



2021 SUMMER CAMP REGISTRATION

Please return completed forms to: (E) Liz@gtbodymca.org (F) 231.525.2067
(M) 523 W. Jefferson St. Petoskey, MI 49770

CAMPER INFORMATION

Camper's First Name: _____ Last Name: _____ Camper T-Shirt Size: YS YM YL S M L XL
(One form per camper)

EMERGENCY CONTACTS

List all individuals, **including parents/legal guardians**, in order of preference, to be contacted in an emergency. Please include at least 1 person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. Please be aware that we cannot release your camper to anyone who is not listed as an emergency contact or additional authorized pickup, regardless of relation.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

ADDITIONAL AUTHORIZED PICK-UPS

Please provide the information of additional persons authorized to pick up your child from camp other than parents/guardians listed above. Pick-ups must be at least 16 years of age with valid ID. Please be aware that we cannot release your camper to anyone who is not listed as an emergency contact or additional authorized pickup, regardless of relation.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

CAMPER HEALTH/MEDICAL INFORMATION

This section is required for your student's care and is mandated by the State of Michigan to be completed in full.

Current medical (physical or psychological) conditions pertinent to routine care of my camper: _____

Please list any behavioral or special needs that our staff should be aware of to ensure the best care of your camper: _____

Y__ N__ My camper has Hay Fever, Asthma, or Wheezing

Y__ N__ My camper has Eczema or Frequent Skin Rashes

Y__ N__ My camper has trouble with passing urine or bowel movements

Y__ N__ My camper has Convulsions or Seizures

Y__ N__ My camper has Heart Trouble

Y__ N__ My camper is up to date on immunizations

Y__ N__ My camper has Diabetes

Y__ N__ My camper has Frequent Colds, Sore Throats, Earaches (4 or more per year)

Y__ N__ My camper may participate in all activities (if no, please explain below)

Y__ N__ My camper has Shortness of Breath

Y__ N__ My camper has Speech Problems

Y__ N__ My camper has Menstrual Problems

Y__ N__ My camper has Dental Problems

Y__ N__ Allergies or Reactions (for example, food, medication or other) If yes, please describe: _____

Y__ N__ Does your child take any medication(s) regularly? If yes, list all medications including over the counter: _____

Y__ N__ Will your child be taking any of the above medication during camp hours?

REGISTRATION

Please select the weeks (Minogi and/or Specialty camps) or days (Daybreak) you would like to register for and please be aware that camp is on a first come, first served basis so there may not be space for the sessions you would like. If space is not available at the time of registration, you will be added to the wait-list for that session.

CAMP MINOGI

Deposit \$15/week | (M) \$110/week (CP) \$130/week

CAMP	WEEKS	1	2	3	4	5	6	7	8	9	10	11
	DATES	6/14 to 6/18	6/21 to 6/25	6/28 to 7/2	7/5 to 7/9	7/12 to 7/16	7/19 to 7/23	7/26 to 7/30	8/2 to 8/6	8/9 to 8/13	8/16 to 8/20	8/23 to 8/27
Pre-Camp (ages 5-12)	7AM-8AM											
Post Camp (ages 5-12)	4PM-6PM											
Day Camp (ages 5-8)	8AM-4PM											

SPECIALTY CAMPS

Deposit \$15/week | (M) \$140/week (CP) \$190/week

CAMP	WEEKS	1	2	3	4	5	6	7	8	9	10	11
	DATES	6/14 to 6/18	6/21 to 6/25	6/28 to 7/2	7/5 to 7/9	7/12 to 7/16	7/19 to 7/23	7/26 to 7/30	8/2 to 8/6	8/9 to 8/13	8/16 to 8/20	8/23 to 8/27
Specialty Pre-Camp (ages 5-12)	7AM-8AM											
Specialty Post Camp (ages 5-12)	4PM-6PM											
Mini Makers (ages 5-8)	8AM-4PM											
Innovation Factory (ages 8-12)	8AM-4PM											
Short Sports (ages 5-8)	8AM-4PM											
Sports Sampler (ages 8-12)	8AM-4PM											
Little Picassos (ages 5-8)	8AM-4PM											
Artrageous (ages 8-12)	8AM-4PM											
Wild Things (ages 5-8)	8AM-4PM											
Neature (ages 8-12)	8AM-4PM											

