



# Mankato Family YMCA Summer Camp 2020

## School-Age Registration Form

Staff Initial

CAMPER NAME \_\_\_\_\_ PHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 AGE AT CAMP \_\_\_\_ SCHOOL \_\_\_\_\_ GRADE IN FALL (20) \_\_\_\_ GENDER: M F  
 MOTHER'S NAME \_\_\_\_\_ Best Number for contact during the day: \_\_\_\_\_  
 FATHER'S NAME \_\_\_\_\_ Best Number for contact during the day: \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

IN CASE OF ACCIDENT OR ILLNESS NOTIFY (Parents will be notified first, please list an alternative contact):

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE #'s \_\_\_\_\_

Please list below individuals whom you give your permission to pick up your child on any given day without prior notification: Names & Relationship: \_\_\_\_\_

Is there anyone whom you do not wish to pick up your child under any circumstances? Circle One: Y N

If you have a court order prohibiting contact by a parent, include a copy with your paperwork

Name & Explanation: \_\_\_\_\_

\*RESIDENT CAMPERS ONLY Are there any cabin mate requests? If yes, please list \_\_\_\_\_

Should your child be given a lower bunk bed because of restless sleeping, bedwetting, medication, etc?

Circle One: Yes No N/A Explain: \_\_\_\_\_



### Extended Care

\$.50 per 15 minutes

Cash accepted for occasional use.

Punch Cards available for purchase at front desk June 8-Aug 21.

Please select Extended Care option you may utilize

Before Care  
7-8 am

After Care  
5-6 pm



Please select a lunch preference:

My child will eat HOT LUNCH

My child will bring a SACK LUNCH

\*Hot lunch may not be available June 8-12; watch for more information

### Summer Camp T-Shirts

T-Shirts are included for all School Age Day Camps and Resident Camp. T-shirts provided first week of attended session for field trips.

Youth XS  Youth M  Youth L

Youth S  Adult M  Adult L

Adult S  Adult XL

	SCHOOL AGE DAY CAMPS										RESIDENT CAMP	
	Kindergarten Clubhouse ENT K	Explorers Gr 1-3	Voyagers Gr 4-5	Half-Day Gr 1-5	Sports/Dance/ SPLASH Gr 2-5	Horse Camps Gr 2-9	Pre-Teen Gr 6-7	Teen Adventure Gr 8-10	Chesley Skateboarding Gr 1-9	Camp Patterson Gr 3-7	LIT & CIT *Sunday-Friday Gr 8-12	
June 8-12	1	1	1	1		HC 1 Gr 2-5	1	1				
June 15-19	2	2	2					1 Gr 1-5	1 June 14-19	1 LIT 1 CIT		
June 22-26	3	3	3					2 Gr 1-5	2 June 21-26	2 LIT 2 CIT		
June 29 - July 3	4	4	4									
July 6-10	5	5	5	2		HC 2 Gr 2-5	2	2				
July 13-17	6	6	6	3	Dance Gr 2-5		3	3				
July 20-24	7	7	7	4		HC 3 Gr 2-5	4	4				
July 27-31	8	8	8	5	Sports Gr 2-5	HC 4 Gr 6-9		3 Gr 6-9				
Aug 3-7	9	9	9					4 Gr 1-5	3 Aug 2-7	3 LIT 3 CIT		
Aug 10-14	10	10	10	6		HC 5 Gr 2-5	5	5				
Aug 17-21	11	11	11	7	SPLASH Gr 5-7	HC 6 Gr 2-5	6					

**1. MEDICATION**

Will camper need medication during the hours of camp? Circle One: YES NO

**A. PARENT/GUARDIAN AUTHORIZATION FOR PRESCRIPTION MEDICATION :**

If camper is to receive prescription medication during camp, please complete the following and sign:

Prescribing Physician \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_ Dosage & Time: \_\_\_\_\_

Instructions for giving medication \_\_\_\_\_

Diagnosis/Medical reason for medication \_\_\_\_\_

**B. PARENT/GUARDIAN AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION**

If non-prescription medication is being sent with camper, please complete and sign:

Medication \_\_\_\_\_ Purpose for giving medication: \_\_\_\_\_

Amount to be given \_\_\_\_\_ Frequency \_\_\_\_\_

**2. HEALTH**

Does camper suffer from any allergies (medication, food, insect stings, other)? Circle One: YES NO

Please list and describe the reaction and management. \_\_\_\_\_

Has camper ever been stung by a bee? Circle One: YES NO

If Yes, explain reaction: \_\_\_\_\_

Has camper had a recent illness or been exposed to a contagious illness? Circle One: YES NO

If Yes, explain reaction: \_\_\_\_\_

Are camper's immunizations up to date as required by the State Health Dept? Circle One: YES NO

If not, please indicate reason: \_\_\_\_\_

Is camper well enough to take part in all activities at camp? Circle One: YES NO

If no, explain: \_\_\_\_\_

Does camper have any physical disabilities? Circle One: YES NO

If yes, please describe: \_\_\_\_\_

Does camper have any mental or emotional difficulties which camp staff should be aware of? YES NO

If yes, please describe the main issues and any solutions: \_\_\_\_\_

**3. SWIMMING SAFETY**

All school age campers will participate in Free Swim (not swim lessons) at the Mankato Family YMCA and Patterson campers will participate in Free Swim at Camp Patterson in Lake Washington. Life guarding will be provided by the Mankato Family YMCA. Camp staff will also be supervising campers with the YMCA life guards. It will be helpful to our staff to know more about your child's swimming ability so that we can make the swimming experience as safe as possible for all involved.

