



# YMCA School Year Day Camp Registration Form 2011-2012

## Participant Information:

Camper's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**YMCA School Break Day Camps**  
**\$25/ day (included in Payment Option 3)**  
 Register at the Program Registration Desk

**2011 Thanksgiving Break (Nov 21<sup>st</sup> – 25<sup>th</sup>)**  
**Day Camp** (grades Kinder – 6<sup>th</sup>)  
 Mon – 21<sup>st</sup>    Tue – 22<sup>nd</sup>    Wed – 23<sup>rd</sup>   **NO Thur – 24<sup>th</sup>**    Fri – 25<sup>th</sup>

**2011-'12 Winter Break (Dec 19<sup>th</sup> – Jan 3<sup>rd</sup>)**  
**Day Camp** (grades Kinder – 6<sup>th</sup>)  
 Mon – 19<sup>th</sup>    Tue – 20<sup>th</sup>    Wed – 21<sup>st</sup>    Thur – 22<sup>nd</sup>    Fri – 23<sup>th</sup>  
 Mon – 26<sup>th</sup>    Tue – 27<sup>th</sup>    Wed – 28<sup>th</sup>    Thur – 29<sup>th</sup>    Fri – 30<sup>th</sup>  
 Mon – 2<sup>nd</sup>    Tue – 3<sup>rd</sup>

**2012 Spring Break (Mar 19<sup>th</sup> – 30<sup>th</sup>)**  
**Day Camp** (grades Kinder – 6<sup>th</sup>)  
 Mon – 19<sup>th</sup>    Tue – 20<sup>th</sup>    Wed – 21<sup>st</sup>    Thur – 22<sup>nd</sup>    Fri – 23<sup>rd</sup>  
 Mon – 26<sup>th</sup>    Tue – 27<sup>th</sup>    Wed – 28<sup>th</sup>    Thur – 29<sup>th</sup>    Fri – 30<sup>th</sup>

### PLEASE INITIAL EACH OF THE FOLLOWING ACKNOWLEDGING YOUR UNDERSTANDING OF EACH:

CHANGES/CANCELLATIONS: In order to assure proper processing, 14 days notice is required for changes/ cancellations (fees remain the same if 14 days notice is not given, and you are not eligible for a refund during those 14 days). To make changes/cancellations please contact the Program Registration Desk at 772-6295 ext. 211.

PAYMENT IN FULL: Payment in full is due at the time of registering for the program. Current YMCA Childcare Option 1 and 2 can have these billed to their childcare account. A full refund or credit will be given if we cancel a program prior to it starting. A prorated refund or prorated credit will be given if we discontinue a program after it starts. A prorated refund or prorated credit for program fees will be given with a 14 day written notice. If you cancel from a program, then only a prorated credit will be issued minus all administrative fees. If dismissed from the YMCA, then no refunds will be given.

LATE PICK-UP: The YMCA Day Camp program ends at 6:00pm. Late fees will be charged for each child picked up after the scheduled closing time. Failure to pay may result in termination of care. Late fees are assessed as follows: 1-15 minutes - \$15 per child. Each minute following the first 15 minutes, is \$1 per minute, per child. 15 minutes following the scheduled closure time all emergency contacts will be called by staff. If no one can be reached one hour after program ends, the police will be called to escort your child(ren) to Protective Services for child abandonment.

THIRD PARTY PAYMENTS: The YMCA welcomes third party payments, i.e. DHS, JOBS, CSD, etc., once written verification is received from third party. Fees accrued prior to effective date, as well as unpaid portions and vouchers not signed in a timely manner, are the responsibility of the parent or guardian.

**RELEASE, WAIVER AND INDEMNITY AGREEMENT:** I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any YMCA activity. I hereby (and on behalf of my children) release, discharge and agree not to sue the YMCA, its employees, officers, or directors for any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation. I agree that I will cooperate and conform to the directions and instructions of the YMCA staff and volunteers. I hereby give the YMCA permission to use their judgment in obtaining medical service for myself and/or my child. I give permission to the physician selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by my insurance or available benefit plan of mine or my spouse. I have read and understand this Release, Waiver and Indemnity Agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

\_\_\_\_\_ **Total Paid at Registration**

\_\_\_\_\_ **Staff member taking form**

(Initial and Date)

**Rogue Valley Family YMCA**  
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 www.rvymca.org ▪ Email: programs@rvymca.org  
 Phone: 541-772-6295 ▪ Fax: 541-772-8427