

MORRIS COMMUNITY YMCA 2019 GAVC SPECIALTY CAMP REGISTRATION FORM

	Date of Birth	1:	_Age:	_ O Male O	Femal
lome Address:	City	/ :	State:	_Zip:	
ome Telephone:	Grade (Fall 2019):	School:			
Parent Information	n:				
arent 1 Name:			Female		
	Cell Phone:		one:		
		<u> </u>			
	_Cell Phone:				
	Both ○ Parent 1 ○ Parent 2 ○ Guardian Other		one		
	dala da				
-	you wish to register for below:				
June 10-13	-		Grades E O	¢50/\$95	
June 10-13 9 a.mNoon P	OLICE ACADEMY CAMP	will teach participants ab	Grades 5-9	\$60/\$85	a K-9.
June 10–13 9 a.m.–Noon P In this camp, your child will gr	-		out fingerprinting a	nd working with a	a K-9.
June 10–13 9 a.m.–Noon P In this camp, your child will gr Campers will also get to sit ir	OLICE ACADEMY CAMP et to explore the field of public safety! Led by Brent Dite, this interactive camp		out fingerprinting a	nd working with a	a K-9.
June 10–13 9 a.m.–Noon In this camp, your child will grampers will also get to sit in 1–4 p.m. A lin this four-day camp, campe	OLICE ACADEMY CAMP et to explore the field of public safety! Led by Brent Dite, this interactive camp a squad car, meet police officers, and take part in some of the physical trainir		out fingerprinting a must be able to con	nd working with an operation of the state of	a K-9.
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Camper Name:					
MEDICAL INFORMATION Please print clearly with complete information.					
The YMCA takes your child's safety very seriously. All medical information must be completed and no line is to be left blank.					
Please let us know of any important medical information that will allow us to better serve your child.	Does your child require an Epi-pen? O Yes O No If yes, you must provide the Y with an Epi-pen to be kept at camp during your child's enrollment. The Epi-pen must be accompanied by a current prescription and a doctor's note.				
	Does your child require an inhaler? \bigcirc Yes \bigcirc No If yes, you must provide the Y with an inhaler to be kept at camp during your child's enrollment. The inhaler must be accompanied by a current prescription and a doctor's note.				
	Restrictions: Specific activities that are restricted for health reasons. Please put N/A if your child does not have any restrictions.				
Will your child need to take any prescription medications while at Camp? \bigcirc Yes $\ \bigcirc$ No					
Allergies: Does your child have any allergies? \bigcirc Yes \bigcirc No Please put N/A if your child does not have any allergies.	If you answered yes to any questions in this section, please complete a Medical Authorization Form. Please return the completed form and				
Food/Medication/Other	medication in its original prescribed container with your child's name on it on the first day that he/she attends Camp.				
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PARENT STATEMENT OF UNDERSTANDING					
l,	, have read & understand the policies listed below:				
I certify the applicant is capable of participating in this program. I understand that YMCA Staff are trained in the basics of first aid and CPR and give consent to have my child receive first aid from YMCA Staff. I authorize the Greater Joliet Area YMCA to secure emergency medical treatment for my child, if necessary, provided that an effort to reach me is made as the nature of the emergency permits. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child. I also agree to waive any claims against the YMCA, its members, staff and volunteers for injuries or damages that may result from the conduct from other persons including participants in YMCA Programs. I understand the YMCA does not cover health and medical expenses and I agree to pay any that may occur.	 I have received a copy of the Parent Handbook, and I agree to all the terms and conditions. I understand that when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a YMCA Staff Person. I grant permission for my child(ren) to participate in all planned program activities, including trips by motor vehicle away from the YMCA program site. I give permission to photocopy all forms. I also give my permission to the YMCA to use all photos, videos, voice and images taken of the applicant for purposes, which the YMCA may deem appropriate. I understand that I am responsible for following the policies and procedures outlined in the precific program guidelings including parent manuals when one exists ISI fail to 				
I authorize the Greater Joliet Area YMCA to release my child(ren) to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child(ren) that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. I understand that YMCA staff and volunteers are not allowed to babysit children at any time outside of the YMCA Program or transport children in their own vehicles. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.	 in the specific program guidelines, including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)'s participation in the program. I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. I understand the YMCA is not responsible for lost, damaged or stolen articles. I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments. I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party or disruptive behavior cannot be made up, credited or refunded. (See the program brochure for the complete refund policy.) 				
Parent/Guardian Signature	Date				