

HARRISON FAMILY YMCA  
**2018 SUMMER CAMP REGISTRATION FORMS**

Camper's name \_\_\_\_\_  
Last First MI

**PLEASE CIRCLE THE WEEK(S) YOUR CHILD IS ATTENDING**

Week 1 (June 11 - 15 )

Week 2 (June 18 - 22)

Week 3 (June 25 - 29)

Week 4 (July 2 - 6)

Week 5 (July 9 - 13)

Week 6 (July 16 - 22)

Week 7 (July 23 - 27)

Week 8 (July 30 - Aug 3)

Week 9 (Aug 6 - 10)

Week 10 (Aug 13 - 17)

Week 11 (Aug 20 - 24)

**Please circle your child's t-shirt size**

Youth Small

Adult Small

Youth Medium

Adult Medium

Youth Large

Adult Large



**PLEASE NOTE: PARENT MUST COMPLETE MEDICAL AUTHORIZATION FORM AND MEDICAL ACTION FORM BEFORE CHILDCARE STAFF CAN DISPENSE ANY MEDICATION TO YOUR CHILD.**

**AUTHORIZATION FOR MEDICAL ATTENTION:**

Physician's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

In case of accident or injury, I understand that my child will be taken to the nearest medical facility. If I am unavailable in the event that my child needs medical attention, I hereby give permission to the YMCA staff or any competent medical authority to render such attention. I agree to accept responsibility for all medical expenses. (Note: The parent/legal guardian should authorize the above listed Physician, at the time of registration, to accept calls from the Harrison Family YMCA for medical attention.)

DATE: \_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

\*INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

\*This information makes admittance to the medical facility faster and easier.

**IMMUNIZATION RECORDS – REQUIRED ONLY FOR CHILDREN AT THE HARRISON FAMILY YMCA PROGRAM**

**A current copy of shot records must be submitted within 3 days of attendance**

**SOCIAL INFORMATION:**

Adjustment problems may occur when entering a new and active environment. Please provide any information that may make this transition easier for your child by completing the following and attach additional information as needed.

FEARS \_\_\_\_\_ EASILY PROVOKED TO ANGER \_\_\_\_\_ YES \_\_\_\_\_ NO

UNIQUE BEHAVIORS \_\_\_\_\_

DISPLAYS ANGER \_\_\_\_\_ SUPPRESSED \_\_\_\_\_ VOCAL \_\_\_\_\_ PHYSICAL \_\_\_\_\_ NON PHYSICAL \_\_\_\_\_

CONTROLLED PEER RELATIONSHIPS: \_\_\_\_\_ SHY \_\_\_\_\_ OUTGOING \_\_\_\_\_ PREFERS INDIVIDUAL \_\_\_\_\_ PREFERS GROUP

PRONE TO WANDER? \_\_\_\_\_ YES \_\_\_\_\_ NO / RESPONDS TO VERBAL INSTRUCTIONS? \_\_\_\_\_ YES \_\_\_\_\_ NO

FOLLOWS BASIC RULES OF SAFETY? \_\_\_\_\_ YES \_\_\_\_\_ NO

PARENT METHOD OF DISCIPLINE: \_\_\_\_\_

**Childcare Permission**

I give permission for my child to participate in the activities initialed below. I understand that if I do not initial, he/she will not be allowed to participate

- \_\_\_\_\_ **Climbing Wall**
- \_\_\_\_\_ **Racquetball Room**
- \_\_\_\_\_ **Swimming Pool**
- \_\_\_\_\_ **Soccer Field**
- \_\_\_\_\_ **Family Gym/Main Gym**
- \_\_\_\_\_ **Wellness Walking Track**
- \_\_\_\_\_ **Wellness Studio 1 and 2**
- \_\_\_\_\_ **planned activities outside the fenced area**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please verify emergency contact information is up to date and current with Childcare Office. \***

# Summer Camp 2018

## Application for Electronic Fund Transfer

### What is the YMCA electronic transfer plan?

The program provides a way to budget your fees on a weekly basis. With your authorization, fees are deducted weekly from an account of your choosing.

### What are the benefits of such a program?

*Convenience:* You save time and mailing costs. With our automatic electronic transfer, there are no checks to write, no stopping at the customer service desk every week.

*No additional fees:* There are no extra charges for using the YMCA's electronic fund transfer payment plan.

### Who can participate?

Any adult, 18 years of age and older, who has an account (checking or credit) at a participating financial institution.

### How do I sign up?

By completing this authorization card and returning it along with a voided check (if applicable). The check must be preprinted with a customer's name on it. We will then complete our verification process.

### Authorization agreement

I hereby authorize the YMCA to initiate electronic fund entries to my:  checking account  credit card indicated below, and I authorize the financial institution named below to debit my account.

Financial institution \_\_\_\_\_

City, state \_\_\_\_\_

Routing/transit number \_\_\_\_\_

Account number \_\_\_\_\_

Type of credit card \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiration \_\_\_\_\_

Name on card \_\_\_\_\_

*This authorization remains in effect until the YMCA has received a five business day written notification from me indicating my desire to discontinue.*

Parent's Signature \_\_\_\_\_

### Terms and Conditions

- I understand that this is a continuous plan based registration and associated fees that will be drafted on the scheduled dates as initialed and approved below.

Parent's initials: \_\_\_\_\_

- I understand that if I wish to terminate attendance, I must give the YMCA a 5-day written notice and complete a cancellation form. I understand that my account may be drafted during this 5-day period.

Parent's initials: \_\_\_\_\_

- Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.

Parent's initials: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Week	Dates of Camp	No. of Children	Draft Amount	Draft Date	Parent's Initials
1	June 11 - 15			06/08/18	
2	June 18 - 22			06/15/18	
3	June 25 - 29			06/22/18	
4	July 2 - 6 *Closed July4th			06/29/18	
5	July 9 - 13			07/06/18	
6	June 16 - 20			07/13/18	
7	June 23 - 27			07/20/18	
8	July 30 - August 3			07/27/18	
9	August 6 - 10			08/03/18	
10	August 13 - 17			08/10/18	
11	August 20 - 24			08/17/18	