

YWCA Minneapolis Early Childhood Education  
**2018 YWCA SUMMER KIDS CAMP REGISTRATION**



**PARTICIPANT INFORMATION: Use full legal names for all parties**

Child's First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  F  M Grade in Fall: \_\_\_\_\_

Name and Email of responsible party for billing: \_\_\_\_\_

**Race/Ethnic Background of Participant (optional):**

- Black or African American  White  Hispanic or Latino  American Indian/Alaskan Native  
 Asian or other Pacific Islander  Other \_\_\_\_\_

**CHOOSE YOUR CAMP SITE AND DAYS FOR YWCA SUMMER KIDS CAMP BELOW**

*3 day minimum per week*

Abbott Northwestern Hospital (3, 4 and 5 day options)

Downtown (3, 4 and 5 day options)

<b>June 11 - 15</b>	<b>June 18 - 22</b>	<b>June 25 - 29</b>	<b>July 2 - 6</b> (closed 7/4)	<b>July 9 - 13</b>	<b>July 16 - 20</b>
<b>DAYS</b> <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All Days	<b>DAYS</b> <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All Days	<b>DAYS</b> <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All Days	<b>DAYS</b> <input type="checkbox"/> M <input type="checkbox"/> Tu <input checked="" type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All Days	<b>DAYS</b> <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All Days	<b>DAYS</b> <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All Days
<b>July 23 - 27</b>	<b>July 30 - Aug 3</b>	<b>Aug 6 - 10</b>	<b>Aug 13 - 17</b>	<b>Aug 20 - 24</b>	
<b>DAYS</b> <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All Days	<b>DAYS</b> <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All Days	<b>DAYS</b> <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All Days	<b>DAYS</b> <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All Days	<b>DAYS</b> <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All Days	

Billing will be processed bi-weekly

**CHILD CARE SUBSIDY PROVIDER INFORMATION:**

A current "Authorization of Service" must be on file before your child's care may be billed to a county/third party agency. Parent/guardian is responsible for full payment until "Authorization of Service" is received.

Our family currently receives child care assistance from:

County: \_\_\_\_\_  Third Party Agency: \_\_\_\_\_  Other: \_\_\_\_\_

Agency/County Worker's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Case # Required: \_\_\_\_\_ Paperwork submitted to County/Agency:  Yes  No

**REGISTRATION FEE:**

There is a \$50 nonrefundable registration fee per child. An email with a payment link will be sent to you within one week of receiving this registration form. Your registration will not be processed until the \$50 registration fee is paid for each child and all required forms are submitted. All invoices will be emailed.

**EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION; MEDICAL HISTORY**

Child's Name: \_\_\_\_\_ Gender:  F  M Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

#1 Parent/Guardian's First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  F  M Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#2 Parent/Guardian's First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  F  M Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child resides with:  Mother  Father  Both  Other \_\_\_\_\_

The following people should be contacted in case of emergency, only if parent(s) or guardian cannot be reached. These people are authorized to pick up the child:

1. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

Carrier: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Is the child taking any medication?  Yes  No

If yes, what kind and why: \_\_\_\_\_

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call your YWCA camp site for this form, or pick it up at your site.

**Please include a copy of child's immunization record when you submit this form.**

**Has child had any of the following? If so, please explain:**

Allergies: \_\_\_\_\_

Dietary restriction(s): \_\_\_\_\_

Special need(s): \_\_\_\_\_

Status of child's vision, hearing and speech:  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a communicable disease or condition which may prove to be a risk to others?  Yes  No

If yes, please comment: \_\_\_\_\_

Description of any camp activities from which the camper should be exempted for health reasons:  
\_\_\_\_\_  
\_\_\_\_\_

Describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while at YWCA Summer Kids Camp:  
\_\_\_\_\_  
\_\_\_\_\_

**Record of Past Medical Treatment. Chronic Concerns:**

Check all that pertain to this camper/participant and provide information about supportive health care. Please see parent handbook for restrictions on staff administration of medication.

