



Santa Maria Valley YMCA 2018-2019 Winter Camp Registration

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

How did you hear about Y camp _____

Camper's First Name: _____ MI: _____ Last Name: _____

Address: _____ Camper Resides With: _____

City: _____ State: _____ Zip _____

Sex: _____ Birth date: _____ Age: _____ School: _____ Grade: _____

Ethnicity: Latino/a White/Euro-American Asian/Pacific Islander Black/African American American Indian Other _____

Home Phone: _____ E-mail: _____

Mother/Guardian: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father/Guardian: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Emergency Contact (other than parents or physician): _____ Relationship: _____ Phone: _____

Additional Emergency Contact: _____ Relationship: _____ Phone: _____

Does your child have any limitations or special medical or behavioral concerns that we should be aware of (medications, allergies or other)? _____

Can your camper watch PG rated films? Yes No Can the camper participate in swim and/or water activities? Yes No

Camper's Physician _____ Date of last physical examination: _____ Immunizations current? Yes No

Persons NOT Authorized to pick-up child (must provide legal documentation if biological parents)

Name(s): _____

Persons Authorized to pick-up child (must be at least 18 years and bring an ID at EVERY pick up)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the Santa Maria Valley YMCA.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while participating in YMCA programs or using YMCA facilities, including parking lots.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

Medication: I understand that I must complete an "administration of medication" form, and all medicines must be handed to a staff member with the completed form.

Parent Handbook: I have received and read a copy of the summer camp program guide which explains policies and procedures for the YMCA Camps.

Sunscreen: Staff are not allowed to apply sunscreen to any child we strongly encourage purchasing the spray sunscreen.

Week 1: December 26th – December 28th _____

Week 1: Extended Care _____

Week 2: December 31st – January 4th _____

Week 2: Extended Care _____

Week 3: January 7th – January 11th _____

Week 3: Extended Care _____

Please enroll my child. I have enclosed a \$25 non-refundable registration fee and have chose the above options.

Signature of Parent/Guardian: _____ Date: _____

By initialing this box, I authorized that I have read ALL information on the 'Winter Camp Policies' handout and agree with ALL terms related to the behavior contract and late payment or late pick-up/drop fees being automatically charged to my account.

Winter Camp Rates 2018-2019

Day Camp hours are 8:00 am-5:00 pm Extended Care is available for an additional \$30.00 per week. Extended care is from 7:00am-6:00pm.	Weekly Member rate	Weekly Non-Member rate
Week One: December 26 th – 28 th	\$135.00*	\$155.00*
Week Two: December 31 st – January 4 th <i>(Closed January 1st)</i>	\$135.00*	\$155.00*
Week Three: January 7 th – 11 th	\$145.00*	\$165.00*

*\$25 non-refundable registration fee not included in the above pricing.

All payments are due on the Thursday before camp begins. A late payment fee of \$20.00 will be automatically charged to parent/guardian's account on Friday if payment is not received.

**Let us Help!
Camp Scholarships are available.**



**Santa Maria Valley YMCA
2018 Scholarship Sliding Fee Scale**

In an effort to make our fees affordable for everyone in our community, the YMCA provides a sliding fee scale for ALL PROGRAMS based on annual gross household income and family size.

The sliding fee scale is supported by the YMCA's financial assistance program and is funded by contributions to our annual campaign. YMCA financial assistance provides for the needs of youth, families and individuals within our community. The YMCA makes every effort to ensure that no person, especially youth, will be denied access to programs because of inability to pay.

Sliding Fee Scale: Percentage of YMCA Scholarships

		Household Size						
Gross Annual Income of Household		1	2	3	4	5	6	7
\$ -	\$ 17,002	50%	50%	50%	50%	50%	50%	50%
\$ 17,003	\$ 26,902	40%	40%	40%	50%	50%	50%	50%
\$ 26,903	\$ 36,802	30%	30%	40%	40%	50%	50%	50%
\$ 36,803	\$ 46,702	20%	30%	30%	40%	50%	50%	50%
\$ 46,703	\$ 56,602	10%	20%	30%	30%	40%	50%	50%
\$ 56,603	\$ 66,502	5%	10%	20%	30%	30%	40%	50%

Additional assistance may be requested for larger families or extenuating circumstance.

DON'T QUALIFY FOR A SCHOLARSHIP?

Let's set up a payment plan!

YMCA staff will schedule weekly automatic payments around YOUR pay schedule in order to make camps affordable.

Contact
kferguson@smvymca.org
for more information.