CAMP DAYBREAK

Deposit \$5/day | (M) \$30/day (CP) \$40/day

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
6/14	6/15	6/16	6/17	6/18
6/21	6/22	6/23	6/24	6/25
6/28	6/29	6/30	7/1	7/2
7/5	7/6	7/7	7/8	7/9
7/12	7/13	7/14	7/15	7/16
7/19	7/20	7/21	7/22	7/23
7/26	7/27	7/28	7/29	7/30
8/2	8/3	8/4	8/5	8/6
8/9	8/10	8/11	8/12	8/13
8/16	8/17	8/18	8/19	8/20
8/23	8/24	8/25	8/26	8/27

GRAND TRAVERSE BAY YMCA/YMCA OF NORTHERN MICHIGAN OFFICIAL REGISTRATION FORM, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children 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 acknowledgment that such premises and all facilities and equipment thereon and such affiliated program 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 by the undersigned and such children.

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 off-site program affiliated with the YMCA, the undersigned hereby agrees to the following:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any, loss, liability, damage or cost they may incur due to the presence of the undersigned or such children 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 releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases 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 gives permission to the Grand Traverse Bay YMCA/YMCA of Northern Michigan for this registrant to appear in photographs, videotapes, or other media, etc., associated with YMCA programs. PARENTS: Our staff is trained in child abuse prevention and all staff sign a code of conduct. Please report any suspicious activity immediately. The undersigned agrees to abide by the Program Refund Policy as stated in the camp handbook. Refunds will be made in the form of program credits unless otherwise approved and requests for refunds must be made in writing prior to the program start date. Late fees and deposits are non-refundable.

The Grand Traverse Bay YMCA/YMCA of Northern Michigan is founded on Christian principles and values and prohibits inappropriate behavior, conduct, and materials. This includes, but is not limited to, profanity or abusive language, attire, smoking, use of alcohol or drugs, weapons, fireworks, pornography, the removal or misuse of YMCA property, or criminal conduct of any type. Such inappropriate behavior, conduct, or materials is unacceptable.

X Signature of Parent/Guardian: _____ Date: ___/___/2021

PARTICIPATION WAIVER

As a parent, I understand as a part of the YMCA of Northern Michigan Summer Day Camp Program that my son/daughter participates involves light to moderate physical activity. Understanding that my Child will participate in physical activity on a daily basis, I acknowledge that my son/daughter is capable of meeting these physical requirements. I also affirm that my child is in good health and able to participate in YMCA Summer Day Camp Programs.

X Signature of Parent/Guardian: _____ Date: ___/___/2021

FIELD TRIPS

I give my child permission to ride the YMCA of Northern Michigan Bus. I understand and release the bus to transfer my child to and from program field trips, in which the times and places of these trips is communicated to me. Please note that field trips are subject to change due to weather or any other reason.

X Signature of Parent/Guardian: _____ Date: ___/___/2021

CANCELLATION POLICY

Camp Minogi & Y Specialty Camps: I acknowledge that I will be charged a \$50 cancellation fee if my child's attendance is not canceled 2 weeks in advance of the week they are scheduled to attend.

Camp Daybreak: I acknowledge that I will be charged a \$10/day cancellation fee if I do not cancel my child's attendance 2 weeks to the day in advance of the day your child is scheduled to attend.

X Signature of Parent/Guardian: _____ Date: ___/___/2021

EMERGENCY MEDICAL CARE AUTHORIZATION

I hereby give permission to Camp Minogi & Camp Daybreak, which are licensed by the Department of Licensing and Regulatory Affairs, to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care, for the minor child named above, while attending camp.

