



# WELCOME TO YMCA SUMMER SCHOOL AFTER CARE

Thank you for choosing the YMCA Summer School After Care at the YMCA of St. Joseph. We are committed to providing your child with an active summer school filled with opportunities to make friends, enjoy and appreciate the outdoors, try new activities, express themselves creatively, and practice value-based social skills.

The enclosed packet contains a parent handbook along with all the forms you will need to complete and return to the Y. This includes:

- Registration Form
    - ⇒ Registration Fee (\$30)
    - ⇒ First week's payment
    - ⇒ Parent Handbook
    - ⇒ State approval letter & DCN number (if applicable)
  - Special Authorizations
  - Camper Medical History
  - Medication Authorization
  - Bank Draft Form
  - Acknowledgement of Receipt of Parent Handbook
- If your child will be receiving state assistance, we will need approval documentation from the state including DCN number.

Please note when registering, a nonrefundable \$30 registration fee and payment for your child's first week are required. You must register at least 2 business days before your child's first date of attendance.

The enclosed Parent Handbook contains valuable information about our program's policies and procedures and how to prepare for your child. Please read it carefully. If you have any questions, please do not hesitate to contact me any time at 816-390-5440 or [rvigliaturo@stjoymca.org](mailto:rvigliaturo@stjoymca.org).

We look forward to serving you this summer!

Sincerely,

Ronica Vigliaturo  
Director

# REGISTRATION FORM

PARENTS OR GUARDIANS MUST HAVE PHOTO ID ON FILE.

CAMPER NAME: \_\_\_\_\_ Grade Entering August 2024: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ 2nd Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

DCN #: \_\_\_\_\_

## PARENT PICK-UP AUTHORIZATION & EMERGENCY CONTACTS - Not including parents/guardians.

Please list up to TWO people who are authorized to pick up your child from camp. Children will only be released to someone listed below. They must have a photo ID on file.

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please mark the weeks and days your child will be attending.**

| <input checked="" type="checkbox"/> Check | WEEK                 | THEME                     | Bank Draft Date              |
|---|----------------------|---------------------------|------------------------------|
|   | Week 1 May 28-May 31 | Let the Adventures Begins | Paid at time of registration |
|   | Week 2 June 3-7      | Lost and Found            | Wednesday, June 5            |
|   | Week 3 June 10-14    | Launch to Outer Space     | Wednesday, June 12           |
|   | Week 4 June 17-21    | Food Frenzy               | Wednesday, June 19           |

# SPECIAL AUTHORIZATIONS

**PHOTOGRAPHY RELEASE:** I/We do \_\_\_\_\_ do not \_\_\_\_\_ give consent to the YMCA of St. Joseph to take photographs of our child, \_\_\_\_\_. The photographs will be used to promote the purpose of the program. I/We understand that no financial benefits from the use of the photographs are obligated to be paid to me/us.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RELEASE AUTHORIZATION:** I/We do \_\_\_\_ / do not \_\_\_\_ give consent for my/our child \_\_\_\_\_, to participate in field trips. I release the program of any liability unless negligence is proven.

**Restrictions:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMISSION TO ADMINISTER SUNSCREEN:** Please initial each statement below.

- \_\_\_ I provide consent for the YMCA of St. Joseph to assist my child with the application of sunscreen in spray form.
- \_\_\_ I agree to send sunscreen with SPF of at least 30 everyday my child attends day camp and will label it with my child's full name.
- \_\_\_ I understand I will be responsible for applying the first layer of sunscreen for my camper on all exposed skin, prior to drop off every day my child attends day camp.
- \_\_\_ I understand YMCA staff are only permitted to apply sunscreen to children in a spray form. Cream products will need to be self-applied by children.

**I have read, understood and agree to comply with the YMCA Sunscreen Procedures.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMISSION TO ADMINISTER INSECT REPELLANT:** Please initial each statement below.

- \_\_\_ I provide consent for the YMCA of St. Joseph to assist my child with the application of insect repellent in spray form.
- \_\_\_ I agree to send insect repellent (DEET-free) with my child everyday they attend day camp and will label it with my child's full name.
- \_\_\_ I understand YMCA staff are only permitted to apply repellent to children in a spray form. Cream products will need to be self-applied by children.

