



YWCA GYMNASTICS CAMP SUMMER 2024

515 North Street White Plains, NY | (914) 949-6227 x135 | www.ywcawpcw.org | gymnasticscamp@ywcawpcw.org

REGISTRATION CONTACT FORM (Please print clearly. One form per child.)

Child's Name:		Date of birth: / /		Gender: F M ___		Pronouns:	
Address:							
Street		City		State		Zip	
Nickname/Preferred Name:			Grade child entering in Sept 2024:			Friends you wish to be with:	
Parent/Guardian Name:				Home Phone: ()		Cell: ()	
Address:				Email:			
Employer:				Work Phone: ()			
Parent/Guardian Name:				Home Phone: ()		Cell: ()	
Address:				Email:			
Employer:				Work Phone:			
<i>Below please list the individuals who should be called in an emergency and is authorized to pick-up your child.</i>							
Emergency Contact #1 Name:				<i>Relationship to child</i>			
				<i>Emergency Phone #: ()</i>			
Emergency Contact #2 Name:				<i>Relationship to child</i>			
				<i>Emergency Phone #: ()</i>			
Emergency Contact #3 Name:				<i>Relationship to child</i>			
				<i>Emergency Phone #: ()</i>			

Ethnic/Racial Background: The following information is for statistical purposes only:

*Race/Ethnicity: (Please check one) ___ White ___ Hispanic ___ Black or African American ___ Asian ___ Other/Two or more races

*Annual Family Income: (Please check one) ___ Under 25K ___ 26-60K ___ 61-100K ___ Over 100K

PERMISSION & INDEMNITY

As guardian of (Child's Name) _____, I, (Guardian's Name) _____ hereby give my child, permission to participate Gymnastics Camp activities and events including, but not limited to the following:

- Swimming
- Photo Taking

For campers with Epi-Pens and/or other medication, camper must be accompanied by parent or, provide a self-administration form.

Photography and Publicity Release

I further grant permission to the YWCA White Plains and Central Westchester to use photographs, videotapes, and films of my child taken at the YWCA Gymnastics Camp program (or on trips) for publicity and promotion purposes.

Hold Harmless Statement

I hereby release and agree to hold harmless the YWCA White Plains & Central Westchester, its affiliates, insurers, attorneys, principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any injury, loss, liability, damage or claims of any kind, including contraction of any infectious disease including COVID 19 and claims resulting from the negligence of any Released Party that may arise out of or relate to me or my child(ren)'s participation in the YWCA to the greatest extent allowed by law. By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude myself or my child from any activity, I understand that I must notify the Program Director in writing.

(PRINT) Parent/Guardian Name

(SIGNATURE) Parent/Guardian

Date

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TERMS OF REGISTRATION

1. Membership must be good **through the entire camp enrollment** to qualify for member rate. **Membership fees are non-refundable.**
2. A \$100 NON-REFUNDABLE camp deposit is required to hold your spot
3. Along with the deposit, prior payments are due upon signing if enrolling after 4/15/24.
4. **All enrollment forms and documentation (including immunization forms with proof of up to date vaccinations), must be completed by June 15, 2024.** No child will be allowed to participate unless **ALL** required medical forms, contact forms and releases have been submitted.
5. No refunds for cancellations due to weather, vacations, sickness (i.e. common cold, COVID quarantine periods) and any other circumstances. Documented medical disability may entitle patron to a pro-rate program fee.
6. All payments should be made via credit card or EFT only. Checks and Cash **will not** be accepted. **Please note, credit cards will be charged a 2.5% surcharge on every payment. To avoid the surcharge, an EFT payment method is required**
7. **Gymnastics Camp offers a 3-month payment plan option only.** *In order to authorize a payment plan, a valid credit card number/EFT must be included below. If payment is not made by the 15th of each payment plan month, the parent/guardian is responsible for updating their payment method.*
8. **All camp tuition must be paid in full by June 15, 2024 or enrollment will be cancelled.**
9. **The Gymnastics Camp Refund Policy for payment plans is as follows:**

Withdrawal before April 15: 75%	Withdrawal before May 15: 50%
Withdrawal before June 15: 25%	No refunds on June 15, 2024, or thereafter
10. Additional camp policies are included in the Parent Handbook.
11. I understand that if another person is to pick up my child other than those identified above, I will give written permission to the Camp Director. I also understand that a photo ID is required to pick up my child.

