



# SANFORD-SPRINGVALE YMCA 2022 CAMP MARLAND MOVERS CAMP REGISTRATION FORM (8TH GRADE)

For office use only  
Date enrolled \_\_\_\_\_  
Group \_\_\_\_\_  
Full Time \_\_\_\_\_  
Part Time \_\_\_\_\_

### 1. CAMPER GENERAL INFORMATION

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
 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 DISCLAIMER:

I understand my child will be transported to and from all designated adventures by Sanford Springvale YMCA vehicle driven by a licensed YMCA employee. If my child is not present at designated departure time, my child cannot attend that day's adventure.

Parent/Guardian Signature: \_\_\_\_\_

#### AUTHORIZATIONS: Please Initial If You give permission for the following to occur:

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 2022 Camp Marland MOVERS Registration Form

Camp registration is per week only.

Any change to enrollment needs to be communicated no less than 7 days from the start of the camp session.

Camp Marland Movers Cost	Member Cost	Non-Member Cost
Any Student Entering the 8th Grade in the 2022-23 School Year	\$225.00	\$250.00

Please select the week or weeks your camper will join us at Camp Marland this summer

Week:	1	2	3	4	5	6
Dates	6/27-7/1	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/5	8/22-8/26
Please Check Each Week of Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ALL ADVENTURES WILL RUN AS PLANNED, REGARDLESS OF WEATHER (UNLESS DEEMED UNSAFE). PLEASE BE SURE YOUR CHILD IS FULLY PREPARED FOR THE ADVENTURE OF THE DAY, EVERY DAY.**

**\*\*A MANDATORY PARENT/CAMPER INFORMATIONAL MEETING WILL BE HELD ON JUNE 22ND AT 6:00PM. FOR MORE INFORMATION, PLEASE EMAIL SARAH TIETGENS AT [STIETGENS@SANFORDYMCA.ORG](mailto:STIETGENS@SANFORDYMCA.ORG)**

**\*PLEASE INITIAL THAT YOU HAVE READ AND UNDERTSNAD THE ABOVE STATEMENT: \_\_\_\_\_**

**PLEASE BE AWARE THAT ALL CAMP MARLAND MOVERS PARTICIPANTS WILL BE TRANSPORTED, ON A DAILY BASIS, TO AND FROM ALL CAMP ADVENTURES BY A LICENSED AND CERTIFIED YMCA STAFF MEMBER IN AN OFFICIAL YMCA VEHICLE.**

**\*PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENT: \_\_\_\_\_**



## Sanford-Springvale YMCA 2022 Camp Marland Movers Registration Form

### 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 result in application of full tuition fees or termination of childcare services. We reserve the right to change our fees when deemed necessary for good and just cause. I understand that I am responsible for all camp fees accrued by this program registration. This acts as binding financial agreement between you and the Sanford Springvale YMCA. Any unpaid fees will result in remaining balances within our accounting system and or collection actions.

Initials of person responsible for paying camp fees: \_\_\_\_\_

### Enrollment Confirmation

I hereby enroll my child in the summer camp program of the Sanford Springvale YMCA, Camp Marland. 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 summer camp programs and YMCA program services. **All changes to level the of enrollment must be made 7 days prior to the start of camp session.**

Camp Week:	1	2	3	4	5	6
Payment Due Date	6/24	7/8	7/15	7/22	7/29	8/19

Parent Initials

\_\_\_\_\_

### Camp Marland Fee Structure

1. Circle the weekly rate you will pay based on the level of enrollment you have chosen for your camper.
2. Initial beside the rate you choose to acknowledge your understanding of weekly camp cost.

Camp Fee	Member Cost	Parent Initials	Non-Member Cost	Parent Initials
Teen Adventure Camp	\$225.00		\$250.00	

#### Cost Reduction Opportunities:

- I will pay the total balance for my child's summer camp experience at the time of registration = 10% off total camp cost.
- Multi-child discount:** Receive 10% percent off 2nd and subsequent children weekly tuition for families with more than 1 child enrolled in camp.
- YMCA Scholarship Program Participant:** I have received a \_\_\_\_\_% scholarship from the YMCA to help support camp cost.

Parent / Guardian Signature

Date





# Sanford-Springvale YMCA 2022 Camp Marland Movers Registration Form

## ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

**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 complete the EFT / Credit Card Authorization form to utilize this program.**

Please fill out the form below if you wish to have your weekly childcare payment 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.

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

Childcare Program: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Contact Day Phone Number: \_\_\_\_\_

Draft Start Date: \_\_\_\_\_

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.

Signature \_\_\_\_\_

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

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

Date

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_

Authorized Signature



**Sanford-Springvale YMCA  
2022 Camp Marland Movers  
"ALL IN" Commitment Form**

**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.

Will you join US and be "ALL IN" ?

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"

Every dollar has an impact! We truly appreciate your consideration of this support. Thank You.

Authorized Signature

Date



# Sanford-Springvale YMCA 2022 Camp Marland Movers Registration Form

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.

Will your child be taking medications while attending camp?	Yes	No
NOTE: If yes, an Authorization to Dispense Medication form is required		

Hospital Preference: \_\_\_\_\_

Please see the next page...



# Sanford-Springvale YMCA 2022 Camp Marland Movers Registration Form

## 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.

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## 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  
2022 Camp Marland Movers Registration Form**

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