**I have read, understand and agree to comply with the YMCA Insect Repellent Procedures.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MEDICAL HISTORY—TO BE COMPLETED BY PARENT

**Health History:**

Frequent Ear Infections  
Heart Defect/Disease  
Convulsions  
Diabetes (onset)  
Bleeding/Clotting Disorders  
Epilepsy (onset)  
Asthma  
Other: \_\_\_\_\_

**Allergies:**

Hay Fever  
Poison Ivy, etc.  
Insect Stings  
Penicillin  
Other Drugs  
Peanuts  
Other Foods

**Diseases:**

Rheumatic Fever  
Chicken Pox  
Measles  
German Measles  
Mumps

**Please provide allergy description and instructions.**

Surgeries or Serious Injuries (dates) : \_\_\_\_\_

Chronic or recurring illness or special needs: \_\_\_\_\_

Current Medications (List name, dosage and time schedule) \_\_\_\_\_

*All medications must be in a correctly labeled container and given to the Camp Director at check-in time.*

Primary Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## IMPORTANT—MUST BE COMPLETED FOR ATTENDANCE

**Parent's 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. I understand there is some inherent risk in activities at camp and accidents sometimes occur. I understand that the camp fee does not include accident insurance. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I hereby give permission to the physician selected by the camp director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named below.

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# BANK DRAFT FORM

|            |      |           |     |            |
|------------|------|-----------|-----|------------|
| First Name | MI   | Last Name | M/F | Birth Date |
| Telephone  | Cell | Email     |     |            |

## Billing Address

|        |      |       |     |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

## Payment Terms & Conditions

■ You must provide a **ONE WEEK WRITTEN** notice for any changes to your account.  
Please Initial \_\_\_\_\_

■ In order to provide for convenient Day Camp payments to the YMCA of St. Joseph, we authorize electronic funds transfer (EFT) from this specified checking/savings account, charge card or debit card. We will provide a one week written notice for any changes to our account. Please Initial \_\_\_\_\_

■ Should any EFT or charge not be honored, we understand that the Y will attempt to redraft the payment. If the EFT or charge is not honored on the redraft, we will be required provide another form of payment plus a \$10 service charge.  
Please Initial \_\_\_\_\_

## Payment Options

Electronic Funds Transfer (EFT):    \$ \_\_\_\_\_ . \_\_\_\_\_    beginning (MMYY)    \_\_\_\_\_

A.  Checking  Savings    Bank Name: \_\_\_\_\_  
Account Number

Routing Number    \_\_\_\_\_    Please attach a voided check

\_\_\_\_\_

B. Debit/Credit Card:  Visa     MC     Discover     AMEX

Expire Date

\_\_\_\_\_

\_\_\_\_\_

**I have read and agree to all terms of the YMCA payment terms and conditions.**

|                                |      |
|--------------------------------|------|
| Signature of Responsible Party | Date |
|--------------------------------|------|

**YMCA OF ST. JOSEPH, MO**

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. YMCA of St. Joseph, MO has put in place preventative measures to reduce the spread of COVID-19; however, YMCA of St. Joseph, MO **cannot guarantee that you will not become infected with COVID-19**. Further, participation could increase your risk of contracting COVID-19.

**READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH**

\_\_\_ INITIALS By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death**. I understand that the risk of becoming exposed to or infected by COVID-19 at YMCA of St. Joseph, MO may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YMCA of St. Joseph, MO’s employees, volunteers, and program participants and their families.

\_\_\_ INITIALS I **voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at YMCA of St. Joseph, MO**. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless YMCA of St. Joseph, MO, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of YMCA of St. Joseph, MO, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at YMCA of St. Joseph, MO.

\_\_\_ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

\_\_\_ INITIALS In the event that I file a lawsuit, I agree to do so in the state where YMCA of St. Joseph, MO is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

\_\_\_ INITIALS **By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

\_\_\_ INITIALS I **have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing**. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I **have read and understood this document and I agree to be bound by its terms**.

\_\_\_ INITIALS If I have signed a separate general waiver of liability connected to my participation at YMCA of St. Joseph, MO, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

\_\_\_ INITIALS *I agree that I will practice safe social distancing and clean hygiene during my participation at* YMCA of St. Joseph, MO.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

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

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT**

**YMCA of St. Joseph, MO Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)**

In consideration of minor’s name being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Minors’ Names

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



**ACKNOWLEDGEMENT OF RECEIPT OF 2024  
YMCA SUMMER AFTER SCHOOL PARENT HANDBOOK**

I acknowledge I have received a copy of the 2024 Parent Handbook. I agree to abide by the policies and procedures outlined in this handbook.

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

**ACKNOWLEDGEMENT OF YMCA OF ST. JOSEPH'S  
SUMMER AFTER SCHOOL PROGRAM EXEMPT STATUS**

I acknowledge the YMCA of St. Joseph is exempt from State of Missouri child care licensure and is not required to follow their regulations.

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature