



# Glens Falls YMCA Camp Chepontuc Registration 2019

600 Glen St, Glens Falls, NY 12801 | 518.793.3878 | www.glensfallsymca.org

## Child Information

Child's Name (Last, First):	Date of Birth:	Age as of 6/1/19	Gender: Male Female
Child's Address:	City/State/Zip:		

Child's School: \_\_\_\_\_

## Contracting Parent/Guardian Contact Information MOTHER FATHER OTHER:

Contracting Parent/Guardian Name:		Date of Birth:	Gender: Male Female
Home Address (if different from child):	City/State/Zip:	Employer:	
Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone	Authorized Pick Up? <input type="checkbox"/> YES <input type="checkbox"/> NO	Cell#:	
	Can this parent/guardian make changes to the authorized pick up list? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home#:	
		Work#:	
Email Address:	Driver's License#:		

## Other Parent/Guardian Contact Information MOTHER FATHER OTHER:

Other Parent/Guardian Name:		Date of Birth:	Gender: Male Female
Home Address (if different from child):	City/State/Zip:	Employer:	
Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone	Authorized Pick Up? <input type="checkbox"/> YES <input type="checkbox"/> NO	Cell#:	
	Can this parent/guardian make changes to the authorized pick up list? <input type="checkbox"/> YES <input type="checkbox"/> NO	Home#:	
		Work#:	
Email Address:	Driver's License#:		

## Additional Authorized Pick Up (other than parents/guardians):

Name:	Telephone Number:	Driver's License Number:	Emergency Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Telephone Number:	Driver's License Number:	Emergency Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Telephone Number:	Driver's License Number:	Emergency Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO

OVER ->



# Glens Falls YMCA Camp Chepontuc Registration 2019

600 Glen St, Glens Falls, NY 12801 | 518.793.3878 | www.glensfallsymca.org

## Health History (circle yes or no)

**Yes / No** My child is free from contagious and communicable diseases

**Yes / No** My child is able to participate in camp.

**Yes / No** My child has allergies (please specify below).

\_\_\_\_\_  
\_\_\_\_\_

**Yes / No** My child takes regular medication (please specify below).

\_\_\_\_\_  
\_\_\_\_\_

**Yes / No** My child requires a special diet (please specify below).

\_\_\_\_\_  
\_\_\_\_\_

**Yes / No** My child has special hearing, visual, or dental conditions (specify).

\_\_\_\_\_  
\_\_\_\_\_

**Yes / No** My child has a medical or developmental condition requiring special attention (please specify below).

\_\_\_\_\_  
\_\_\_\_\_

**Insurance Company (or Gov't Program)** \_\_\_\_\_

**ID/Contract #** \_\_\_\_\_

**Physician Name** \_\_\_\_\_

**Physician Address** \_\_\_\_\_

**Physician Phone** \_\_\_\_\_

## Authorization for Medical Treatment

If your child needs medical, dental, or health services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filing out this authorization form. Using this form, you can give permission to the YMCA Staff to act for you, in your absence, regarding the treatment of your child. This is a legal document. If your child needs unexpected medical treatment, the YMCA Staff will present this document to the appropriate person - physician, dentist, or hospital representative. When a true emergency exists a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase risk to the child's life or health.

I, being the parent of custody or legal guardian of the minor named, do hereby appoint:

**Family YMCA of the Glens Falls Area Staff  
600 GLEN STREET, GLENS FALLS, NY 12801**

To act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the minor named in my absence.

I have read and understand the authorization for medical treatment. My signature below acknowledges such.

## Admission Agreement (INITIAL ON LEFT HAND SIDE)

<b>INITIAL</b>	<b>Policies and Procedures:</b> I have received and have read a copy of the YMCA Camp Chepontuc parent handbook and understand all policies and procedures therein. <b>A PHOTO ID IS REQUIRED FOR ANYONE PICKING UP.</b>
<b>INITIAL</b>	<b>Immunization:</b> I have attached my child's immunization records and certify that they are accurate and up to date.
<b>INITIAL</b>	<b>Hours of Care:</b> I understand that I will be charged a \$15 late fee for pickup after 6PM.
<b>INITIAL</b>	<b>Custody:</b> YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Contracting Parent/Guardian information listed on this document. <b>NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD</b>
<b>INITIAL</b>	<b>Photo Release:</b> The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.
<b>INITIAL</b>	<b>Authorization to Treat:</b> I have read and understand the Authorization for Medical Treatment (above).
<b>INITIAL</b>	<b>Transportation:</b> I authorize my child (ages 5+) to be transported by bus on camp trips.
<b>INITIAL</b>	<b>Sunscreen:</b> In the event of an extreme circumstance, I authorize the YMCA to apply aerosol sunscreen to my child.
<b>INITIAL</b>	<b>Off-Site Swimming:</b> I authorize the YMCA to transport my child via school bus on any and all off-site swimming field trips including state beaches.
<b>INITIAL</b>	<b>Field Trips:</b> I authorize the YMCA to transport my child via school bus on any and all off-site field trips.

