



FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2023 Winter BREAK CAMP REGISTRATION FORM

**Child's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Gender:  Female  Male Birth Date: / / Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone #: ( ) \_\_\_\_\_ Full Privilege Member:  Yes  No  
List Previous Child Care Centers / Schools: \_\_\_\_\_ Member #: \_\_\_\_\_  
School Attending: \_\_\_\_\_ School Phone #: ( ) \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent(s)/Guardian(s) Information:**

Parent/Guardian: \_\_\_\_\_ Birth Date: / / Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Business Address: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_

(To receive program updates)

Parent/Guardian: \_\_\_\_\_ Birth Date: / / Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Business Address: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_

(To receive program updates)

Person or agency having legal custody:

Address if different from above:

**Emergency Contact Information:** (Must list 2; local and other than Parent(s)/Guardian(s) listed above)

First Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Company Name: \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Second Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Company Name: \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person(s) authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Person(s) authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Person(s) NOT authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Person(s) NOT authorized to PICK-UP your child: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please note: Appropriate paperwork, such as custody papers, must be attached if the custodial parent requests not to release the child to the other parent.



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**Medical Information:**

Allergies or intolerance to food, medication, or any other substance:

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If an allergic reaction occurs, please list steps to relieve reaction:

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Chronic physical problems, pertinent developmental information, any special accommodations needed:

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*For special accommodations, or to share important information about your camper, please complete an INCLUSION FORM.*

Does your child take medications or vitamins on doctor's orders?

Please specify:

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*If the camp is to administer medications during the day, emergency or routine, please complete a MEDICATION AUTHORIZATION FORM.*

For campers residing in the United States (or US territory or DC); is the child exempt from any immunizations?

No  Yes, please see below and specify:

*PLEASE NOTE: MD CAMPERS: Who reside outside of the US, a US Territory or DC, must attach Department form DHMH-896 (vaccination record or immunity). VA CAMPERS: Who are exempt from immunizations, must submit either a "Certification of Religious Exemption" or a MCH213B or MCH213C form that states one or more of the required immunizations may be detrimental to the child's health. ALL OTHERS attending camp in DC or VA must submit a physical and immunization record as outlined above.*

Child's Physician and Office Name:

Physician's Phone: ( )

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**Emergency Medical Authorization:**

I give the YMCA of Metropolitan Washington permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a certified staff member of the YMCA of Metropolitan Washington. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the YMCA of Metropolitan Washington to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement may only cover those situations which are true emergencies and only when he/she cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts.

I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Medical Insurance Provider:

Policy #:

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**Parental Agreements:**

- 1) The YMCA agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by the YMCA.
- 2) The parent/guardian agrees to inform the YMCA within 24 hours or the next business day after his child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
- 3) My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
- 4) The parent / guardian authorizes the application of sunscreen and / or insect repellent for his/her child by YMCA staff.
- 5) I have received the parent handbook and understand that it is my responsibility to read and understand/be aware of ALL policies, and agree to all blanket permission forms and opt out requests, as outlined in the parent handbook.

**All information on this form is true and complete to the best of my knowledge. I understand and agree to the Emergency Medical Authorization and the five (5) Parental Agreements outlined above.**

Parent/Guardian Signature:

Date:

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# 2023 Winter BREAK CAMP SELECTION

Child's Name: \_\_\_\_\_

Member # \_\_\_\_\_

Children are required to have at least a current Youth Program Membership to last throughout the program; renewals paid in advance will take affect after the previous membership expires.

<b>Break Camp Options</b>			
	Full Member	Program Member	SACC Participant*
<b>Break Camp</b>			
Daily Drop In Rate	\$80	\$90	\$0*
Full Break/4-day Rate	\$316.00	\$348.00	\$0*

\*Must be registered for 5 days a week in aftercare at Ayr lawn Program Center to qualify for this rate.\*

	Monday Closed	Tuesday Closed	Wednesday 12/27	Thursday 12/28	Friday 12/29	Tuesday 1/02
<b>Camp</b>						

**Your child should bring** two snacks and a lunch (reminder we are a nut-free facility; please double check the candy and granola bars) each day. Swimsuit and towel should be sent on swimming days and change of clothes, if desired, should be sent daily (note: they will need to put wet belongings in a bag).



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# Winter BREAK CAMP PAYMENT

Child's Name: \_\_\_\_\_

Member # \_\_\_\_\_

## Payment Options

### Draft Authorization

Person Responsible for Payment: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

I would like to have my remaining balance automatically drafted from my:

Credit / Debit Card

I authorize the YMCA to charge my credit card for camp payments. I understand that I must provide written notice of cancellation. If, at any time, there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Visa

Master Card

American Express

Discover

Credit Card Issuer: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: / / \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Checking Account (Please attach a voided check)

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for camp payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me of said amount, plus a service charge. If, at any time, there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Signature of Person Responsible for Payments: \_\_\_\_\_

Date: \_\_\_\_\_

**WAIVER:** I understand that the YMCA of Metropolitan Washington assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from his/her participation in these activities and I hereby release and discharge the YMCA of Metropolitan Washington, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which he/she may suffer as a result of his/her participation in these activities. I understand that the YMCA of Metropolitan Washington is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give permission to the YMCA of Metropolitan Washington to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the Waiver as set forth.

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

Date: \_\_\_\_\_

**Thank you for your time and participation in our  
 Winter Break Camp program!**



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