FAMILY YMCA and its agents and assignees, including, but not limited to KENTUCKY NEW ERA, SOCIAL MEDIA, and HOPKINSVILLE - CHRISTIAN COUNTY FAMILY YMCA, of any film, video tapes or photographs in which I or my minor child may be portrayed or identified. I waive all claims for any compensation for such use. I understand that permission is given for a one-time use only and that HOPKINSVILLE- CHRISTIAN COUNTY FAMILY YMCA will be credited for the photograph(S). I waive all rights to inspect and/or approve any of the printed matter that may be used in conjunction with the photograph(S) and the use to which it/they may be put.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_