- Asthma
- Diabetes
- Frequent Ear Infections
- Bleeding/Clotting Disorder
- Convulsions/Epilepsy
- Hypertension
- Surgeries
- Heart Defect/Disease
- Other

Provide information about health care need for each item checked:  
\_\_\_\_\_  
\_\_\_\_\_

If special accommodations are required, contact your YWCA site to be directed to appropriate staff. Accommodations will be considered looking at individual need and existing program ability and resources to meet that need. Please contact the program early to ensure time for discussion and preparation.

**YWCA at Abbott Northwestern Hospital: 612-863-0971**

**YWCA Downtown: 612-215-4189**

**YWCA Midtown: 612-215-4328**

## RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of (print Child's name) \_\_\_\_\_ ("my child") being permitted by YWCA to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless YWCA from any all claims which are brought by, or on behalf of my child, and which are in any way connected with such use or participation by my child.

1. I acknowledge that activities including, not limited to: indoor and outdoor camp and physical activities, water activities, swimming and field trips, entail known and unanticipated risks. These risks could result in physical or emotional injury, paralysis, death or damage to my child, to property or to third parties. Acknowledging that any and all such risks exist, I hereby release and discharge YWCA, its officers, agents and employees from any and all claims or liability for personal injury or property damage my child may suffer while participating in the YWCA program.
2. I expressly agree and promise to accept and assume all of the risks existing in the events and activities of this YWCA program. My child's participation in this activity is purely voluntary, and I elect for them to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless YWCA from any and all claims, demands or causes of action, which are in any way connected with my child's participation in this YWCA program or my child's use of YWCA equipment or facilities, including any such claims which allege negligent acts or omissions of YWCA.
4. Should YWCA, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury, illness or damage my child may cause or suffer while participating, or else I agree to bear the costs of any such injury, illness or damage myself. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume – and bear the cost of – all risk that may be created, directly or indirectly, by any such condition.
6. This document is intended to be as broad and inclusive as permitted by law. 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.

## PARENT/GUARDIAN AUTHORIZATION, AGREEMENT AND ACKNOWLEDGMENT OF RISK

1. I understand that the supervision of YWCA Minneapolis ("YWCA") for my child / minor child of which I am the guardian ("my child") begins when my child arrives at the YWCA facility and is checked in by YWCA personnel. I understand that I am not to leave my child at a YWCA program site unless released to a YWCA staff person who is there to receive and supervise my child.
2. I understand that YWCA's responsibility for my child ends when an authorized adult has signed my child out from the YWCA camp program.
3. If field trips are scheduled, my child has my permission to attend scheduled field trips.
4. My child has my permission to participate in activities that involve water while under the supervision of YWCA staff or its representatives.
5. My child has my permission to participate in outdoor activities and walking field trips while under the supervision of YWCA staff or its representatives.
6. My child has my permission to take part in and be transported for field trips, inclement weather or late pick-up as needed.
7. In the event that I cannot be reached to make timely arrangements in an emergency, permission is given to YWCA staff or their representatives to transport my child to the nearest medical facility and/or to secure the intervention of medical personnel deemed to be necessary for treatment, including hospitalization.
8. I understand that all precautions will be taken to ensure the safety and health of my child. I further understand that neither YWCA nor its representatives shall be held liable or responsible for medical treatment in such case of illness, accident or other emergency situation as may occur while my child is participating in YWCA programs.

## GENERAL

1. YWCA staff has my permission to administer sunscreen on my child as needed.
2. YWCA has my permission to use photographs of my child participating in the YWCA camp program for promotional purposes and programming materials including the YWCA website.
3. YWCA is not responsible for personal property.
4. All three pages of this registration form, immunization record and \$50 deposit must be turned in to complete registration.

By signing this document, I acknowledge that if my child is hurt or my property is damaged during my child's participation in the YWCA program, I may be found by a court of law to have waived my right to maintain a lawsuit against YWCA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it and I agree to be bound by its terms.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_