I consider my child to be a (check one) S/he can (check all that apply)

Beginner Swimmer

Intermediate Swimmer

Advanced Swimmer

Swim under water

Swim length of the pool

Tread water for 1 minute or more

Special requests of our staff regarding your child's swimming:

# Mankato Family YMCA Program Behavior Expectation Policy

The Mankato Family YMCA follows the mission of the YMCA of the USA: "To put Christian principles into practice through programs and services that build healthy spirit, mind and body for all" as well as apply the five core values of: Caring, Honesty, Respect, Responsibility and Faith to all programs and activities presented to children and staff. Our goal is to provide positive growth for all in a safe, healthy, nurturing environment. To create and maintain such an environment requires the participation of staff and children alike.

Most disagreement situations are minor and can be resolved with minimal corrections such as verbal prompts, encouragement, and redirection. YMCA staff use disagreements as a learning opportunity for the child and try to integrate problem-solving skills into the discussion and, if deemed necessary, a consequence will be determined. In some instances, the child may be removed from the situation until it is safe to return.

Certain inappropriate behaviors may require meeting with parents/guardians and staff, and/or filing a Behavior Report. Behaviors may include, but are not limited to: Intentionally hurting/endangering others or self (physically or emotionally) • Leaving designated program area, group, or building without permission • Running from staff • Stealing or vandalism • Repeatedly disrespecting staff or other children • Exhibiting behavior that could be characterized as harassment or bullying • Using inappropriate language, songs or jokes including swearing, teasing, references to sex, drugs, alcohol, abuse, racism, gender, bias, weapons, etc. • Possessing illegal substances or weapons • Any threatening language or behavior that is directed towards another child or staff member in the program • Any behavior that interferes with other children's ability to take part in program activities and/or events.

Inappropriate behavior that continues in frequency, duration, or intensity may result in suspension or dismissal from the YMCA programs. The Behavior Expectation Policy is inclusive for the YMCA school age youth programs including, Summer Camp, Non-School Day Camp, and After School Adventures. Behavior reports accumulate consecutively throughout these programs.

Depending on the severity of the behavior, the parent/ guardian may be required to immediately pick up the child following/during the incident. If the child is not picked up within 30 minutes, care will be suspended for the following day. If behaviors continue or escalate, the child may be suspended from the program depending on the severity and/or frequency of behavior. A parent meeting may be required before the child can return to the program.

The YMCA administrative staff retains the right to take immediate action if the child's behavior poses a threat to their own safety, or the safety of others. There will be NO REFUND OF ANY AMOUNT for campers who are sent home because of behavior problems.

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## Y of the USA Demographic Survey

This information is used for statistical purposes only.

**Gender of Camper:**    Male    Female

**Ethnicity of Camper:**    White    African American    Native American    Asian/Pacific Islander    Hispanic

Additional Category, List \_\_\_\_\_

### Monthly Gross Income of Camper's Family:

\$0-\$500    \$501-\$1000    \$1001-\$1597    \$1598-\$2000    \$2001-\$2500    \$2501-\$4021    \$4022+

**Household status:**    Single parent    Dual parent    Number of people in household \_\_\_\_\_

# Policies & Guidelines / Liability Agreement

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read the following carefully and in entirety. By signing this agreement, you have read and agree to follow all Mankato Family YMCA Camp policies and guidelines and you have read and fully understand the Liability Agreement. You agree to give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in YMCA Programs, now or any time in the future.

## Policies & Guidelines

1. I understand payments are due by the 15th of the month prior to the month of camp that my child will be attending. (Ex. All June camps are due by May 15th) Each week of camp is filled on a first-come, first-served basis. Spaces are reserved by paying a nonrefundable deposit of \$20 per camp. If payment in full is not received by the 15th of the preceding month, campers will lose their spot.
2. I authorize the YMCA to obtain emergency medical treatment for my child in case of sudden illness or accident. I give permission to the medical personnel selected by the YMCA to order x-rays, routine tests, and to secure and administer treatment, including hospitalization, for the person named above; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child.
3. If non-prescription/prescribed medication is to be given during YMCA camp I hereby authorize the YMCA staff to administer this medication. I release YMCA personnel from any liability in relation to the administration of this medication and understand I must provide this medication in the original, properly labeled bottle/container with enough to last the duration of the camp session.
4. I agree to the stated Behavior Expectation Policy and understand that I will not receive a refund if my child is suspended or dismissed from the YMCA school age program.
5. I authorize the reproduction, publication, and use by the YMCA for promotion, public relations, or social media use of any picture or video footage of my child taken in this program. (Program Guide, Flyers, Ads, YMCA Website, Facebook, Instagram).

If no, explain: \_\_\_\_\_

## Liability Agreement: Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with YMCA program participation, including but in no way limited to: (1) slips, trips, and falls, (2) encounters with nature including toxic plants and animals, (3) aquatic injuries, and (4) athletic injuries. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA program participation and that said list in no way limits the operation of this Agreement.

## Liability Agreement: Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the named minor's participation in YMCA programs, I, the parent/guardian, agree to release and on behalf of myself and the minor named, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE YMCA, its officers, agents, and employees from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA facilities/equipment or participation in YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of YMCA, its officers, agents, and employees.

In consideration of the named minor's participation in YMCA programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS YMCA, its agents and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's YMCA program participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in YMCA program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in YMCA programs and that by signing this agreement I hereby, on behalf of myself and the named minor, release YMCA, its officers, agents, and employees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in YMCA programs.

I further certify that I am of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

**Participant Name**

Print Clearly \_\_\_\_\_

**DATE** \_\_\_\_\_

**Parent/Guardian  
Signature** \_\_\_\_\_

**Parent/Guardian Name**  
Print Clearly \_\_\_\_\_

Only one health form per camper is needed (regardless of number of camps attending)