



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KINDERGARTEN EXPLORER CAMP

**Explorer Day Camp Registration
For Rising Kindergarteners
Brad Akins YMCA**



YMCA Mission: "To put Christian principles into practice through programs that build healthy spirit, mind and body for all".

2022 Explorer Camp Information

Day Camp Dates & Times

May 31 – July 29
7:00 a.m. – 6:30 p.m.

Weekly Cost

Explorer Camp:

Members: \$115/week
Non-members: \$135/week

- A one-time \$35 registration fee is due at the time of registration

We offer automatic bank or credit card drafts for summer camp payments. If you select the draft option, the payment would be deducted on the Wednesday before the week attending. Please complete the Payment Agreement Form attached (one form per family please).

Financial assistance is available for those who qualify. Scholarship applications available at the YMCA welcome center.

Site

Winder-Barrow Brad Akins YMCA
50 Brad Akins Drive
Winder, GA 30680
(770) 868-2917

Day Camp Activities

Arts & Crafts	Swimming	Songs
Sports	Games	Character Development
Special Guests	Devotions	Explore Nature

Field trips will not be offered this summer. This is due to our current rules and regulations set by the State of Georgia.

Day Camp Groups & Ratios (we register based on grade they are going into)

K: Explorers	1 st Grade: Apache	2 nd Grade: Voyagers
3 rd Grade: Cherokees	4 th -5 th Grades: Mohicans	6 th -9 th Grades: Yakima

During Explorer Day Camp, we try to maintain a 1:15 staff to child ratio.

Mission

The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. The goal of our Summer Day Camp program is to provide each camper with a safe environment to grow, learn, and explore. We encourage our campers to express their individuality, develop their social skills, build self-esteem, and learn respect for their environment and community. We work on character development throughout the summer by focusing our teaching efforts on the five-character values of Honesty, Caring, Respect, Responsibility, and Faith.



BRAD AKINS YMCA
2022
Explorer Camp
Registration

I QUALIFY FOR FOLLOWING SUBSIDY:	
<input type="checkbox"/>	SCHOLARSHIP
<input type="checkbox"/>	CAPS
<input type="checkbox"/>	AKINS
<input type="checkbox"/>	OTHER

Child's Information: (Please, only one child per registration form.)

Child's Name _____ Birthdate _____
Male ___ Female ___ Age ___ Hair Color _____ Eye Color _____ Height _____ Weight _____
Grade Entering (as of August 2022): **Kindergarten** School _____

Parent/Guardian's Information:

Child lives with: Mother Father Both Other _____

Mother/Guardian's Information:

Mother/ Guardian Name: _____ Birth Date: _____ Home Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Mother's Employer: _____ Work Phone: _____ Cell Phone: _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Father/Guardian's Information:

Father/ Guardian Name: _____ Birth Date: _____ Home Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Father's Employer: _____ Work Phone: _____ Cell Phone: _____
Employer Address: _____ City: _____ State: _____ Zip: _____
Email: _____

Pick Up Information:

LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

#1 Name: _____ DOB: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone #: _____

Pick Up Information: (cont.)

LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

#2 Name: _____ DOB: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

LIST ANYONE NOT AUTHORIZED TO PICK UP YOUR CHILD: (Please Explain)

Name: _____
(If the person is a legal parent/guardian you must have legal documents from the court stating this person is not allowed to pick up your child.)

Medical Information:

Physician / Clinic / Hospital Contact:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Special Accommodations:

My child has special needs YES NO If Yes, please explain: _____

My child has allergies (food, medication, immunizations, insects, etc...) YES NO If Yes, please explain: _____

My child has hearing/speech problems YES NO If Yes, please explain: _____

My child is on the following medications for long-term continuous use: _____

My child has the following pre-existing illness or health concerns: _____

My child has the following special needs not indicated above: _____

My signature below indicates that this registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities except those noted by me. I have read the rules and policies of the YMCA Camp program and understand the YMCA adheres to these rules. I agree to follow the policies of the YMCA. I understand that my failure to do so may result in our being discharged from the program. I understand that payment is expected in advance and that there will be a late fee assessment should I neglect to pay on time. I understand that the YMCA is mandated by law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

Parent/Guardian Signature: _____ Date: _____

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, or the presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which the YMCA programs are designed to accommodate or who may require specialized training that may prevent the YMCA staff from adequately meeting the needs of the child.

