



PARENTS QUICK GUIDE FOR DAY CAMP

- Children age 7 -12.
- Held at Missouri Western State University.
- Drop off and pick up at Wilson Hall.
- 7:00 am - 5:30 pm.
- Anyone that will be picking up your child needs a photo ID on file. You can also take a picture of the person's ID and text it to: 816-273-8922. This needs to be on file before the person picks up your child.
- At the time of registration, a \$30 non-refundable registration fee and first week's payment must be made to hold your camper's spot.
- Make sure you mark the weeks and days your child will be attending camp on the registration form.
- All additional payments will be made by bank draft on Wednesday for the upcoming week of care.
- Since the first week of care is paid for at the time of registration, your account will be drafted the Wednesday prior to each additional week their child plans to attend.
- If your Day Camp payment has not been successfully processed by the end of the business day of the Friday prior to each week of attendance, we will not be able to provide care for your child.
- If you intend to discontinue participation in Day Camp Program, please notify us in writing at least one week prior to intended last day so your draft will be stopped in time.
- If you are sending any prescriptions/medications at all with their Day Camper, you must complete the Medication Authorization form and bring it with your child at check in.

REGISTRATION FEE: \$30.00 PER FAMILY

DAY CAMP: MEMBER COMMUNITY MEMBER

FULL TIME \$90/WEEK \$100/WEEK
(3 - 5 DAYS)

PART TIME \$45/WEEK \$50/WEEK
(2 DAYS OR LESS)

**GREAT
SUMMERS**
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YMCA Summer Day Camp | 2021



YMCA DAY CAMP REGISTRATION FORM

PARENTS OR GUARDIANS MUST HAVE PHOTO ID ON FILE.

CAMPER NAME: _____ **Grade Entering August 2021:** _____

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:** _____

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.

WEEK OF CAMP	THEME	Bank Draft Date	DAYS OF WEEK
Week 1 June 1-4	Aloha Summer	Paid at time of registration	[]M []T []W []Th []F
Week 2 June 7-11	Splashtopia	Wednesday, June 2	[]M []T []W []Th []F
Week 3 June 14-18	Buggin' Out	Wednesday, June 9	[]M []T []W []Th []F
Week 4 June 21-25	Space is the Place	Wednesday, June 16	[]M []T []W []Th []F
Week 5 June 28 - July 2	Discover America	Wednesday, June 23	[]M []T []W []Th []F
Week 6 July 5-9	Frozen Week	Wednesday, June 30	[]M []T []W []Th []F
Week 7 July 12-16	Sports Week	Wednesday, July 7	[]M []T []W []Th []F
Week 8 July 19-23	Chief's Week	Wednesday, July 14	[]M []T []W []Th []F
Week 9 July 26-30	Superhero Week	Wednesday, July 21	[]M []T []W []Th []F
Week 10 Aug 2-6	Going on a Bear Hunt	Wednesday, July 28	[]M []T []W []Th []F
Week 11 Aug 9-13	Science Week	Wednesday, August 4	[]M []T []W []Th []F
Week 11 Aug 16-20	We are Family Week	Wednesday, August 11	[]M []T []W []Th []F

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:** _____

SUNSCREEN PERMISSION: YMCA Day Campers spend a great deal of time in the outdoors and are exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirit, mind and body, we have set the following procedures in this regard:

- All campers must bring and will wear sunscreen with SPF of at least 30 on all exposed skin daily.
- Parents or legal guardians will be responsible for applying the first layer of sunscreen prior to drop off.
- Parents or legal guardians will be responsible for providing their children with enough sunscreen to take with them for later day applications. Please write their name on the sealed container. All sunscreen will be kept by the Day Camp Staff/Camp Director.
- Day Camp staff will ensure proper follow-up applications as needed.
- Y 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's Signature: _____ **Date:** _____



CAMPER MEDICAL HISTORY—TO BE COMPLETED BY PARENT

Health History:

Frequent Ear Infections
Heart Defect/Disease
Convulsions
Diabetes (onset)
Bleeding/Clotting Disorders
Epilepsy (onset)
Tonsillitis
Other: _____

Allergies:

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

Diseases:

Rheumatic Fever
Chicken Pox
Measles
German Measles
Mumps
Asthma
Strep Throat

- **Please provide allergy description and instructions.**

Operations 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. I agree that after a place is reserved he or she will remain until the end of the period unless necessary to withdraw due to illness as defined by the camp physician.

Child's Name: _____ Date: _____

Parent/Guardian: _____ Date: _____



YMCA DAY CAMP CODE OF CONDUCT

YMCA Day Camp provides an atmosphere for children to develop a variety of satisfying skills and relationships, while enjoying healthy activities. Throughout the year, the Y promotes Character Development with our four core values of: **Caring**, **Honesty**, **Respect** and **Responsibility**. As a family, please read and discuss the Character Contract TOGETHER.

Caring: It is important to use and care for equipment, toys and games properly so that other children can enjoy them. We will care for property of the YMCA, of other children and of the YMCA staff.

Caring & Language: Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other children or staff. Children must refrain from using obscene language or gestures for any reason.

Honesty: To be open with the Y staff and to tell the truth at all times.

Respect: When asked to do or not do something, a camper needs to follow directions the first time given. This is for the safety of all children. Please speak to staff and other children with respect.

Responsibility: All children need to remain with their group and within sight and sound of their staff member. This applies while we are on YMCA grounds, YMCA program sites and off-site field trips. We want children to be safe at all times. Children are responsible for all of their own belongings.

The above guidelines have been read and discussed.

Child's Signature/Date

Parent's Signature/Date

DAY CAMP BANK DRAFT FORM

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

Billing Address

Street	City	State	Zip
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Payment Terms & Conditions

■ 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
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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 _____