By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Family YMCA of the Glens Falls Area from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

**Primary Parent/Guardian Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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



# Glens Falls YMCA Camp Chepontuc Registration 2019

600 Glen St, Glens Falls, NY 12801 | 518.793.3878 | www.glensfallsymca.org

Camper Name	Date of Birth							Age on 6/1/19		Fees	
	Week 1 7/1-7/5	Week 2 7/8-7/12	Week 3 7/15-7/19	Week 4 7/22-7/26	Week 5 7/29-8/2	Week 6 8/5-8/9	Week 7 8/12-8/16	Week 8 8/19-8/23	Week 9 8/26-8/30		Before 5/31/19 Mbr/Non-Mbr
<b>Camps</b>											
<b>Traditional Day Camp</b>											
Acorn (3-4)										\$176/\$218	\$186/\$230
Acorn Half-Day (3-4)										\$102/\$130	\$112/\$140
KinderCamp (campers Entering K in 2019)										\$176/\$218	\$186/\$230
5 Tribes (6-11)										\$176/\$218	\$186/\$230
Teens Only Camp (12-15)										\$200/\$230	\$210/\$240
<b>Sports Camp</b>											
Sports Camp (5-12)										\$176/\$218	\$186/\$230
<b>Gymnastics Camp</b>											
Gymnastics (6-13)										\$176/\$218	\$186/\$230
Gymnastics & Dance (5-13)										\$176/\$218	\$186/\$230
Team Tune Up (6-18)										\$176/\$218	\$186/\$230
Ninja-Nastics 1/2 Day (7-13)										\$102/\$115	\$112/\$125
Boys Gymnastics 1/2 Day (7-13)										\$102/\$115	\$112/\$125
Fit Factory 1/2 Day (6-13)										\$102/\$115	\$112/\$125
Gymnastics 1/2 Day (6-13)										\$102/\$115	\$112/\$125
<b>Half Day Camps</b>											
Nuts about Nature (5-12)										\$102/\$115	\$102/\$115
ARTrageous (5-12)										\$102/\$115	\$102/\$115
Young Chefs (5-12)										\$102/\$115	\$102/\$115
Weird Science (5-12)										\$102/\$115	\$102/\$115
Builder's Camp (5-12)										\$102/\$115	\$102/\$115
5 Tribes Half-Day Add On										\$35	\$35
<b>Performing &amp; Fine Arts</b>											
Fine Art Camp (7-13)										\$176/\$218	\$186/\$230
Drama Camp (7-13)										\$176/\$218	\$186/\$230
Dance, Dance, Dance Camp (6-13)										\$102/\$115	\$102/\$115
<b>Deposits Collected</b>											
										\$25/Week	\$25/Week



# Glens Falls YMCA Camp Chepontuc Registration 2019

600 Glen St, Glens Falls, NY 12801 | 518.793.3878 | [www.glensfallsymca.org](http://www.glensfallsymca.org)



# 2019 CAMP CREDIT CARD DRAFT

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

Parent's Name \_\_\_\_\_

- I wish to have a weekly payment charged to my credit card for \_\_\_\_\_ weeks of camp. Credit cards accepted are Mastercard, VISA, AMEX and Discover Card. The day my credit card will be drafted is on the Wednesday prior to the week my child is attending (see below).

CREDIT CARD:	MC	AMEX	VISA	DISCOVER (CIRCLE ONE)
ACCOUNT #:	_____			EXP. DATE _____
V CODE:	_____			
ZIP CODE:	_____			

## Please initial all weeks you wish to draft:

- |                               |  |
|-------------------------------|--|
| _____ Week 1 July 1- July 5   | will draft on Wednesday, June 26, 2019   |
| _____ Week 2 July 8- July 12  | will draft on Wednesday, July 3, 2019    |
| _____ Week 3 July 15- July 19 | will draft on Wednesday, July 10, 2019   |
| _____ Week 4 July 22- July 26 | will draft on Wednesday, July 17, 2019   |
| _____ Week 5 July 29- Aug 2   | will draft on Wednesday, July 24, 2019   |
| _____ Week 6 Aug 5- Aug 9     | will draft on Wednesday, July 31, 2019   |
| _____ Week 7 Aug 12- Aug 16   | will draft on Wednesday, August 7, 2019  |
| _____ Week 8 Aug 19- Aug 23   | will draft on Wednesday, August 14, 2019 |
| _____ Week 9 Aug 26- Aug 30   | will draft on Wednesday, August 21, 2019 |

**I understand that my account will be charged on the draft dates indicated above for which my child is registered.**

---

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*MUST SIGN & DATE\*\***