



For Office Use:
Class: _____
Start Date: _____
*Allergy Plan: _____
Withdraw Date: _____

OPERATION SUMMER CAMP ENROLLMENT FORM

Please complete all blanks on this form. Incomplete enrollment forms will not be accepted.

According to the minimum standards put forth by the Commonwealth of Virginia, we are unable to care for your child until all required paperwork is submitted.

CHILD'S INFORMATION:

Full Name: _____ Nickname: _____ DOB _____
Address: _____ City: _____ State: _____ Zip: _____
Current Public School: _____ Grade level: _____ Gender: **M / F**
Race: _____ Ethnicity: _____ Language spoken at home: _____
Swimming Ability: **Red / Yellow / Green** Typical: **Drop off time** ___AM **Pick up** ___PM

Family and Medical Information: In the event of an emergency, please number in order of priority (1-6) which phone to contact.

Sponsor Active Duty? **Yes/No** Branch: _____ Rank: _____
Guardian #1 Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Name/Address of Employment: _____
Cell: _____ # _____ Work Phone: _____ # _____ Home: _____ # _____
Guardian #2 Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Name/Address of Employment: _____
Cell: _____ # _____ Work Phone: _____ # _____ Home: _____ # _____
Doctor's Name: _____ Phone: _____ Address: _____

Emergency Contacts: TWO people, at least 18 years old, **who live within 45 minutes**, to be called if we cannot reach either guardian.

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell: _____ Work Phone: _____ Home: _____
Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell: _____ Work Phone: _____ Home: _____

Authorized Pick Up List: Additional authorized person to pick up your child **in addition** to parents & emergency contacts listed above:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

***Additional Information**

Are there any diagnosis, special needs, medical conditions, birthmarks, and/or allergies, food intolerances we should be aware of?
What are the symptoms? What actions are to be taken, if an emergency should occur?

_____ Please initial by each week of care needed:
_____ Week 1: June 22-26 _____ Week 2: June 29 July-2 _____ Week 3: July 6-10 _____ Week 4: July 13-17
_____ Week 5: July 20-24 _____ Week 6: July 27-31 _____ Week 7: Aug 3-7 _____ Week 8: Aug 10-14

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read this information and sign below.

I understand that my weekly tuition is due by 5:30pm on the Friday before each week of care. Payments made after this deadline will be assessed an additional \$20 late fee.

I understand that there is no reduction in fees due to absences, holidays or emergency school closings. School closures are listed on the calendar.

I understand that the ASYMCA reserves the right to end the enrollment of a child at any time for any reason deemed appropriate.

I understand that my child must be picked up by 5:45pm. I will be charged a late fee as described in the parent handbook.

I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. Sign-in/Sign-out must be done on the kiosk. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in/out must be at least 18 years of age. The ASYMCA cannot release minors to minors.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.

I understand that ASYMCA staff and volunteers are not allowed to babysit or transport children at any time outside the ASYMCA facilities and program. If a violation of this policy is discovered, the ASYMCA will take immediate disciplinary action toward staff and volunteers.

I understand that state law mandates the ASYMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I am an adult over 18 years and wish to have my child participate in ASYMCA of Hampton Roads Summer Camp program. I understand and agree to release my and my minor(s) heirs, representatives, executors, administrators, and assigns, and DO HEREBY RELEASE Armed Services YMCA of Hampton Roads, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and the named minor(s), our heirs, representatives, executors, administrators and assigns may have, now or in the future, against the Armed Services YMCA of Hampton Roads on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Armed Services YMCA of Hampton Roads facilities/equipment or participation in Armed Services YMCA of Hampton Roads programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor(s)' participating in the Summer Camp program, I, the undersigned parent/guardian of the named minor(s), agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor(s)' participation in said program.

I hereby certify on behalf of myself and the named minor, that I have full knowledge of the nature and extent of the risks inherent in participation in the Summer Camp program and that I, on behalf of myself and the named minor(s), am/are voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor(s) sustain while participating in Summer Camp and that by signing this agreement I, on behalf of myself and the named minor(s), HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has/have no conditions or impairments which would preclude his/her(their) safe participation in Summer Camp.

I have received a copy of the parent handbook that includes the Child Abuse Prevention, Discipline and Guiding Appropriate Behavior, and Emergency Policies, Daily Activities and Parental Involvement (all found on the private group page).

I understand that the Armed Services YMCA of Hampton Roads is not responsible for personal property lost, damaged, or stolen while using the ASYMCA facilities on the ASYMCA premises, or involved in ASYMCA programs.

I understand and give my child permission to be transported by an ASYMCA bus and to participate in all ASYMCA program activities and related school transportation and field trips.

Parent/Guardian Signature

Date

MEDICAL

1. The ASYMCA agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian agrees to pick up the child within 45 minutes of receiving a call that your child is ill. (A temperature of 101 degrees F, recurring vomiting/diarrhea or a communicable disease would require exclusion from the ASYMCA.) My child cannot return until they are symptom free, for 24 hours, without the aid of medication.
2. The parent/guardian authorizes the ASYMCA to obtain immediate care if any emergency occurs when she/he cannot be located immediately. I understand that in an emergency, my child may be transported in a private vehicle.
3. The parent authorizes the application of sunscreen for his/her child by ASYMCA staff. (Please note any adverse reaction to sunscreen of which you may be aware).
4. The parent authorizes the application of insect repellent for his/her child by ASYMCA staff. (Please note any adverse reaction to insect repellent of which you may be aware.)
5. The parent agrees to inform the ASYMCA Child Care staff/director within 24 hours or the next business day if their child or any other immediate household member has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately. I have been informed of my ASYMCA Child Care program's Emergency Preparedness Plan, and it is posted on parent board at all times.
6. I agree to keep immunization and physical form updated.

By signing below, you acknowledge and authorize that you have read and understand the statements above and have received and read a copy of the Parent Handbook.

Parent/Guardian Signature

Date

MODEL RELEASE

I consent for the use of photographs or digital images of my child in any printed/filmed material for promotions of the Armed Services YMCA of Hampton Roads. I understand there is a private facebook group for my child's program.

Please Initial One: Accept _____

Decline _____