PARENT NOTIFICATIONS

Camper Full Name: _____
First Middle Last Nickname

____ Initials **Authorized Child Pick-Up:** I understand that my child will not be released to any person that has not been designated on the program registration form as "authorized to pick up". I understand that additions to the "authorized to pick up" list must be made in writing and faxed or delivered to the Camp Director prior to the time this person is scheduled to pick up the camper. I also understand that should an authorized person arrive to pick up my child that exhibits behavior as if under the influence of drugs or alcohol, the YMCA reserves the right to not release your child to that individual. If we believe your child could be placed in possible danger and another alternative is not reached, we reserve the right to contact police and/or the Department of Family and Children Services.

____ Initials **Permission to Photograph:** The above referenced camper has my permission to be photographed by YMCA staff or their representatives and used in marketing materials.

____ Initials **Permission to Participate In Chapel:** I understand that the YMCA is a Christian organization and that each day will begin with a devotion and prayer. The above referenced camper has my permission to participate in Chapel activities.

____ Initials **Permission to Transport:** I understand that my child may be transported by bus to various activities, field trips, etc. I understand that by signing this form, I am giving my permission for my child to be transported by bus. The above referenced camper has my permission to go on all scheduled field trips.

____ Initials **Permission to Participate in Water Activities:** The above referenced camper has my permission to participate in activities that involve water while under the supervision of the YMCA staff or their representatives.

____ Initials **Authorization for Emergency Medical Attention:** In the Event that I cannot be reached to make timely arrangements in an emergency, permission is given to the YMCA camp staff or their representatives to transport the above mentioned youth to the nearest emergency facility and/or to secure the intervention of medical personnel to determine necessary treatment, including hospitalization.

____ Initials **Agreement to Adhere to the Policies/Procedures & Expectations:** I acknowledge that the above referenced camper and I have read and discussed the established policies and procedures and behavioral expectations as stated in the Parent Handbook. Furthermore, we agree to abide by these policies, procedures and behavioral expectations, and we understand that failure to do so could result in dismissal from the camp program.

____ Initials **Parent Statement of Understanding – Additional Policies & Procedures:** I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

____ Initials I affirm the information contained above and herein is complete and correct, and the above-referenced camper is able to engage in all camp activities except where limitations have been noted. I understand that the YMCA's camp supervision for my camper begins when my child arrives at the YMCA facility and is checked in by the YMCA personnel.

____ Initials I understand that the YMCA's responsibility for my child ends when an authorized adult or myself has signed my child out from the camp program. I understand that I am not to leave my child at the YMCA or a program site unless released to a YMCA camp staff person who is there to receive and supervise my child.

____ Initials I have been informed that I can download and have access to a copy of the YMCA Parent Handbook at www.gapiedmontymca.org

____ Initials I understand that neither the YMCA nor its representatives can be held responsible in the event of an accident, injury or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.

Summer Camp: Attire Guidelines

____ Initials I understand that my child must wear appropriate attire during Summer Camp. Tennis shoes are required daily, no sandals or flip-flops. Girls must wear one-piece swimsuits.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

Parent/Guardian Signature: _____ Date: _____

YMCA of Georgia's Piedmont, Inc.
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT

The undersigned acknowledges and agrees to the following:

