



# SUMMER CAMP REGISTRATION

2025

## SUMMER CAMP AT TCAPS MONTESSORI 4053 FRANKE RD TRAVERSE CITY, MI 49684

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**Camper Information:** Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(One form per camper)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female Ethnicity: \_\_\_\_\_

Camper T-Shirt Size: \_\_\_\_\_ Membership type: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address (If different from child): \_\_\_\_\_  
.....

## REGISTER FOR CAMP WEEKS

Place an "x" for each week in which you would like your child registered for camp. Non-refundable deposits due at time of registration are \$20/wk per child.

CAMP WEEKS									
CAMPS	GRADES	1 6/16-6/20	2 6/23-6/28	3 6/30-7/4	4 7/7-7/11	5 7/14-7/18	6 7/21-7/25	7 7/28-8/1	8 8/4-8/8
K-Camp	K								
Traditional	1-2								

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DAY CAMPS	FAMILY MEMBERSHIP	YOUTH MEMBERSHIP	NON MEMBERS
K-Camp, Traditional	\$185/wk	\$200/wk	\$245/wk

**GRAND TRAVERSE BAY YMCA 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 acknowledgement 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 CONVENANTS 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 aequipment 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 ob serving 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 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 YMCA quarterly Program Brochure. 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 are non-refundable.

The Grand Traverse Bay YMCA 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 and the YMCA consequently retains the right to deny memberships and program participation to its applicants and to revoke a membership of any current member or participant at its sole discretion. Pets are not allowed at YMCA facilities or off-site program locations. All program participants, guests, and members who are minors are not allowed to leave YMCA property unless accompanied by a relative or pre-authorized guardian. Some programs require personal equipment not supplied by the YMCA. Further, the undersigned will at all times display the YMCA values of Honesty, Respect, Caring, and Responsibility and encourage the efforts of all players, coaches, spectators and referees in a positive manner. The undersigned understands the Y mission in offering this program: to build strong kids, strong families, and strong communities. YMCA PROGRAMS ARE NOT SPONSORED BY OR ASSOCIATED WITH T.C.A.P.S.

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

**PARTICIPATION WAIVER**

As a parent, I understand the Grand Traverse Bay YMCA Summer Day Camp Program involves light to moderate physical activity. Understanding that my child will participate in physical activity on a daily basis, I acknowledge that my child 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: \_\_\_\_\_

**FIELD TRIPS**

I give my child permission to ride the Grand Traverse Bay YMCA 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: \_\_\_\_\_

**SUNSCREEN & BUG SPRAY**

I give my permission to the Grand Traverse Bay YMCA to administer sunscreen and bug stray/repellant to my child as needed during Day Camps from June 16 - August 22, 2025. I will provide these items for my child's use.

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

**DAY CAMP GUIDE BOOK**

I acknowledge that I have received a copy of the current copy of the YMCA Day Camp Parent's Handbook

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

# GRAND TRAVERSE BAY YMCA SUMMER CAMP FINANCIAL POLICIES

## MEMBERSHIP CHANGE/DOWNGRADE POLICY

I acknowledge that I will forfeit all registered weeks of summer camp if my campers membership is changed or downgraded prior to their last day of camp.

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

## CANCELLATION POLICY

I acknowledge that I will be charged a \$50 cancellation fee if I do not cancel my child's attendance 2 weeks in advance.

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

## NON-SUFFICIENT FUNDS POLICY

I acknowledge that a \$25 non-sufficient funds (NSF) fee will be applied to each returned credit card or bank account transaction.

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

## LATE PICKUP POLICY

I acknowledge that campers must be picked up by 5:30 PM, and that if I anticipate being late, I will notify the Camp Director immediately. I understand that if I am more than 5 minutes late, emergency contacts will be called.

I agree to the late pickup fee of \$5 for the first 5 minutes and \$10 for each additional minute per child, with all fees to be paid before my camper returns the next day.

I understand that if my camper is not picked up within 30 minutes of closing and no contact has been made, the local police department or Child Protective Services will be notified.

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

# CHILD INFORMATION RECORD

State of Michigan - Department of Lifelong Education, Learning, and Potential - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

<b>For Provider Use Only:</b>		Date of Admission	Date of Discharge		
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Primary Phone (    )	Parent/Legal Guardian's Name (Optional)		Primary Phone (    )
Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable) (    )	Home Address (if not child's address)		2 <sup>nd</sup> Phone (if applicable) (    )
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone (    )	Employer Name		Work Phone (    )
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number (    )		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and/or Special Instructions? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 may be used

**See Reverse Side**

**Emergency Contact & Release of Child:** List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	(    )	(    )
2.	(    )	(    )
3.	(    )	(    )

**Release of Child Only:** List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	(    )	2.	(    )
3.	(    )	4.	(    )
5.	(    )	6.	(    )

**Parent/Legal Guardian Initials:**

\_\_\_\_\_ I give permission to \_\_\_\_\_, licensed by the Department of Lifelong Education, Advancement, and Potential, to secure emergency medical treatment for the above named minor child while in care.

