



Today's Date _____
Camp Start Date _____
Grade (Fall 2017) _____
Y Member__ Community__

YMCA Summer Camp 2017 Little Explores Camp

	Full Time Day Camp	\$120 Y Member / \$145 Community
	1/2 Time Day Camp	\$85 Y Member / \$100 Community
Camp hours are 9am-4pm Drop off is 6:30-9am at Fairview Pick-Up is 4:00-6:00pm at Fairview		

All forms are to be completed by a parent or legal guardian.

Name of Child _____ DOB _____ Grade _____

Home Address _____ City _____ Zip _____

Best Contact Phone # _____ Alternative Contact Phone # _____

Email Address _____

Child Lives With: ___ Both Parents ___ Mother ___ Father ___ Other _____

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Emergency Contact and people authorized to pick up child

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of Family Physician _____ Phone _____

Medical Insurance Carrier _____

Special Arrangements we need to be aware of (visitation, etc.) _____

Allergies _____

AGREEMENTS AND RELEASE

Please initial each numbered item.

	My child has permission to participate in The YMCA of Klamath Falls Day Camp 2017 activities, such as swimming and other organized activities listed on the weekly camp schedule. All swim activities are supervised by certified YMCA lifeguard staff persons, as well as camp staff.
	I give my permission to the YMCA to secure proper medical treatment for my child. In the event of an emergency, you will be notified. If, however, you cannot be reached and circumstances warrant it, YMCA staff will arrange for transportation to a medical facility to acquire care for your child.
	I hereby grant The YMCA of Klamath Falls the right to use pictures/photographs/videos of above-named child for display or advertising specifically for YMCA programs.
	I understand that payment is due in full by 9:00am on Monday of the camp week.
	No credit will be given for sick or missed days. We cannot trade days in order to make up for "lost" time.
	I give permission to the YMCA for my child to go on supervised field trips in YMCA vehicles.
	I agree to notify the YMCA immediately if my child is exposed to any communicable disease.
	I give my permission for YMCA staff to supervise application of topical items (sunscreen, insect repellent, etc.) for my child prior to going outside.
	I understand that my child will not be permitted to start camp without a completed Medication Distribution Form, if medication is to be distributed. If needed, please request the Medication Distribution Form.
	I understand that my child needs to be picked up at the end of the camp day by 6pm. If I cannot be there by 6pm, I understand that I must contact the camp director with alternative arrangements. Late pick up fee of \$10 for every 15 minutes.

To the best of my knowledge my child is healthy and should have no physical problems participating in the Summer Day Camp offered by The YMCA of Klamath Falls.
I understand that, according to State Law, the YMCA is required to report suspected child abuse.
I understand that The YMCA of Klamath Falls' programs are not covered by medical, dental or accident insurance. Each participant must furnish his/her own coverage.
I understand that The YMCA of Klamath Falls assumes no financial obligation for any injury that may occur. I also understand that YMCA staff are not allowed to transport or babysit my children at any time outside of the YMCA programs. **I know that deposits to hold camp weeks are non-refundable.**

Signature of Parent/Guardian:

Date:

YMCA Little Explorers Selection Sheet – Summer 2017

FULL TIME DAY CAMP: \$120 for Y Members & \$145 Community

1/2 TIME DAY CAMP: \$85 Y Members & \$100 Community

Camp hours

Full Time 9am-4pm

Half Day 9am-1pm

Drop off is 6:30-9am at Fairview

Full Time Pick-Up is 4:00-6:00pm at Fairview

Week		Theme
1	June 19-23	Garden Sprouts—Little Green Thumbs
2	June 26-30	Stars & Stripes—Born in America
3	July 3-7 (NO Camp 7/4)	Wacky Science—Little Scientists
4	July 10-14	Animal Discovery
5	July 17-21	Little Picassos
6	July 24-28	Every Day is a Holiday
7	July 31 - August 8	One Fish, Two Fish...
8	August 14-18	Pirates, Princesses & Capes Galore

The YMCA of Klamath Falls
Youth Development Center at Fairview
1017 Donald Street
Klamath Falls OR 97601
541.887.2512
www.kfallsymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Child's Name: _____ Age: _____ Date: _____

Parent/Guardian/Adult Printed Name: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Parent/Legal Guardian: _____