1. I understand the Brad Akins YMCA assumes no responsibility for injuries or illness which I or my child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports programs, the use of any equipment, exercises, or other activities while on the property of or in conjunction with any activity held, coordinated or sponsored by the Brad Akins YMCA. In consideration of the privilege of participation at the Brad Akins YMCA, I hereby voluntarily release and discharge the Brad Akins YMCA, its officers, directors, employees, agents, and/or servants from any claims whatsoever, including for injury, illness, death, loss or damage which I or my child may suffer as a result of my/his/her participation in these activities. I understand that no accident or medical insurance is provided with these activities. I fully indemnify and hold harmless the Brad Akins YMCA, its officers, directors and employees from any and all claims.
2. While the Brad Akins YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children and adults, Brad Akins YMCA will not accept children or adults that are (a) of danger to themselves, (b) of danger to others, or (c) a disruption to the normal activities making it unreasonably difficult for other children or adults to enjoy Brad Akins YMCA programs and activities. Any of the above reasons will be grounds for dismissal from Brad Akins YMCA programs and activities. We strongly recommend that you discuss with YMCA staff any special conditions or circumstances involving your child or an adult member in your household. We request that you do this PRIOR to registration so that we can advise you as to whether we can make a reasonable accommodation for your child or adult household member.
3. I understand the Brad Akins YMCA is not responsible for personal property lost or stolen while members and/or program participants are using Brad Akins YMCA facilities, participating in Brad Akins YMCA activities, or on Brad Akins YMCA premises.
4. I give my permission to the Brad Akins YMCA for the use of photos and slides that may be taken of my child or of myself and to use, without limitation or obligation, photographs, film footage, or tape recordings which may include either my image or voice or the image and voice of my child for purposes of promoting or interpreting Brad Akins YMCA programs.
5. In the event of an emergency and my emergency contact person cannot be reached, I hereby give permission to the physician selected by the Brad Akins YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.
6. I understand that no accident or medical insurance is provided with this activity.
7. I give my permission for my child to be transported to and from the program by the Brad Akins YMCA.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

Participant's name

Parent's signature and date
(if participant is a minor)

BRAD AKINS YMCA

2022 Summer Camp Payment Agreement Form

You **MUST** complete one per family

Today's Date _____	Staff Assisting _____
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Personal Information

Person responsible for payments _____	Relationship to Camper _____
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Camper's Name(s)	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Billing Information

First Name _____	Last Name _____	Date of Birth _____
Home Address _____	City _____	State _____ Zip _____
Home Phone _____	Primary Email _____	
Work/Cell Phone _____		

Bank Information

<input type="checkbox"/> Bank Account Details (attach voided check) Name on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing Number: _____ Account Number: _____	<input type="checkbox"/> Credit Card Details (please scan card into Daxko) Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Account Number: _____ Expiration Date: _____ CVV #: _____
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Bank Information Currently on File

<input type="checkbox"/> Please use my account on file ending in _____	(list the last 4 digits) _____
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Please verify the account that you have on file. Please update if needed.

Payment Schedule Information (choose one)

<input type="checkbox"/> Weekly Draft Choose this option if you wish to have the fee amount drafted from a credit card or checking account. Your account will be drafted the WEDNESDAY prior to the week of service	<input type="checkbox"/> Weekly Payments Choose this option if you wish to pay at the front desk or online each week. Payments are due the Wednesday prior to the week of service
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Payment Policies - PLEASE INITIAL

Initial _____	Payment will be drafted or paid weekly as indicated above. If payment is not received by 12pm the Friday before the week of service, your child will be withdrawn from the session.
Initial _____	Payments not honored by the bank for any reason, will incur a \$30 return payment fee. In the event a payment is returned, we will automatically re-draft within 14 days.
Initial _____	I understand that registration fee is non-refundable and non-transferable.
Initial _____	I understand that if I need to cancel a week, I must do so in writing to the YMCA 10 days in advance.

This is a request to draft the above named financial institution for charges related to selected YMCA programs. I further agree this authorization is to remain in effect until receipt of written notice to the YMCA Association Office or Program Director to cancel such authorization.

Account Holder's Signature _____	Date _____
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PAYMENT POLICIES AND AUTHORIZATIONS

