

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

T-SHIRT Size: _____

Child's Name:		Date of birth: / /	Gender (circle): F M
Address:			
Street	City	State	Zip
Nickname:	Grade child entering in Sept 2017:	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>	

PERMISSION & INDEMNITY

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

- Trips
- Swimming
- Photo Taking

For campers with Epi-Pens and/or other medication, camper must be accompanied by parent or, provide a self-administration form, in order to go on off-site trips.

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 Camp Funkist 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 claims resulting from the negligence of any Released party that may arise out of or relate to my or my child(ren)'s participation in the YWCA to the greatest extent allowed by law. By signing this release, I clarify that I have read and agreed 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 my child from any activity, I understand that I must notify the Camp Director in writing.

 (PRINT) Parent/Guardian Name

 (SIGNATURE) Parent/Guardian

 Date

2017 SUMMER GYMANSTICS– TERMS OF REGISTRATION

Child's First Name:	Child's Last Name:
Address:	City, State, Zip

1. Membership must be good **through the entire camp enrollment** to qualify for member rate. Membership fees are non-refundable.
2. Full payment or minimum \$250 NON-REFUNDABLE camp deposit is required to hold your spot.
3. Along with deposit, prior monthly payments are due upon signing if choosing payment plan option and starting payments after 3/3/17.
4. **All enrollment forms and documentation must be completed prior to start of camp**; no child will be allowed to participate unless ALL required medical forms, contact forms and releases have been submitted.
5. **No refunds are given for membership fees, deposits or program fees unless the YWCA cancels the program/class.** No refunds for cancellations due to weather. Documented medical disability may entitle patron to a pro-rate program fee.
4. All checks and money orders should be made payable to the YWCA. Please note your child's name and program on the check to facilitate proper recording. You may also elect to pay by credit card or cash.
5. **Camp Funkist offers two payment options: Full payment or 4-month payment plan.** *In order to authorize a payment plan, a valid credit card number must be included below. If payment is not made via alternate means by the 3rd of the month, the payment will automatically be charged to your credit card. If no credit card information is included, payment is due in full at time of registration.*
6. **All camp tuition must be paid in full by June 15, 2017 or enrollment will be cancelled.**
7. Additional camp policies are included in the Parent Handbook.
8. 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 photo ID is required to pick up my child.

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

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

2017 Summer Gymnastics Contract & Fee Schedule

Child's First Name:	Child's Last Name:	Grade entering Sept 2017:
Address:		City, State, Zip

Weekly Fees	Week 1, 3-8 <i>Member/Non-Member</i>	Week 2 (per week) <i>Member/Non-Member</i>
Summer Gym	9:00 AM – 3:30 PM \$ 490 / \$ 525	\$ 395 / \$ 430
Early Morning	8:00 AM – 9:00 AM \$ 42	\$ 37
Late Pick Up	3:30 PM - 6:00 PM \$ 68	\$ 63

Discount	Deadline	Savings*
Returning Camper Priority Registration:	January 15, 2017	
Early Bird Registration:	February 5, 2017	save \$15/week
Payment in Full Savings (Good only when full payment is made for 4 or more weeks)		\$50 / camper
Full Summer Registration (7 Weeks)		\$35 / camper

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

Enrollment: *Minimum of 2 weeks registration.* **Check off weeks, early drop off and late pick-up.**

Camp Enrollment	Regular Camp Session	Early Drop Off 8 – 9AM	Late Pick Up 4 – 6PM
Week 1: 6/26 – 6/30			
Week 2: 7/3 – 7/7 *Camp closed on July 4 th			
Week 3: 7/10 – 7/14			
Week 4: 7/17 – 7/21			
Week 5: 7/24 – 7/28			
Week 6: 7/31 – 8/4			
Week 7: 8/7 – 8/11			

FEES:

Weekly Tuition Subtotal:	\$ _____
Early Drop Off Subtotal:	\$ _____
Late Pick Up Subtotal:	\$ _____
Early Bird Discount (2/5/17):	(\$ _____)
Other discounts:	(\$ _____)
Total Fees (not including membership):	\$ _____

Note: NO REFUNDS

Full Payment _____(initial) Please charge my Visa / MC / Discover/ Amex below for the session fees listed above and membership.