X Signature of Parent/Guardian: _____ Date: ___/___/2021

CONCUSSION WAIVER

I have read the fact sheet for parents (<https://bit.ly/3qhanQC>) on concussions/TBI with my child, know the signs and and talked about what to do if they have a concussion or other serious brain injury.

X Signature of Parent/Guardian: _____ Date: ___/___/2021

REGISTRATION INFORMATION

To be officially registered & considered as participating, completed paperwork, deposits & payments for the program must be submitted. We will not process can be made via cash, check, EFT or credit/debit card.

PLEASE KEEP THE FOLLOWING INFORMATION IN MIND:

1. The only way to guarantee your spot is held each week, is to pay the required \$15.00 deposit per child, per week (Minogi & Specialty) and/or \$5 per child, per day (Daybreak). **Deposits are due at the time of registration.**
2. Payment information below will be kept on file for your convenience and will not be charged unless you have agreed to automatic payments or have a payment plan set up.
3. Payments are due no later than the Monday before the week you are scheduled to attend for Camp. If payment has not been received by the due date, your camper will be unable to attend until a payment has been submitted.

PAYMENT INFORMATION

_____ BY INITIALING HERE, I AGREE TO ENROLL IN AUTOMATIC PAYMENTS

1. I understand that the autopay option authorizes a weekly payment for camp weeks or days specified during registration.
2. If I wish to cancel the pre-authorized automatic payment, written notice must be received by the YMCA of Northern Michigan at least 1 week prior to week(s) you intend to cancel.
3. Should a payment not be honored by my bank/card company for any reason, I realize that I am still responsible for paying fees or any charges assessed to the YMCA associated with the return or decline of my autopay transaction.
4. I agree to immediately notify the YMCA of Northern Michigan of any changes in my credit or bank account that may affect Payments.
5. It is understood that sending of a pre-authorized payment to the designated account as said payment becomes due, constitutes valid notice of such payment due on account.

Camp Weeks	Due Dates
Week 1 (6/14 - 6/18)	6/7/2021
Week 2 (6/21 - 6/25)	6/14/2021
Week 3 (6/28 - 7/2)	6/21/2021
Week 4 (7/5 - 7/9)	6/28/2021
Week 5 (7/12 - 7/16)	7/5/2021
Week 6 (7/19 - 7/23)	7/12/2021
Week 7 (7/26 - 7/30)	7/19/2021
Week 8 (8/2 - 8/6)	7/26/2021
Week 9 (8/9 - 8/13)	8/2/2021
Week 10 (8/16 - 8/20)	8/9/2021
Week 11 (8/23 - 8/27)	8/16/2021

If you need to make payments outside of the due date, a payment plan must be discussed and approved by the program director and all payment plans are required to be on auto-pay.

_____ I would like to speak with the program director about a payment plan.

PAYMENT METHOD

CREDIT/DEBIT CARD:

Name as it appears on card: _____

Card #: _____ Exp: ____/____ CVV: _____

I authorize the YMCA of Northern Michigan to access my Visa, MasterCard or Discover card for the program fee. When my issuing bank authorizes this transaction by charging the designated account, such an authorization will serve as a receipt for the payment. program payment. I understand that the payment will be electronically transferred from my account to the YMCA of Northern Michigan.

SAVINGS/CHECKING ACCOUNT:

Name as it appears on account: _____

Bank Name & Address: _____

Routing #: _____ Account #: _____

I authorize the YMCA of Northern Michigan to access my checking or savings account for my program payment. I understand that the payment will be electronically transferred from my account to the YMCA of Northern Michigan. A voided check must accompany the above check account information.

PAYMENT AGREEMENT

I understand and agree to follow the payment option selected above. I understand and agree that it is my responsibility to ensure payments are received by the YMCA of Northern Michigan and that failure to submit by the due date may result in removal from program until payments are made.

X Signature of Parent/Guardian: _____ Date: ____/____2021