



SANFORD-SPRINGVALE YMCA CAMP MARLAND REGISTRATION

For office use only
Date enrolled _____
Group _____
Full Time _____

First time YMCA enrollments: Non-refundable registration fee of \$25 must accompany registra-

1. CAMPER GENERAL INFORMATION

Camper's Last Name: _____ First Name: _____
Birth Date: _____ Gender: _____ Member ID: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Emergency Phone: () _____

2. PARENT INFORMATION

Mother / Guardian

First Name: _____
Last Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Address: _____
City: _____
State: _____ Zip: _____
E-Mail: _____

Father / Guardian

First Name: _____
Last Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Address: _____
City: _____
State: _____ Zip: _____
E-Mail: _____

3. CAMPER PICK-UP AUTHORIZATIONS

We will release your child **ONLY** to the people listed on this form unless notified by you in **writing**.
Photo ID (e.g., a driver's license) **MUST** be presented at time of pick-up.

NAME	RELATION	PHONE #
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

4. TRANSPORTATION Options to Camp Marland at Bunganut Lake –

Seats are limited to 50 children per bus. For the safety of all program participants bus departure times will be set based on camp group and be pre-determined by camp staff. Your child will need to catch their assigned bus or will need to be transported to Camp Marland located at Bunganut Lake Park in Lyman by a family member. **Busses will leave at 7:45am, 8:30am, and 9:15am.** Your Child's departure time will be provided prior to their first day at camp. Drop off's prior to their scheduled departure time are permitted. **DROP OFF AFTER SCHEDULED BUS DEPARTURE IS NOT PERMITTED**, transportation to camp will fall on the responsible adult at that time. Return trips from camp to the Y will also be scheduled. Campers will ride the identified bus for their return to the Y unless being picked up at Bunganut Lake Park. **MY CHILD WILL NOT RIDE THE BUS TO OR FROM CAMP** _____ *(initial)*

AUTHORIZATIONS: Please Initial Appropriate Response

I give permission for the staff at Camp Marland to give/call for emergency medical treatment for my child. _____

I give permission for the staff at Camp Marland to PROVIDE & APPLY sunblock and bug spray to my child as needed. _____

I give the Sanford Springvale YMCA permission to use images or videos of my child for the purposes of marketing /promotion now and in the future. To include social media outlets, print media, and broadcast video. _____

PARENT SIGNATURE: _____



Sanford-Springvale YMCA

2020 Camp Marland

Please check the box for each week of camp you wish to register for. Please be sure to check the appropriate level of attendance. If you have chosen to register for a part time camp experience please understand it is only offered on Mondays, Wednesdays, and Fridays unless otherwise approved by the Camp Director.

Note: \$10.00 Deposit due for each week registered at time of registration to secure camp slot. Scholarship recipients pay \$5.00 per week, and families using third party funding do not pay a deposit. Deposits can be paid by check or debit card.

Campers Entering Grades 2 or 3 Please use the enrollment boxes below. Grade child is entering _____

Week:	1	2	3	4	5	6	7	8	9	10	11
Dates	6/15-6/19	6/22-6/26	6/29-7/3	7/7-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/7	8/10-8/14	8/17-8/21	8/24-8/28
Full-Time (4-5 days)											
Part-Time (1-3 days)											

Part-time participants, Part Time Enrollment is very limited. Part time slots available on these days only.

- Monday
 Wednesday
 Friday

Campers Entering Grades 4 or 5 Please use the enrollment boxes below. Grade child is entering _____

Week:	1	2	3	4	5	6	7	8	9	10	11
Dates	6/15-6/19	6/22-6/26	6/29-7/3	7/7-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/7	8/10-8/14	8/17-8/21	8/24-8/28
Full-Time (4-5 days)											
Part-Time (1-3 days)											

Part-time participants, Part Time Enrollment is very limited. Part time slots available on these days only.

- Monday
 Wednesday
 Friday

Campers Entering Grades 6 or 7 Please use the enrollment boxes below. Grade child is entering _____

Week:	1	2	3	4	5	6	7	8	9	10	11
Dates	6/15-6/19	6/22-6/26	6/29-7/3	7/7-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/7	8/10-8/14	8/17-8/21	8/24-8/28
Full-Time (4-5 days)											
Part-Time (1-3 days)											

Part-time participants, Please check the days your child will attend: Part time slots available on these days only.