4-Month Payment Plan _____(initial) Please charge my Visa / MC / Discover / Amex 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 on the 3rd of the month.

CREDIT CARD INFORMATION

Cardholder's Name (Please print) _____ Signature _____
 Credit Card # _____ - _____ - _____ Expiration date: ____/____ Security Code _____

For Office use only

_____ - Deposit = \$ _____ (divided by 4) = _____

Total Fees	Balance Due	Monthly Payment
------------	-------------	-----------------

Payments Due: Mar 2017 _____ Apr 2017 _____ May 2017 _____ Jun 2017 _____



SUMMER GYMANSTICS 2017

515 North Street White Plains, NY | (914) 949-6227 x125 | www.ywcaawpcw.org | gymnastics@ywcaawpcw.org

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 OR 504 PLAN?

____ 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.



white plains & central westchester

United States Gymnastics Federation Minor Release and Waiver of Liability and Indemnity Agreement

(This form must be signed and returned to participate in gymnastic activity.)

In consideration of membership in the United States Gymnastics Federation, herein after referred to as the USAG and being allowed to participate in USAG events and/or member club activities, the parent(s) and/or legal guardian(s) of the minor participant below agree:

1. The parent(s) and/or guardian(s) will instruct the minor participant that prior to participation in any USAG and/or member club activity or event and regularly thereafter, that he/she should inspect the facilities and equipment to be used, and if he or she believes anything to be unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all USA Gymnastics Guidelines.
3. I/We fully understand that:
 - (A) There are several risks and dangers associated with participation in Gymnastics and acrobatic activities but not limited to those of bodily injury, partial and/or total disability, paralysis and death;
 - (B) The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe;
 - (C) These risks and dangers may be caused by the negligence of the participant or the negligence of the others, including, but not limited to the "Releasees" named below.
 - (D) There may be other risks not known to us or are not reasonably foreseeable at this time.
4. I/We accept and assume such risks and responsibility for the loss and/or damages following such injuries, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the "Releasees" named below.
5. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE USA GYMNASTICS, its member clubs, events, hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and leasees of the premises used to conduct the event each of them, their officers, directors, agents, employees, all which are referred to as "Releasees," from all liability to the under-signed, my/our personal representatives, assignees, executors, heirs, and next of kin for any and all claims, demands, losses or damages on account of any injury, including but not limited to the death of the participant or damage of the participant or damage of property, caused or alleged to be cause in whole or in part by the negligence of the "Releasee" or otherwise.
6. On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant execute this waiver and release. If, despite this release, the participant makes a claim against any of the "Releasees", the parent(s) and/or legal guardian(s) will reimburse the "Releasees" and their insuring company for any money which they have paid to the participant, or on his/her behalf, and hold them harmless.
7. I/We agree that this waiver and Release Agreement covers each and every event sponsored by USAG and/or its member clubs and fully understand that the "Releasees" are released as to each and every activity and event.

I/We have read the above waiver and release, understand that I/We give up substantial rights by signing it and sign it voluntarily.

Parent or Guardian (Signature / Relationship)

Date

Parent or Guardian (Signature / Relationship)

Date

Witness

Printed Name of Participant: _____

Address of Participant: _____ Town _____ State _____ Zip _____

Printed Name of Parent or Guardian: _____

MEMBER INSTITUTION: YWCA of White Plains & Central Westchester 515 North Street White Plains, NY 10605

eliminating racism
empowering women

ywca

white plains & central westchester

January 2017

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 designated Camp staff may administer medications under guidance of our Health Director, when needed, to support a camper's participation in the daily activities while at the YWCA summer program. The nurse is on site from 8:30am – 4:00pm.

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. This is required for campers participating on trips, including Travel Camp.
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 completion of camp will be discarded.

Thank you.

**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.

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 Health Director or designee 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):