

YMCA of Selma-Dallas County

Summer Day Camp

Participant Name: _____

D.O.B: _____

Age: _____

Grade: _____

Gender: _____M

_____F

Directions: Mark beside each week you would like to register your child for (NOTE: Payments are due by the Friday prior to the start of the registered week.)

Program Costs: Member Rate: \$75/week Non-Member Rate: \$95/week. (NOTE: There will be a \$10 discount for the 2nd child and a \$15 discount for each additional child.)

Deposits & Fees: You are to pay a \$10 deposit for every week you check. This will secure your child's spot for each week.

Week 1: June 12th – June 16th (Payment due: June 9th)

Week 2: June 19th – June 23rd (Payment due: June 16th)

Week 3: June 26th – June 30th (Payment due: June 23rd)

Week 4: July 10th – July 14th (Payment due: July 7th)

Week 5: July 17th – July 21st (Payment due: July 14th)

Week 6: July 24th – July 21st (Payment due: July 21st)

Camp Activities Include

-Academic Portion

-Swimming

-Sports

-Arts and Crafts

-Movies

-Breakfast/Lunch/Snacks Provided



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FOR SOCIAL RESPONSIBILITY

Please complete the following information for each child enrolled in the program:

Child's Name: _____
(Please Print) Last First Middle

Date of Birth: (mm/dd/yyyy) ____/____/____ **Gender:** (circle one) **M** **F**

Grade entering (Select one): K 1 2 3 4 5 6

Child's Home Phone: _____ **Child's Emergency Contact:** _____

Child's Home/Mailing Address:

Street City State Zip Code

Parent/Guardian #1: _____
(Please Print) First Name Last Name

Relationship to Child: _____ **Allowed to Pick-up? Yes** _____ **No** _____

Home Phone: _____ **Cell/Other Phone:** _____

Email Address: _____

Parent/Guardian #2: _____
(Please Print) First Name Last Name

Relationship to Child: _____ **Allowed to Pick-up? Yes** _____ **No** _____

Home Phone: _____ **Cell/Other Phone:** _____

Email Address: _____

Emergency Contact First & Last Name	Relationship to Child	Home Phone	Cell/Other Phone	Allowed to Pick-up?
1.				Yes _____ No _____
2.				Yes _____ No _____
3.				Yes _____ No _____



Ethnicity Information: Please check the ethnic group the child most identifies with:

- Caucasian/White
- African American/Black
- Hispanic/Latino
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Asian
- Two or More

Primary Language Spoken at Home:

- English
- Other, please specify _____
- Spanish

Secondary Language Spoken at Home: _____

Is your child on any medication?

_____ **Yes** _____ **No**

Medication taken at home: _____ Side Effects: _____

Medication taken at home: _____ Side Effects: _____

Will medications be taken at Summer Camp? _____ **Yes** _____ **No**

Name of Medication: _____ Side Effects: _____

Name of Medication: _____ Side Effects: _____

If medications are taken during SUMMER CAMP, please complete the Medication Consent Form. (SEPARATE FORM)

Does your child have any allergies, diet restrictions or health alerts that we should be aware of?

_____ **Yes** _____ **No**

If yes, please explain (including the reaction and treatment required should your child become exposed to the allergen):

Can your child swim without a lifejacket or adult assistance? _____ **Yes** _____ **No**

For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.



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Electronic Photo & Video/Audio Recording Release Form

- **Cellular phones are not permitted while your child is at camp.** Should your child need to reach you, there is a phone at your child’s camp site. YMCA 334-874-9622
- The YMCA of Selma-Dallas County asks that **all electronic gaming devices** not be brought to camp.
- The YMCA of Selma-Dallas County cannot be held responsible for keeping track of any items brought to camp from home. All items brought to camp from home should be labeled with the child’s name.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and

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- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

Printed Name: _____

Signature: _____ Date: _____



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Medical Release Form

Is your child on any medication?

_____ **Yes** _____ **No**

Medication taken at home: _____ Side Effects: _____

Medication taken at home: _____ Side Effects: _____

Medication taken at home: _____ Side Effects: _____

Medication taken at home: _____ Side Effects: _____

Will medications be taken at Summer Camp? _____ **Yes** _____ **No**

Medication taken at home: _____ Side Effects: _____

Medication taken at home: _____ Side Effects: _____

Name of Medication: _____ Side Effects: _____

Name of Medication: _____ Side Effects: _____

Does your child have any allergies, diet restrictions or health alerts that we should be aware of?

_____ **Yes** _____ **No**

If yes, please explain (including the reaction and treatment required should your child become exposed to the allergen): _____

Parent / Guardian Signature: _____

Date: _____