



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Special Needs Camp 2024 CAMPER INFORMATION

Parents/Guardians these forms are extremely IMPORTANT! They provide the camp staff with information about your child that will help us to get to know him/her quicker and treat him/her with greater care and effectiveness. These forms are confidential and will only be viewed by the camp administration and your child's counselors.

Child's Name (First & Last) _____ Nickname _____

Date of Birth _____ Age as of June 3, 2024 _____ Grade Fall of 2024 _____ Primary Language _____

Gender ☒ M ☐ F Eye Color _____ Hair Color _____ Skin Color _____ Height _____ Weight _____

Identifying Marks _____

Parent/Guardian _____

Primary Home Address _____

City _____ State _____ Zip _____

Home # _____ Cell # _____ **EMAIL**** _____

ALLERGIES/CHRONIC HEALTH CONDITIONS (CHECK ALL THAT APPLY)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Allergies to Medication | <input type="checkbox"/> Allergies (Explain) _____ | <input type="checkbox"/> Allergy to Insect Sting | <input type="checkbox"/> Food Allergies (Please list) _____ |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Currently on/taking any Medications (Explain) _____ | | <input type="checkbox"/> Other (Explain) _____ | |

Please explain necessary treatment for any of the above items, or any other additional conditions of your child
(If your child has NO conditions, please indicate by writing "NONE").

Child's Physician _____ Phone # _____

Child's Dentist _____ Phone # _____

ACTIVITY RESTRICTIONS (I.E. WHAT ADAPTATIONS OR LIMITATIONS ARE NECESSARY.):

BEHAVIOR, PHYSICAL, EMOTIONAL & MENTAL HEALTH

Please provide us with information about your child's behavior, physical, emotional and mental health about which the camp staff should be aware. Your feedback helps us to fulfill our goal in creating an environment that provides optimal support for each and every camper.

EMERGENCY CONTACTS/PICK-UP PERSONS

(Persons other than Parent/Guardian to whom the camper may be released and/or may be contacted in case of an emergency.)

1. Name: _____ Phone #: _____ Relationship: _____

2. Name: _____ Phone #: _____ Relationship: _____

3. Name: _____ Phone #: _____ Relationship: _____

4. Name: _____ Phone #: _____ Relationship: _____

Child primarily lives with: ☐ Both Parents ☐ Mother ☐ Father Adopted: ☐ Yes ☐ No

Who has legal custody of child? Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No Guardian: ☐ Yes ☐ No

Who is permitted to pick-up child? Mother: ☐ Yes ☐ No Father: ☐ Yes ☐ No Guardian: ☐ Yes ☐ No

**In order to deny parental access to a child, the YMCA must have a copy of a court order, signed by a judge, stating that access is specifically denied verbally and/or physically. Without a court order access may not legally be denied to the other parent. **

Parent/Guardian Signature _____

Date _____

	CAMP	Hours	Location	6/3-6/7	6/10-6/14	6/17-6/21	6/24-6/28	7/1-7/3*	7/6-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/3-8/5*
Patch Reef Park YMCA Day Camp				W1	W2	W3	W4	W5	W6	W7	W8	W9	W10
5-22	Traditional Day Camp	7:30am-6pm	PB										
Cost per Session	\$230 M \$330 NM												
13-26	Chase's Place Young Adults	7:30am-6pm	PB										
Cost per session	\$280 M \$380 NM												

*Rates are \$150 M, \$250 NM for weeks 5 & 10. Intake interview required prior to registration.

DEPOSITS

Full payment of the first session your child attends is due at registration. A \$75/per child per week, **non-refundable** deposit is encouraged to reserve your child’s spot in each session. \$25 one time registration fee per child attending.

CANCELLATIONS

Two-week WRITTEN notice is required for cancellation.
\$20 processing fee for all camp transfers.
\$50 Cancellation fee per week.

PAYMENT DUE DATES

You will be billed for the remaining balance, which must be paid on Monday, TWO WEEKS prior to the start of each session. Non-payment will result in cancellation of your child’s enrollment and loss of deposit.

CREDITS

Credits will only be considered for medical reasons or family emergencies. Credit requests must be accompanied with a Doctor’s note or proof of family emergency.

PAYMENT INFORMATION: (check all that apply) ☐ First Session + Deposits ☐ Full Payment Amount \$ _____

PAYMENT METHOD: ☐ Cash ☐ Check ☐ On File ☐ Credit Card: ☐ VISA ☐ MasterCard ☐ American Express

Name on Card _____

Card Number _____ Exp. _____ I

I agree to pay above total amount according to card issuer agreement.

Signature _____ Date _____

**Full payment for the first session your child attends is required at registration. A \$50/child, NON-REFUNDABLE, deposit is required for each session. You will be billed for the remaining balance, which must be paid two weeks prior to the start of each session. Non-payment will result in cancellation of your child’s enrollment and loss of deposit.

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 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 further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida 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 AND UNDERSTAND THIS DOCUMENT AND RELEASE

Signature of Applicant _____ Date _____

OFFICE USE ONLY

Email Provided <input type="checkbox"/>	Signatures Received <input type="checkbox"/>	Parent Manual Received <input type="checkbox"/>	Registration Packet Received <input type="checkbox"/>
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