I have read the Terms of Registration for my child's participation in Gymnastics Camp.

Parent/Guardian Name: _____ Signature: _____ Date: _____

2024 Gymnastics Fee Schedule

		Week 1 (no camp 7/4)			
		Half Day		Full Day	
		EFT Bank Account	CC + 3.25% Surcharge	EFT Bank Account	CC + 3.25% Surcharge
Ages/Grades		Member / NonMember	Member / NonMember	Member / NonMember	Member / NonMember
Little Pikes	4yrs + (half day only)	\$213 / \$232	\$220 / \$240		
Cartwheelers	Grades 1-5	\$213 / \$232	\$220 / \$240	\$390 / \$430	\$403 / \$444
GymTeens	Grades 6 and up	\$213 / \$232	\$220 / \$240	\$390 / \$430	\$403 / \$444
		Weeks 2-7			
		Half Day		Full Day	
		EFT Bank Account	CC + 3.25% Surcharge	EFT Bank Account	CC + 3.25% Surcharge
Ages/Grades		Member / NonMember	Member / NonMember	Member / NonMember	Member / NonMember
Little Pikes	4yrs + (half day only)	\$261 / \$281	\$269 / \$291		
Cartwheelers	Grades 1-5	\$261 / \$281	\$269 / \$291	\$485 / \$531	\$501 / \$548
GymTeens	Grades 6 and up	\$261 / \$281	\$269 / \$291	\$485 / \$531	\$501 / \$548

Discount

Deadline

Savings*

Early Bird Registration deadline:

March 8, 2024

save \$20/week (6+ Weeks)

Early Bird Registration deadline:

March 8, 2024

save \$10/week (2-5 Weeks)

*Note: Maximum of 2 discounts may be applied at any time.

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2024 Gymnastics Camp Contract & Fee Schedule

Child's First Name:	Child's Last Name:	Grade entering Sept 2024:
Address:		City, State, Zip

<u>Discount</u>	<u>Deadline</u>	<u>Savings*</u>
Early Bird Registration deadline:	March 8, 2024	save \$20/week (6 Weeks)
Early Bird Registration deadline:	March 8, 2024	save \$10/week (2-5 Weeks)

***Note: Maximum of 2 discounts may be applied at any time.**

Check Off Weeks

Camp Weeks	Half Day 9-12:00pm	Regular Camp Session 9:00-3:30PM (Cartwheelers and GymTeens Only)
Week 1: 7/1-7/5 (closed 7/4)		
Week 2: 7/8-7/12		
Week 3: 7/15-7/19		
Week 4: 7/22-7/26		
Week 5: 7/29-8/2		
Week 6: 8/5-8/9		
Week 7: 8/12 – 8/16		

FEES:

Weekly Tuition Subtotal:	\$ _____
Early Bird Discount (3/8/24):	\$ _____
Total Fees (not including membership):	\$ _____

3-Month Payment Plan _____ (initial) Please charge my Visa / MC / Discover / Amex / EFT below for the camp deposit and annual youth membership fee (if paying for member camp rate). Please **automatically charge** my monthly camp payments to my Visa / MC / Discover / American Express/ Bank EFT on the 15th of the month. **Please note, credit cards will be charged a 3.25% surcharge on every payment. To avoid the surcharge, an EFT payment method is required**

CREDIT CARD INFORMATION

Cardholder's Name (Please print) _____ Signature _____

Credit Card # _____ - _____ - _____ Expiration date: ____/____ Security Code _____

EFT Routing # _____ Account # _____

For Office use only

_____ - Deposit \$100 = \$ _____ (divided by 3) = _____
Total Fees Balance Due Monthly Payment

Payments Due: Apr 2024 _____ May 2024 _____ Jun 2024 _____



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Re: Administration of Medication at YWCA Summer Camps

Dear Parent or Guardian,

Every effort should be made to administer medications outside of the YWCA Summer Day Camp settings. However, the Camp Nurse (RN) may administer medications, when needed, to support a camper's participation in the daily activities while at the YWCA summer program.