1. All fees associated with YMCA membership and program registration fees are due at the time of registration.
2. Camp fees are based on the camp's calendar and do not vary regardless of program closures due to inclement weather or emergency situations.
3. As the enrolling parent, you are responsible for all fees related to your child's participation. This includes families that receive assistance through third party agencies such as co-pays or family fees. All DFACS certificates must be presented at time of registration.
4. For Day Camp, all payments will be drafted on the Wednesday prior to each week of your child's attendance. Fees will be collected by automatic bank draft of the checking account provided. Parents have the option to pay manually by choosing the weekly payment plan which requires the parent to make a payment by the Wednesday prior to the week of camp.
5. Prior balances on your account **WILL** result in your child being placed on an inactive status, which means the child cannot attend the camp program or any other YMCA program until the balance is paid in full and if applicable, loss of scholarship/financial assistance for the school year (parent will be billed the regular rate for Camp).
6. **NO CREDITS FOR DAYS ABSENT** will be given for any family without written approval from the YMCA Camp Director.
7. Any credits that have not been used within 60 days will no longer be valid. Parents are responsible for contacting the Welcome Desk or Summer Camp Office regarding their account.
8. The YMCA program requires **10** calendar days notice of any changes in your child's enrollment including: changes in schedule, change in address, change in financial information and withdrawal from the program etc. Complete the **CHANGE IN SCHEDULE FORM OR WITHDRAWAL FORM** and submit it to the YMCA Welcome Desk. At that time, the YMCA staff will sign and write the date received on the form. There will be no changes made to any account unless the form has been completed and returned to the YMCA staff **10** calendar days in advance.
9. **LATE PAYMENT FEES WILL BE ASSESSED IN THE AMOUNT OF \$10.00 PER CAMP WEEK (or portion thereof) AND CHARGED TO EACH ACCOUNT.**
10. Any payments returned for any reason including **non-sufficient funds** will result in appropriate late fees, plus a YMCA service fee of **\$30.00 per incident.**
11. Families who are unable financially to pay the full cost of participation are encouraged to apply for financial assistance through the YMCA Financial Assistance Program made available through generous contributions from friends of the YMCA. Contact the YMCA Welcome Desk for additional information and eligibility requirements.

I, _____, hereby make assignment of all programming tuition to the Brad Akins YMCA, Inc. I also make authorization for the same to release any personal information necessary to execute collection of payments due to the YMCA. I understand that I am personally responsible for all charges to my account, regardless of any reason unless approved and signed by the Summer Camp Director of the Brad Akins YMCA. I guarantee payment in full to the Brad Akins YMCA, Inc. for all charges made for the care of my children. I understand that should my account be placed for collection, I will be responsible for all costs including court cost, collection fees and attorney fees.

Parent/Guardian Signature _____ Date _____

YMCA Staff (Printed Name) _____ Date _____

2022 Summer Camp Selection Sheet

Choose carefully, camps are non-transferable. Please involve your camper in the selection process.

"M" = YMCA Member Pricing / "N" = NON-YMCA Member Pricing

Camper Name: _____

Week 1: May 31 - June 3				Week 2: June 6-10				Week 3: June 13-17			
Check only <u>ONE</u> BOX	Brad Akins Y			Check only <u>ONE</u> BOX	Brad Akins Y			Check only <u>ONE</u> BOX	Brad Akins Y		
Day Camp	M \$115 N \$135			Day Camp	M \$115 N \$135			Day Camp	M \$115 N \$135		
Week 4: June 20-24				Week 5: June 27- July 1				Week 6: July 5-8			
Check only <u>ONE</u> BOX	Brad Akins Y			Check only <u>ONE</u> BOX	Brad Akins Y			Check only <u>ONE</u> BOX	Brad Akins Y		
Day Camp	M \$115 N \$135			Day Camp	M \$115 N \$135			Day Camp	M \$115 N \$135		
Week 7: July 11-15				Week 8: July 18-22				Week 9: July 25-29			
Check only <u>ONE</u> BOX	Brad Akins Y			Check only <u>ONE</u> BOX	Brad Akins Y			Check only <u>ONE</u> BOX	Brad Akins Y		
Day Camp	M \$115 N \$135			Day Camp	M \$115 N \$135			Day Camp	M \$115 N \$135		

Child's Name: _____

Pryme Tyme Swim Waiver

Your child will have the opportunity to swim on designated swim days. It is a requirement to have a swim waiver prior to your child participating in a swim activity.

Please indicate your preference below:

- I would like for my child to participate in swimming.
- I do not want my child to participate in swimming.
- I would like for my child to participate in swim lessons.

(Parent Signature)

(Date)

Official Use Only

- Green Band – Child may swim in deep water
- Yellow Band – Child may swim in shallow water only
- Vest – Child must wear vest while swimming (shallow water only)

Verified by _____ Date _____
Staff Signature