- Monday
 Wednesday
 Friday



Sanford-Springvale YMCA

2020 Camp Marland

Financial Agreement

No Camp Marland Registrations will be accepted without a COMPLETED and SIGNED Fee Agreement Form. This serves as a financial contract, which verifies your tuition fees. All DHHS sponsored program participants MUST provide us with a current contract agreement. Contract expirations are the parent/guardian's responsibility. Expired contracts will result in full tuition application to the parent/guardian effective immediately after DHHS contract expiration date. Failure to pay assessed parent/guardian fees will re-

I hereby enroll my child in the summer camp program of this facility. I will require the services of this program for the before mentioned hours and days. **My payment will be made on or before the Friday prior to the week of services rendered.** Payments are made for service forthcoming not rendered. Failure to follow payment policy will result in immediate termination from all childcare programs and YMCA program

Parent / Guardian Signature	Date
-----------------------------	------

Camp Marland Fee Structure

Full Time Camp Experience: (4-5 Days)	\$170.00 Member Rate	\$175.00 Non-Member Rate
Part Time Camp Experience: (1-3 Days)	\$130.00 Member Rate	\$135.00 Non-Member Rate

Savings Opportunities:

___ **I will pay the total balance for my child's summer camp experience before June 15th.** Receive 10% off total camp cost.

___ **Multi-child discount:** Receive 10% percent off TOTAL weekly tuition for families with more than 1 child enrolled in camp.

___ **Early Bird Registration:** Register for camp and pay weekly deposits in full by 6/5/20 Receive 5% off remaining weekly balance.

Campers may only use one form of financial assistance whether it be a State Subsidy or YMCA Scholarship. Savings opportunities may not be used in conjunction with any other form of financial assistance. At the Y we want all families to have an opportunity for savings and program cost reduction.

Savings Opportunities will be confirmed, calculated, & adjusted by the billing and enrollment associate at processing.

Please do your best to complete the worksheet below to figure total weekly cost for camp.

Full Time Part time	Weekly Camp Deposit 10\$ / 5\$	Savings Opportunity Reduction %	Total Weekly Camp Tuition
<input type="text"/>	- <input type="text"/>	- <input type="text"/>	= <input type="text"/>
\$175.00	\$10.00	\$17.50	\$147.50

This is an example of what camp fees could look like & how to calculate.

10% Multi Child Savings
10% Full Pay Savings
5% Early Bird
Final Reductions will be calculated and applied by the Youth Development Office.

- Multi Child Savings
- Full Pay Savings
- YMCA Scholarship Recipient
- 3rd Party Subsidized Payment
- Early Bird Registration

I agree to pay the total weekly payment calculated here on or before the Friday prior to the week(s) of camp for which my child is registered. Failure to do so may result in loss of camp programming.

(Initials of Parent/Guardian)

We STRONGLY recommend that parents/guardians take advantage of our Electronic Fund Transfer (EFT) program at the Sanford-Springvale YMCA. It is free to set up and will ensure timely payment of program fees each week. Please refer to EFT / Credit Card Authorization form to utilize this program. (next page)



Sanford-Springvale YMCA

2020 Camp Marland

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

Child's Name: _____

Childcare Site: Camp Marland or Mini Marland (Circle One)

Parent Name: _____

Parent Contact Day Phone Number: _____

Draft Start Date: _____

Please fill out the form below if you wish to have your weekly childcare payment withdrawn directly from your checking or savings account, or charged on your debit or credit card. Each week's fee will be withdrawn on Thursday evening and applied toward the next week's fee.

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for weekly payment from my credit card or debit card.

Credit Card Type: Visa MasterCard Card Holder Name: _____

Card Number: _____ Expiration Date: _____

Authorized Signature	Date
----------------------	------



Sanford-Springvale YMCA

2020 Camp Marland

ARE YOU ALL IN?... ALL IN FOR OUR Y... ALL IN FOR OUR COMMUNITY

This has been ,undoubtedly, one of the most challenging times our country and community has faced in many years. The Covid-19 pandemic had created different challenges for us all and there is no question many of us are feeling the financial strain as well. This year even more than others it will be critical for our community to rally around one another and support our neighbors. We are asking all of our camp families to consider this situation and JOIN US in being ALL IN for our community. Last summer our Y is proud to have provided local families with \$76,000 in scholarship dollars. These scholarships ensured all children were given the opportunity to experience The Best Summer Ever.

