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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**2018 BROWN COUNTY COMMUNITY YMCA  
PRESCHOOL SUMMER DAY CAMP REGISTRATION FORM**

**1. General Information**

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

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

Please check which phone number to call first: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

Father/Guardian Name: \_\_\_\_\_

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

Please check which phone number to call first: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

**2. Emergency Contact Information (other than Parent/Guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Please check which phone number to call first: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell

**3. Authorized Check-In and Check-Out Information**

In addition to the parents'/guardians' names listed above, the following people are 18 years of age or older and are authorized to drop-off and pick-up my participant from the day camp program. I understand that my child will be allowed to leave only with these individuals\*:

Authorized Person's Name:	Relationship to Participant:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\*Upon pick-up, YMCA and camp staff have the right to request positive identification verification from any individual picking-up a child(ren). For the safety of all campers, please have your ID with you.



#### 4. Allergy Information

Food Allergies (List):

Describe reaction and management of the reaction:

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Other Allergies (Include insect stings, hay fever, animal dander, etc.) (List):

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#### 5. Medical Information

Please list all medication taken routinely, including over-the-counter and non-prescription drugs:

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Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any physical, mental or emotional conditions which would limit participation in recreational activities?     Yes     No

If yes, please explain: \_\_\_\_\_

Is your child subject to seizures?     Yes     No

If yes, please explain: \_\_\_\_\_

#### 6. Medication Policy and Severe-Allergy Medication Policy

The Brown County Community YMCA has established a Medication Policy for parents/guardians, participants, and staff to follow when a participant needs to take medication during day camp. This policy is for participants that are able to administer his/her own medication. A Severe-Allergy Medication Policy has been established for participants with severe allergies. A severe allergy is defined as an allergy that would pose a life-threatening danger without immediate medical assistance. Immediate is defined as the need for assistance in less time that it would take for paramedics to arrive. These policies are included in the Day-Camp Parent/Guardian and Participant Handbook. Medication Forms and Emergency-Care Authorization Forms for Participants with Severe Allergies are available at the front desk of the YMCA. These forms, if applicable, must be submitted PRIOR to the participant's first day in the day camp.

#### 7. Consent for Emergency Medical Treatment

Parent/Guardian Consent for Emergency Medical Treatment: In the event of an accident and/or injury to my child, I give permission to the staff of the Brown County Community YMCA to obtain and/or administer medical aid or assistance as might be required for the care of my child. It is further understood that such permission will include the administration of such medicines or treatment as might be ordered or administered by a duly licensed medical doctor. In no event will the Brown County Community YMCA



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and/or its employees be held liable for any first aid rendered, treatment or surgical procedures performed, or drugs or medicine administered pursuant to this consent.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8. Photo-Release Agreement**

I hereby grant the Brown County Community YMCA permission to take and publish photos of my child for the purpose of promoting and/or marketing the Brown County Community YMCA’s programs.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**9. Preschool Swimming Policy**

Please be sure to pack your child’s life jacket/puddle jumper every day to camp. We do have some available but your child will not be permitted to swim without a U.S. Coastguard approved swim aid. We will swim likely 3-4 times per week so swim suit, towel, and life jacket will need to be sent daily.

**10. Preschool Day Camp Fees & Payments**

**Day-Camp Fees**

- Daily Rate: \$25 1<sup>st</sup> child / \$20 each additional child
- Half-Day Rate (4hrs or less): \$15 1<sup>st</sup> Child/ \$10 each additional child
- Weekly Rate\*: \$105 1<sup>st</sup> child / \$95 each additional child

Please be aware, the Brown County YMCA Preschool Summer Day Camp is designed for children ages 3-5. Your child must be potty trained and able to eat independently in order to register for camp. No diapers, pull ups, bottles, etc. will be permitted.

**Children age 5 by January 1<sup>st</sup>, 2018 have the option to choose “Preschool or Kindergarten”. If you choose for your child to participate in K-6 camp but he or she is unable to participate in group activities safely and attentively, the YMCA reserves the right to place the child in the preschool only group. It is our goal to provide the upmost standard of care while still providing a fun and healthy environment for all participants.**

I acknowledge that if at any time the Brown County Community YMCA staff requests age verification, I must provide those documents prior to the next registered day at camp or my child is subject to removal from the schedule without a refund.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please include the following at the time of registration:**

- \_\_\_\_\_ Registration Form and Waiver
- \_\_\_\_\_ Medication Form
- \_\_\_\_\_ Release/Hold Harmless Agreement
- \_\_\_\_\_ Payment + \$10 One-Time Reg. Fee



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Brown County Community YMCA

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA or YWCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Brown Co. Comm. YMCA and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YWMA or YWCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees 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.

4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.

5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.

6. 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.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_