



NORTH CENTRAL FLORIDA YMCA 2023 SUMMER CAMP REGISTRATION FORM

I QUALIFY FOR:
<input type="checkbox"/> SCHOLARSHIP
<input type="checkbox"/> CAPS
<input type="checkbox"/> OTHER
GROUP:

Please complete all blanks on this form. Incomplete enrollment forms cannot be accepted

Camper's Information				
Camper's Full Name (Last, First Middle)		Nickname	Age	Date of Birth
Street Address		City:	State	Zip Code
Student ID#		Household Email		
Grade Camper will enter in Fall 2023		Camper's Swimming Ability: <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate: <input type="checkbox"/> Advanced	Camper's T-shirt Size: <input type="checkbox"/> Youth Extra Small (2-4) <input type="checkbox"/> Adult Small <input type="checkbox"/> Youth Small (6-8) <input type="checkbox"/> Adult Medium <input type="checkbox"/> Youth Medium (10-12) <input type="checkbox"/> Adult Large <input type="checkbox"/> Youth Large (14-16) <input type="checkbox"/> Adult Extra Large	
School Camper will attend in Fall 2023			*In addition to registration costs Price: \$10	
Camper's Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White: <input type="checkbox"/> Bi/Multi Racial <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____		Annual Household Income Level* <input type="checkbox"/> Under \$19,999 <input type="checkbox"/> \$20,000 - \$29,000 <input type="checkbox"/> \$30,000 - \$49,000 <input type="checkbox"/> \$50,000 - \$75,000 <input type="checkbox"/> Over \$75,000		
*This information is used to help the YMCA when applying for grants and funding.				
Do you currently qualify for any of the following? This information is to help us charge the appropriate fees for Summer Camp.				
Campers in foster care, voluntary or formal kinship care, and/or under in-home case management supervision?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you receive YMCA Financial Assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your camper receive Free or Reduced Lunch?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your camper receive SNAP Benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
A "YES" response to any of the above questions does not guarantee that a discount will be applied. Caregivers are responsible for the full fee of their selected care until their eligibility for any subsidy is verified, or if they are determined ineligible for the subsidy.				
Who has legal custody? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared <input type="checkbox"/> Legal Caregiver				
Is there an existing court order restricting contact?		If you do have a court order preventing an adult from picking up your camper, it must be provided to the NCF YMCA prior to beginning camp.		
Caregiver 1 Full Name		Date of Birth	Cell Phone	Priority
Street Address (please enter "same" if the address is the same as the camper's)		Work Phone		Priority
City	State	Zip Code	Home Phone	Priority
Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Bi/Multi Racial <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____		All information is to ensure caregiver is entered correctly.		
Place of Employment		Email Address		
Employment Address		City	State	Zip
Caregiver 2 Full Name		Date of Birth	Cell Phone	Priority
Street Address (please enter "same" if the address is the same as the camper's)		Work Phone		Priority
City	State	Zip Code	Home Phone	Priority
Ethnicity <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Bi/Multi Racial <input type="checkbox"/> Spanish/Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____		All information is to ensure caregiver is entered correctly.		
Place of Employment		Email Address		
Employment Address (Street, City, State, Zip)		City	State	Zip

HEALTH INFORMATION Required by the State of Florida- Florida Department of Health			
Hospital of Preference		Hospital Phone Number and Street Address	
Primary Care Provider		Primary Care Provider Phone Number and Street Address	
Dentist		Dentist Phone Number and Street Address	
Health Insurance Provider		Policy Number	Effective Date Date of last DPT or TETANUS SHOT
Does your camper take any medications? *A Medication Administration Form must be submitted prior to start of camp.		Does your camper have an IEP or 504 Plan?	Does your camper have any special needs we should be aware of to better serve them?
Medications routinely taken:			
Please list all allergies and intolerances to food, environmental stimulants, or other substances. Please write "N/A" if there are no known allergies.			
Please list any special medical or dietary needs of camper.			
Please list all identifying scars, birthmarks, or skin discolorations.			
Please list any other areas of concern we should be aware of.			
EMERGENCY CONTACTS			
<p align="center">Campers will only be released to authorized contacts, or in the manner authorized, in writing, by the guardian. Emergency Contacts MUST be someone other than the camper's caregiver(s), and is authorized to remove the camper from the facility in case of illness, accident, or emergency, if for some reason camper's caregiver(s) cannot be reached:.</p>			
Emergency Contact 3 Full Name (in addition to Caregiver 1 and 2)		Date of Birth	Primary (Cell) Phone Number Secondary Number
Street Address		City	State Zip Code
Emergency Contact 3 Full Name (in addition to Caregiver 1 and 2)		Date of Birth	Primary (Cell) Phone Number Secondary Number
Street Address		City	State Zip Code

***AUTHORIZATION FOR EMERGENCY TREATMENT/EMERGENCY MEDICAL RELEASE**

- I understand that the North Central Florida YMCA does not carry accident insurance.
- I realize that the responsibility for payment of an injury requiring medical care is mine.
- I give permission for the center to consult my camper's physician/dentist in case of an emergency if I cannot be reached.
- I authorize my camper to be transported by ambulance to the nearest hospital.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my camper, _____, in the event

(Camper's Full Name)

of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

Caregiver Signature: _____ Date: _____

*See Camper Handbook for more details.