This summer we are giving our camp families the opportunity to be part of this amazing process and choose to be "ALL IN" with our Y to help better the community we live in.

Each year our YMCA takes part in an annual campaign to help support our members and program participants. Without the community support of this campaign the impact our Y has on its community would not be as great or as deep.

I am ALL IN!

Please add an additional \$_____ to my weekly camp fees so I can help ensure all children have The Best Summer Ever!

Please add this 1 time gift, \$_____ to my first weeks camp fees so I can help ensure all children have The Best Summer Ever!

____ I am "ALL IN" and interested in learning more about the "ALL IN" campaign and the scholarship program. Please reach out to me with more information on how I can be "ALL IN"

Authorized Signature

Date



Sanford-Springvale YMCA

2020 Camp Marland

Child's Last Name:

First Name:

MEDICAL HISTORY

Does your child have any chronic or recurring illness? Please explain.

Does your child have any reactions to insect bites/stings? (if any, how severe is the reaction?)

Does your child have any allergies? Please explain.

Are there any camp activities your child should be exempt from because of health reasons?

Record of past medical treatment if any:

Does your child have Epilepsy:	Yes	No
If yes, date of last seizure & severity _____		

Does your child have Diabetes:	Yes	No
If yes, does your child take medications or insulin? _____		

Does your child have Asthma:	Yes	No
If yes, does your child carry an inhaler?***	Yes	No
Does your child carry an epi-pen? ***	Yes	No

***NOTE: If you answered yes to any of these questions, please provide a signed note from parent(s) AND the child's physician authorizing your child to self-administer medications if needed.



Sanford-Springvale YMCA

2019 Camp Marland

SPECIAL NEEDS

Does your child have any known behavior or health concerns? If yes, please ask for and complete one of our concern forms and return it to us before the program begins. We provide reasonable accommodations to qualified individuals with disabilities. All our participants must be able to participate safely in our programs. We do not provide one-on-one supervision and retain the discretion not to enroll or to remove a participant from our program if that participant is not able to participate safely in the program.

HEALTH HISTORY FORM WAIVER

This health history form is correct to the best of my knowledge, and my child herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child named above.

I understand the Y does not provide one-on-one supervision. _____(initial)

I understand the Y retains discretion to remove my child if they are unable to safely participate.

_____(initial)

Parent/Guardian Signature: _____ Date: _____



Sanford-Springvale YMCA

2020 Camp Marland

Disciplinary Philosophy

Our Core Values: **Caring**, **Honesty**, **Respect**, **Responsibility**

We expect all children, staff, and parents who are part of our program to follow the core values of our YMCA at all times when engaged in the program.

These core values are the basis of our disciplinary philosophy and must be followed and practiced by all program participants and staff.

We will work with children and families in a consolidated effort to help children learn the importance of putting these values into practice. The work will include helping them understand the effects not following the core values has on themselves & others around them.

We have a firm line on three behaviors/ actions that we cannot tolerate in any manner and will take immediate action on. The actions taken will in a three step process and handled on a case by case basis. The final step is termination of childcare services for the remainder of the program period.

- We do not tolerate behaviors that cause physical harm to other program participants
- We do not tolerate behaviors that cause physical harm to program staff
- We do not tolerate behaviors that put the child at immediate risk to injury (I.E. Running from program area running from staff, not responding to staff requests)

Parent Signature: _____

Date: _____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Sanford-Springvale YMCA Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Camp Marland summer day camp activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with summer day camp participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with summer day camp participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19.** Sanford Springvale YMCA in no way warrants that COVID-19 infection will not occur through participation in CampMarland programs or accessing YMCA facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Sanford-Springvale YMCA Camp Marland and Camp Mini Marland, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE** Sanford-Springvale YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Sanford-Springvale YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Sanford-Springvale YMCA facilities/equipment or participation in Sanford-Springvale YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in summer day camp, I, the undersigned parent/guardian of the named minor, agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's summer day camp participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in summer day camp participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in summer day camp and that by signing this agreement I, on behalf of myself and the named minor, **HEREBY RELEASE** Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in summer day camp.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)