



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**2022
Summer Camp
Registration Packet**

2022 Summer Camp Information

Day Camp Dates & Times

May 31st – July 29th (9 Weeks)

7:00 a.m. – 6:00 p.m.

Breakfast, Lunch, & an afternoon snack is provided!

Weekly Cost

Day Camp ONLY:

Members: \$100/Full week (3 or more days)

\$40/Partial week (2 or less days)

Non-members: \$125/Full week (3 or more days)

\$50/Partial days (2 or less days)

Early Drop-off: \$15/week or \$5/day

- A \$35 registration fee is due at the time of registration for Day Camp
- \$10% discount per week for 2nd child enrolled in program
- A \$20 deposit is required at registration for each week your child will be attending
- No deposit is required if the automatic draft option is selected

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 Friday before the week attending. A deposit at the time of registration would not be required for all draft participants. Please complete the Payment Agreement Form attached (one form per family please).

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

Site

Bell Family YMCA
281 Opal Street Ext.
Hartwell, GA 30643

Day Camp Activities

Arts & Crafts	Swimming	Songs	Field Trips
Sports	Games	Character Development	Outdoor activities
Special Guests	Devotions	Explore Nature	

Field Trips are planned for the 3rd & 6th week of camp. We are presently trying to confirm dates. Info about the parent orientation and the field trips will be sent out before camp is to start. (Please refer to parent handbook for weekly themes)

Day Camp Grade (we register based on age at registration) Groups & Ratios

5 & 6-year old's Angels 7 – 9 Year old's Saints or Knights 10-12-year old's Crusaders

During summer day camp, we try to maintain a 1:18 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.



Bell Family YMCA
**2022 Summer Camp
 Registration**

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

Para asistencia traducción española, consulte una de Servicios para Miembros personal de la YMCA

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

Child's Full Name _____ Birthdate _____
 Male ___ Female ___ Age ___ Hair Color _____ Eye Color _____ Height _____ Weight _____
 Grade _____ Child's Shirt Size YXS, YS, YM, YLG, AS, AM, ALG (Circle size)

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: _____ Relationship: _____ Phone #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 #2 Name: _____ Relationship: _____ Phone #: _____
 Address: _____ City: _____ State: _____ Zip: _____

Pick Up Information: (cont.)

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

#3 Name: _____ Relationship: _____ Phone #: _____

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

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.

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.

____ **Initials** I am aware that the Bell Family YMCA is not licensed during the Summer and is not required to be licensed by the state.

Summer Camp: Attire Guidelines

____ **Initials** I understand that my child must wear appropriate attire during Summer Camp. Tennis shoes are required daily. Sandals & flip-flops are not allowed for daily activities only for swim time. Girls must wear one-piece swimsuits.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

Parent/Guardian Signature: _____ Date: _____

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 Camps, all payments will be drafted on the Friday 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 Friday 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. The parent will be responsible for payment in full if at least **10** calendar days' notice is not given.
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 Bell Family 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 Bell Family YMCA. I guarantee payment in full to the Bell Family 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 _____

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 Bell Family 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 Bell Family YMCA. In consideration of the privilege of participation at the Bell Family YMCA, I hereby voluntarily release and discharge the Bell Family 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 Bell Family YMCA, its officers, directors and employees from any and all claims.
2. While the Bell Family YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children and adults, Bell Family 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 Bell Family YMCA programs and activities. Any of the above reasons will be grounds for dismissal from Bell Family 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 Bell Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using Bell Family YMCA facilities, participating in Bell Family YMCA activities, or on Bell Family YMCA premises.
4. I give my permission to the Bell Family 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 Bell Family 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 Bell Family 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 Bell Family YMCA.

I HAVE READ THIS RELEASE

Participant's name

I HAVE READ THIS RELEASE

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

Vehicle Emergency Medical Information
(Please fill out this form completely)

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if the Bell Family YMCA cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Date _____



Bell Family YMCA

Summer Camp Bus Rules

- **Students will follow directions of the driver**
- **Students will go directly to their seat and sit down**(back against seat back and feet on the floor, book bags in their lap)
- **Keep the aisles and exits clear**
- **Students cannot drink, eat, and chew gum or any controlled substance on the bus.**
- **Students will not carry animals, glass objects, nuisance items, hazardous materials or weapons onto the bus.**
- **Students will refrain from using loud voices, profanity and or obscene gestures and respect the rights and safety of others.**
- **Students will not extend head, arms or throw objects out of the bus windows.**
- **Students will be totally silent at all railroad crossings.**
- **Students will remain seated until it is time to get off the bus.**
- **Students will keep their bus clean and in good safe condition.**
- **The YMCA bears no responsibility for lost, stolen or damaged items brought onto the bus.**
- **The privilege of riding the YMCA bus may be denied to any camper who does not conduct himself/herself in a safe and orderly manner.**

Student's signature _____

Parent's signature _____

Date _____

What are the YMCA guidelines for discipline? What are the YMCA guidelines for discipline?

Campers are entitled to a pleasant and safe environment while participating in this program. We will make every effort to help your child adjust to our camp. YMCA reserves the right to withdraw our camp. A participant from our program if he or she is unable or unwilling to adjust to our schedule and program.

The following disciplinary policy will be followed for general misbehavior:

1st offense: Child will be redirected and given a verbal warning

2nd offense: Child will be asked to take a personal time-out (Written documentation will be sent home)

3rd offense: Child will lose some or all of his or her privileges of participating in a special activity (Loss of privilege of any high risk activity such as swimming, field trips, they may be assigned to a silent lunch table, etc.) (Written documentation will be sent home)

4th offense: Camper will talk with Camp Leadership and parent will be called to discuss a positive plan for change. (Written documentation will be sent home)

5th offense: Parent will be called to pick-up child early or risk the child being suspended for additional days of camp or removed from camp completely. (Written documentation will be sent home)

6th offense: Camper will be suspended based on severity offense from a day to a week of summer camp.

7th offense: Camper’s enrollment will be terminated for the summer.

Zero Tolerance Policy Zero Tolerance Policy

YMCA Day Camp has a zero-tolerance policy for serious behavior infractions since our goal is to provide a healthy, safe and fun environment for every camper. The behaviors below are grounds for immediate removal from camp for the remainder of the current day and additional days as deemed necessary by camp staff. Each incident will be considered on a case-by-case basis to determine if the child is capable of functioning in a group setting while at camp. The Camp Director will meet with the camper’s parent(s) to determine a course of action and the length of the suspension.

Serious behaviors that may result in immediate Camp Suspension If a child is removed from camp no refunds will be given.

1. Any behavior that endangers the health and safety of children, staff or members
2. Leaving the day camp program without permission, or refusing to remain with assigned group
3. Inappropriate touching of other campers or sexual misconduct
4. Theft, defacing or destruction of property belonging to the YMCA or others
5. Verbal abuse or threats, bullying, name-calling
6. Any kind of physical assault such as hitting, kicking, biting
7. Gang-related activity
8. Possession of weapons, tobacco, alcohol or illegal drugs

Student’s Signature _____

Parent’s Signatures _____

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give _____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

Baby Wipes

Band-aids

Neosporin or similar ointment

Bactine or similar first aid spray

Sunscreen

Insect Repellent

Non-Prescription ointment (such as A & D, Desitin, Vaseline)

Baby Powder

ice pack

bandages

Other (please specify) _____

Parent/Guardian Signature _____ Date _____

Bell Family YMCA
Summer Camp Swim Waiver

Your child will have the opportunity to swim daily. 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.

(Parent Signature)

(Date)

Official Use Only

Check one:

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