Camper's Full Name				

ADDITIONAL ADULTS AUTHORIZED TO PICK-UP Please note: All information is needed to properly add to Electronic Sign in/out system.				
Authorized Pick-up 3 Full Name	Date of Birth	Primary (Cell) Phone Number	Secondary Phone Number	
Street Address	City	State	Zip Code	
Authorized Pick-up 4 Full Name	Date of Birth	Primary (Cell) Phone Number	Secondary Phone Number	
Street Address	City	State	Zip Code	
Authorized Pick-up 5 Full Name	Date of Birth	Primary (Cell) Phone Number	Secondary Phone Number	
Street Address	City	State	Zip Code	
Authorized Pick-up 6 Full Name	Date of Birth	Primary (Cell) Phone Number	Secondary Phone Number	
Street Address	City	State	Zip Code	
Who has authorization to make changes to Authorized Pick ups?				

PERSONALITY The information requested below will help us better serve your camper while in our program.	
Regarding camp, My camper is: <input type="checkbox"/> Nervous <input type="checkbox"/> Upset <input type="checkbox"/> Curious <input type="checkbox"/> Excited <input type="checkbox"/> Bored <input type="checkbox"/> Anxious	Generally, My camper is: <input type="checkbox"/> Adventurous <input type="checkbox"/> Shy <input type="checkbox"/> Talkative <input type="checkbox"/> Focused <input type="checkbox"/> Energetic <input type="checkbox"/> Cautious <input type="checkbox"/> Outgoing <input type="checkbox"/> Positive <input type="checkbox"/> Competitive <input type="checkbox"/> Laid-back
My camper is most happy when...	My camper is least happy when...
What would you like to get out of your camp experience this summer?	
List a few shows, bands, books, or topics your camper enjoys talking about	List a few hobbies, activities, or games your camper enjoys playing
Describe how your camper interacts with other youth and adults.	
What strategies have you taught your camper for exploring, processing, and dealing with their emotions?	
What are the most effective ways to comfort your camper?	

FOOD EXPERIENCE PERMISSION:

I give permission for my camper _____ to participate in food-related activities.

Please check one of the following:

- ☐ My camper DOES NOT have a food allergy or dietary restriction.
- ☐ My camper DOES have a food allergy or dietary restriction. They may participate but may not eat or handle the following items:

☐ My camper DOES have a food allergy or dietary restriction. They may not participate in activities.

I have received a copy of the "Know Your Child's Children's Center" brochure, "A Guide For Parents" Influenza Virus brochure and a copy of the children's center discipline policy.

Signature of Caregiver: _____ Date: _____

Camper's Full Name

DISCIPLINE POLICY :

Camper Discipline, Florida Statute

As stated in the Florida Department of Children and Families Florida Statutes in Chapter 402, F.S: Minimum standards for child discipline practices shall ensure that age-appropriate, constructive disciplinary practices are used in care. Such standards shall include at least the following requirements:

- Campers shall not be subjected to discipline which is severe, humiliating, or frightening.
- Discipline shall not be associated with food, rest, or toileting.
- Any other forms of physical punishment are prohibited.
- Prior to admission of a camper into a camp facility, the facility shall notify the caregiver in writing of the disciplinary practices used by the facility.

Section 402.3125(5), F.S., requires that caregivers receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility". (CF/PI 175-24)

Section 65C-22.006(3)@2., F.A.C. requires that caregivers are notified in writing of the disciplinary practices used by the child care facility.

EXPULSION POLICY STAGES:

1. Verbal warning to the camper and caregiver. The incident will be documented in the camper's file.
2. Written warning to the caregiver
3. Suspension from the program (1-3 days)
4. Dismissal from the program

*Discretion Based on Misconduct

CAREGIVER AGREEMENT:

- I understand that it is my responsibility to check my camper in upon arrival in the morning and sign my camper out before leaving in the afternoon. All persons signing campers in or out must be at least 16 years of age.
- I understand that my camper will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my camper must be listed on the authorized pick-up list. Authorization by telephone will not be accepted.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport campers at any time outside the YMCA facilities and programs.
- I understand that by state law, the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I have reviewed the YMCA Discipline Policy.
- I give permission for my camper to attend all YMCA activities and field trips.

