



SANFORD-SPRINGVALE YMCA

2023 Focused Fun @ Muscatawa

Registration Form

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

1. CAMPER GENERAL INFORMATION

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

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 _____	_____	_____

Transportation- Transportation for our Focused Fun Camp @ Muscatawa will be provided by our own fleet of state certified vehicles operated by our team of professional, trained, and certified drivers. There will be 2 opportunities for campers to catch the bus to camp. They can catch the bus at our YMCA or at our "mid way meet up" in Lyman. Mid-Way Meet Up location TBD. Camp families may choose to drop campers off directly at Muscatawa, however we ask bussing be the first option if possible as the road to camp is not well suited for high volume traffic. **Please choose/circle the transportation option you will use for camp.**

8:00am departure from the Y / 4:30 Pick up @ the Y 8:15 Departure form Mid Way Meet-Up/ 4:15 Pick up at Mid way Meet Up

Drop off at camp at 8:30/Pick up at camp at 4 **(Drop off and pick up times are firm-No care available prior to or after camp)**

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

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

I give permission for the staff at Camp 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: _____



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Please check the appropriate box in each section. You will be registered for level of enrollment you choose and for the session/s chosen. **Any change to enrollment needs to be communicated no less than 7 days from the start of the camp session.** Please be sure to select the right session and camp for our Focused Fun opportunities as space in each camp is limited and we want to ensure all who want to be part of these greats camp have the opportunity.

Please Select The Appropriate Session Of Focused Fun @ Muscatawa

Session 1	July 10th through July 14th	
Session 2	July 17th through July 21st	

Please Select The Focused Fun @ Muscatawa Camp

Alluring Art Camp	
Creative Minds Camp	
The Great Outdoors Camp	

- If you wish to register for a different camp in both sessions please use the number 1 and 2 to dictate which camp you want to participate in during each session.
- If you would like to register for a second choice given your first is full at the time of enrollment please use the space below to provide that information.



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Financial Agreement

No Camp Registrations will be accepted without a COMPLETED and SIGNED Fee Agreement Form. This serves as a financial contract, which verifies your tuition fees.

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. I will require the services of this program for the before mentioned hours and days. My payment will be made on or before the WEDNESDAY 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 of enrollment must be made 7 days prior to the start of camp session.**

Initials of person responsible for paying camp fees: _____

Focused Fun @ Muscatawa Camp Fee Structure

Initial beside the session & rate you choose. This is an acknowledgement of your understanding of camp cost.

Camp Session	Cost	Parent Initials
Session 1	\$300.00	
Session 2	\$300.00	

Parent / Guardian	Date
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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: _____

Circle The Draft Date For The Session You Registered:

Session 1 Draft - 7/5/23

Session 2 Draft - 7/12/23

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 ☐ American Express ☐ Discover

Card Holder Name: _____

Billing Address: _____

Card Number: _____ Expiration Date: _____

Authorized Signature



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

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 \$71,977 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 "HERE FOR ALL" 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"

Authorized Signature

Date

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SANFORD-SPRINGVALE YMCA 2023 Focused Fun @ Muscatawa

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.



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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: _____



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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: _____