



GEORGIA MOUNTAINS YMCA  
**2018 Summer  
Application**

**SUMMER CAMP LOCATION:**

CAMP PHOENIX - J. A. WALTERS FAMILY YMCA
CAMP RAVEN - SOUTH HALL
CAMP RAIDER - HABERSHAM COUNTY
CAMP LIONHEART - WHITE COUNTY
CAMP EVERGREEN - DAWSON COUNTY

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

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

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Grade \_\_\_\_\_

**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:

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: \_\_\_\_\_

## Participant's T-Shirt Size:

Please circle your child's T-Shirt Size: YOUTH (SM) (MED) (LG) ADULT (SM) (MED) (LG) (XL)

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.

# Georgia Mountains YMCA, Inc.

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

\_\_/\_\_/\_\_

\_\_\_\_\_

participant's signature

I HAVE READ THIS RELEASE

\_\_/\_\_/\_\_

\_\_\_\_\_

parent's or guardian's signature  
(if participant is legally a minor)

date

date

## PAYMENT POLICIES AND AUTHORIZATIONS

1. All fees associated with YMCA membership, program registration and first week of program 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 weekly Camps, 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 advanced monthly payment plan which requires the parent to make a payment by the last day of the month for the upcoming month. (Note: the only payment options to make weekly payments are by automatic bank draft [which requires a complete routing number and account number] or Credit Card). For shorter Camps (1-, 2-, 3-days), payment is due at the time of registration.
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 Member Services desk located at the YMCA facility 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 Member Services 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 Member Services desk for additional information and eligibility requirements.

I, \_\_\_\_\_, hereby make assignment of all programming tuition to the Georgia Mountains 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 Professional Directors of the Georgia Mountains YMCA. I guarantee payment in full to the Georgia Mountains 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 \_\_\_\_\_

**GEORGIA MOUNTAINS YMCA**

**2018 Summer Camp Electronic Payment Withdrawal Agreement Form**

Please complete one per family

Today's Date	Staff Assisting
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**Personal Information**

Person responsible for payments	Relationship to Camper
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	
Employer	Work/Cell Phone	
Employer's Address	City	State      Zip

**Bank Information**

<input type="checkbox"/> <b>Bank Account Details</b> (attach voided check) Name on Account: _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Routing Number: _____ Account Number: _____	<input type="checkbox"/> <b>Credit Card Details</b> (attach copy of credit card) Name on Account: _____ Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Exp. <input type="checkbox"/> Discover Account Number: _____ Expiration Date: _____      CVV #: _____
<input type="checkbox"/> <b>Please use my account on file ending in</b> _____ (list the last 3-4 digits)	

**Payment Schedule Information (choose one)**

<input type="checkbox"/> <b>Weekly Draft</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Session</th> <th>Draft Date</th> <th>Amount Due</th> </tr> </thead> <tbody> <tr><td>May 24-25</td><td>May 16</td><td></td></tr> <tr><td>May 29 - June 2</td><td>May 23</td><td></td></tr> <tr><td>June 4 - 8</td><td>May 30</td><td></td></tr> <tr><td>June 11 - 15</td><td>June 6</td><td></td></tr> <tr><td>June 18 - 22</td><td>June 13</td><td></td></tr> <tr><td>June 25 - 29</td><td>June 20</td><td></td></tr> <tr><td>July 2 - 6</td><td>June 27</td><td></td></tr> <tr><td>July 9 - 13</td><td>July 3</td><td></td></tr> <tr><td>July 16 - 20</td><td>July 11</td><td></td></tr> <tr><td>July 23 - 27</td><td>July 18</td><td></td></tr> <tr><td>July 30 - Aug.3</td><td>July 25</td><td></td></tr> </tbody> </table>	Session	Draft Date	Amount Due	May 24-25	May 16		May 29 - June 2	May 23		June 4 - 8	May 30		June 11 - 15	June 6		June 18 - 22	June 13		June 25 - 29	June 20		July 2 - 6	June 27		July 9 - 13	July 3		July 16 - 20	July 11		July 23 - 27	July 18		July 30 - Aug.3	July 25		<input type="checkbox"/> <b>Monthly Draft</b> (Monthly draft must end by July) <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Start Date</td><td></td></tr> <tr><td>Total Due after deposits</td><td>\$</td></tr> <tr><td>Number of months</td><td>+</td></tr> <tr><td>Monthly Amount Due</td><td>\$</td></tr> <tr><td>Draft Date</td><td><input type="checkbox"/> 1st      <input type="checkbox"/> 15th</td></tr> </table>	Start Date		Total Due after deposits	\$	Number of months	+	Monthly Amount Due	\$	Draft Date	<input type="checkbox"/> 1st <input type="checkbox"/> 15th
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<input type="checkbox"/> <b>Donation</b> (please circle one) Would you like to make a one-time donation to the YMCA to help support our Child Care Programs? <p align="center"> <input type="checkbox"/> \$5    <input type="checkbox"/> \$10    <input type="checkbox"/> \$25    <input type="checkbox"/> \$50    <input type="checkbox"/> \$100    <input type="checkbox"/> No Thank You - \$0                 </p>																																															

**Payment Policies PLEASE INITIAL**

Initial	Payment will be drafted weekly or monthly as indicated above. If payment is not received by the first day of care, the child will not be allowed to participate in the program until fees are paid.
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 deposits are 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.

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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# 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.GAMountainsYMCA.org](http://www.GAMountainsYMCA.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.

\_\_\_\_\_ **Initials** I acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

**I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.**

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

## 2018 Summer Camp Selection Sheet

Please check the boxes for the camp that your child will be attending. Choose carefully, camps are non-transferable. Please involve your camper in the selection process.

Camper Name: \_\_\_\_\_

Camp is available   
 Camp is unavailable

	JAW ONLY Week 1: 5/24-5/25	Week 2: 5/29-6/1	Week 3: 6/4-6/8	Week 4: 6/11-6/15	Week 5: 6/18-6/22	Week 6: 6/25-6/29	Week 7: 7/2-7/6	Week 8: 7/9-7/13	Week 9: 7/16-7/20	Week 10: 7/23-7/27	Week 11: 7/30-8/3
Pre-K											
Traditional											
Teens											
Leaders In Training(L.I.T)											

Sports:											
Baseball											
Golf											
Soccer											
Fishing											
Ninja Warrior											
Basketball											
Flag Football											
Cheerleading											

Specialty:											
Culinary Arts Adventures											
Babysitting Adventures											
EFK: Fun in the Sun											
E2 Young Engineers											
Outdoor Adventures											
Aquatics Adventures											
"American Girl" Adventures											
EFK: Kodu Kart Racing											
EFK: Heroes Week											
Outdoor Adventures Pt.2											
Art Adventures											

Rising 2018-2019 Grade Level	Pre-K	K	1st	2nd	3rd	4th	5th
	6th	7th	8th	9th	10th		