The following is required for the administration of medicine:

1. Written order from a licensed physician for both prescription and non-prescription medications to be given at camp.
2. Self-administration form, signed by parent and physician.
3. The parent/guardian must assume responsibility to have the medication delivered directly to the Health Office in a properly labeled original container. For "over-the-counter" (non-prescription) medicines, the original store container must be labeled with the student's name and must have an expiration date on the manufacturer's label.

We ask that you pick up your child's medication by the last day of camp. Medications left at the end of camp will be discarded within 30 days from the last day of camp.

Thank you,

Summer Camp Administration

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YWCA SUMMER DAY CAMP PROGRAMS SELF-MEDICATION RELEASE FORM

Date: _____

Name of Camper (*please print*): _____

Date of Birth: _____

Camp Program attending: _____

Diagnosis: _____

Health Condition/Indication for Self-Medication: _____

Medication: _____ Dosage: _____

Route: _____ Time: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reaction (if any): _____

Other Recommendations: _____

The above named camper has been instructed in the proper use of the following medication procedures:

We request that the above named camper be permitted to carry and use the medication on his/her person. We consider the camper to be responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use for this medication.

Physician Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Camper Signature: _____

Date: _____

No camper will be permitted to carry/self-medicate a U.S. Drug Enforcement Agency designated controlled substance.



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AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION IN SUMMER CAMP

Camp Program: _____ Date: _____

A. To be completed by parent or guardian:

I request that my child, _____, receive the medication as prescribed below by our licensed health care provider. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the Camp Nurse (RN) will administer the medication.

Signature (Parent or Guardian)

Address:

Telephone: _____ Home _____ Work _____ Cell _____

B. To be completed by the licensed health care prescriber

I request that my patient receive the following medication:

Camper's Name: _____ Date of Birth _____

Diagnosis: _____

Name of Medication: _____

Dosage: _____ Frequency: _____

Time Taken in Camp: _____

Possible Side Effects and Adverse Reaction (if any): _____

Prescriber's Signature: _____

Date: _____

Physician's Stamp (Name & Address):

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Camper First Name: _____ Last Name: _____

MEDICAL AUTHORIZATION

Please be advised that there are inherent risks related to the day camp program and its physical sports and other activities. There is the possibility of physical injury or damage to personal property. The safety of campers is the first priority of the day camp staff. If injured, your child will be taken to the nearest available hospital

Please read the statement below carefully: In the event of serious illness or injury, I authorize the day camp staff to transport my child to a hospital emergency facility for treatment. Every attempt to contact a parent or guardian will be made. I accept responsibility for the cost involved in the transport and treatment of my child.

I, _____ have read, understand, and agree with all of the above.
(Guardian's name)

Guardian's Signature

Date

MEDICAL CONTACT INFORMATION

Hospital Insurance Carrier _____

Child's Physician _____

Group/Hospital Name (if applicable) _____

Phone _____ Address _____

Child's Dentist _____

Group/Hospital Name (if applicable) _____

Phone _____ Address _____

FOOD ALERT

To ensure that your child is not given any food that he/she may be allergic to or should not eat for religious purposes please check below. If applicable, list all food restrictions.

_____ My child has food restrictions for religious purposes

_____ My child has food restrictions for medical reasons.

_____ My child does not have any allergies of which I am aware.

My child may not eat the following foods: _____

DOES YOUR CHILD HAVE AN IEP? IF YES, PLEASE INCLUDE MOST RECENT IEP

_____ Yes _____ No

The YWCA is committed to making reasonable accommodations for campers with disabilities that will impact their access and educational participation in YWCA programs and services. YWCA complies with and is guided by the provisions of the Americans with Disabilities Act (ADA) and its amendments. YWCA must be notified of any disabling condition that is likely to impact program participation.