**I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.**

Signature of Parent or Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 may be used

# HEALTH HISTORY RECORD

## Michigan Department of Licensing and Regulatory Affairs

Dear Authorized Person:

The following information is requested so that the camp can better meet the physical, intellectual, and emotional needs of the camper or minor staff. Fill out the information requested. (Use back of form if additional space is required.) "Authorized person" means a parent, guardian, or adult camper's designee.

Minor Child's Name (Last)		First		Middle	Sex	Date of Birth		
Address (Number and Street)			City		Zip		Telephone (Home)	
Authorized Person's Name (Last)		First		Middle		Telephone (Work)		
Address (Number and Street)			City		Zip		Telephone (Emergency)	
Is the minor child having any of the problems listed below?				Yes	No		Yes	No
1.	Hay fever, asthma, or wheezing			<input type="checkbox"/>	<input type="checkbox"/>	7.	Trouble with passing urine or bowel movements	
2.	Eczema or frequent skin rashes			<input type="checkbox"/>	<input type="checkbox"/>	8.	Shortness of breath	
3.	Convulsions/seizures			<input type="checkbox"/>	<input type="checkbox"/>	9.	Speech problems	
4.	Heart Trouble			<input type="checkbox"/>	<input type="checkbox"/>	10.	Menstrual Problems	
5.	Diabetes			<input type="checkbox"/>	<input type="checkbox"/>	11.	Dental problems	
6.	Frequent colds, sore throats, ear aches (4 or more per Year)			<input type="checkbox"/>	<input type="checkbox"/>	12.	Other	
Please explain any problem areas identified above including any current infectious diseases:								
If female has she been told about menstruation (answer if appropriate)					Has she menstruated (answer if appropriate)			
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Operations or Injuries								
Explain Any Special Health, Behavioral or Emotional Consideration(s)								
Medication Needed or Used (Including Psychiatric)							Currently Being Given	
Name	Frequency			Dosage			<input type="checkbox"/> Yes	<input type="checkbox"/> No
							<input type="checkbox"/> Yes	<input type="checkbox"/> No
							<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin, or other drugs), Bedwetting, Fainting, Sleep Walking, etc.								
<b>Immunizations:</b> Are the minor child (age 5 and older) immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No								
For children under age five attending camp attach a certificate of immunization record and status of the minor child's immunizations or provide a written religious or other exemption waiver signed by a physician.								
Should the camper's activity be restricted because of any physical limitation or illness? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, explain degree of restriction:								
<input type="checkbox"/> <b>Medical Emergency Care Authorization:</b> I hereby give permission to the children's camp to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp. By signing below, I authorize care.					<input type="checkbox"/> <b>For Religious Exemption:</b> I object to consent to receipt of emergency medical or surgical treatment, by signing below I attest that my child is in good health, and I assume the health responsibility for my child.			
I certify that this information is true to the best of my knowledge.			Authorized Person's Signature				Date	
LARA is an equal opportunity employer/program.					Authority: PA 368 of 1978, PA 116 of 1973			

## **MEDICAL EMERGENCY CARE AUTHORIZATION**

Michigan Department of Licensing and Regulatory Affairs

**Notice:** By signing the reverse side of this card you are granting the operator of the camp organization authority to secure emergency medical, surgical treatment for your camper while attending camp if there is insufficient time to contact you.

You are giving the camp operator permission to secure routine, nonsurgical medical care for your child while attending camp.

In accordance with MCLA Act 116 of the Public Acts of 1973 and the rules for licensing children's camps, this authorization must be signed by a parent or guardian unless there is religious objection.

MCLA 722.124a, Section 124a(2) states: "A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing the organization with authority to consent to emergency medical and surgical treatment of the child. The parent or guardian shall consent to routine, nonsurgical medical care.

BCAL-3978 (Rev. 4-16) Previous edition may be used. MS Word

Name of Child (Print Last Name, First Name)
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I hereby give permission to the children's camp named below, which is licensed by the Department of Licensing and Regulatory Affairs, to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp.

Parent Signature	Date of Signature
Parent Signature	Date of Signature
Camp Name (Print or Stamp)	

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# MEDICATION PERMISSION AND INSTRUCTIONS

## CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

### TO BE COMPLETED BY PARENT

I give my permission for \_\_\_\_\_ to give or apply the medication  
(Caregiver, Facility)

\_\_\_\_\_, to my child \_\_\_\_\_, as follows:  
(Specify, prescribed medication/over the counter product) (Child's Name)

### DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

### TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

LARA is an equal opportunity employer/program.





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

This program receives funding from the State of Michigan to serve your child. Michigan State University and Public Policy Associates are contracted to evaluate program quality and impacts.

**By enrolling my child in this program, I agree that the program will share attendance and demographic information with the contracted evaluators. All data will be kept confidential.**

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

Parents Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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