DISCLAIMER:

- The North Central Florida YMCA does not discriminate on the basis of race, religion, gender, creed, or socioeconomic status.
- Charitable contributions to the YMCA enable us to provide financial assistance on a sliding scale. We promise that everyone who qualifies will receive assistance to the greatest extent possible based on the availability of funds. Please ask for a Financial Assistance Application if you would like to apply for a camp scholarship for your camper(s).
- A Financial Assistance Application must be completed and approved prior to receiving any financial assistance, please complete each section of the financial assistance form in its entirety to ensure appropriate charges.
- The safety and security of our members and those we serve are our number one priority. It is, for this reason, the YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Caregiver Signature: _____ Date: _____

For further information, review the North Central Florida 2023 Summer Camp Handbook!

Camper's Full Name

SUMMER CAMP ATTENDANCE/PAYMENT PLAN

- I understand that I am responsible for paying for the YMCA summer camp.
- I understand that if I do not provide written cancellation at least ten (10) business days prior to the beginning of a camp week then I am responsible for the full payment, regardless of if my camper attends.

PAYMENT AGREEMENT

- My outstanding balances due to the North Central Florida YMCA must be paid in full prior to registering for summer camp.
- I understand that I am responsible for adhering to the late fee policy if I fail to pick up my camper on time each day.
- My camp fee is due two (2) weeks prior to the week of attending.
- Bank/Credit Card drafts (EFT) are processed the Monday, two (2) weeks prior to your camper attending camp. If a draft fails, caregivers may contact their camp location or call 352-374-9622 to make payment. Should a payment not be made prior to the next draft date, any amount owed will attempt to process IN ADDITION to the next week's fee.
- To ensure that my payment is correctly recorded in our system, I will include the following information: camper(s)'s full name and camp location.
- If my payment is not received by the due date, then my camper may lose their spot.
- I understand that I can pay for weekly camp fees through scheduled payments or online at www.ncfymca.org.
- Additional Fees:
 - Any payment received after their designated due date will be charged a late fee of \$10 per occurrence
 - If you are late picking up your camper, you will be charged \$10 per camper for every 10 minutes and \$5 for each minute thereafter.
 - You will be notified if a check (where applicable) is returned due to insufficient funds or EFT (credit card or bank draft) is denied.
 - Please note that there is a \$30 per check service charge added to the amount of the returned check (where applicable).

I agree for my camper(s') summer camp fees to be paid weekly by my financial institution. Should any bank or credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payment due. In addition, I may incur a return payment service charge of \$30.00 assessed by the North Central Florida YMCA. I also understand it is my responsibility to notify the North Central Florida YMCA in writing should my credit card expire, I change my financial institution, or I make any changes to my bank account information at any time. We require 30 written notice to change or cancel an EFT processing.

By signing below, I acknowledge that I am authorized to use the payment method and policies provided.

Caregiver Signature: _____ Date: _____

YMCA STAFF USE ONLY	Payments Made Today		Payment Type	Camp Subsidy			
	Registration Fee	\$	Cash	Type	Amount	Type	Amount
	Down Payment	\$	Check #	Y Employee		Grant	
	Other Amount	\$	Money Order #	FA		Other	
	Total Paid Today	\$	Credit Card				
Staff Name:					Date:		

CAMP SELECTION AND PAYMENT OPTIONS

Please mark which weeks of camp your camper will be attending.

Session	Camp Week	Camp Site	Session	Camp Week	Camp Site
1	June 5th – June 9th	<input type="checkbox"/> Gainesville <input type="checkbox"/> Micanopy <input type="checkbox"/> Hawthorne <input type="checkbox"/> Archer <input type="checkbox"/> Waldo	5	July 3rd – July 7th	<input type="checkbox"/> Gainesville <input type="checkbox"/> Micanopy <input type="checkbox"/> Hawthorne <input type="checkbox"/> Archer <input type="checkbox"/> Waldo
2	June 12th – June 16th	<input type="checkbox"/> Gainesville <input type="checkbox"/> Micanopy <input type="checkbox"/> Hawthorne <input type="checkbox"/> Archer <input type="checkbox"/> Waldo	6	July 10th – July 14th	<input type="checkbox"/> Gainesville <input type="checkbox"/> Micanopy <input type="checkbox"/> Hawthorne <input type="checkbox"/> Archer <input type="checkbox"/> Waldo
3	June 19th – June 23rd	<input type="checkbox"/> Gainesville <input type="checkbox"/> Micanopy <input type="checkbox"/> Hawthorne <input type="checkbox"/> Archer <input type="checkbox"/> Waldo	7	July 17th – July 21st	<input type="checkbox"/> Gainesville <input type="checkbox"/> Micanopy <input type="checkbox"/> Hawthorne <input type="checkbox"/> Archer <input type="checkbox"/> Waldo
4	June 26th – June 30th	<input type="checkbox"/> Gainesville <input type="checkbox"/> Micanopy <input type="checkbox"/> Hawthorne <input type="checkbox"/> Archer <input type="checkbox"/> Waldo	8	July 24th – July 28th	<input type="checkbox"/> Gainesville <input type="checkbox"/> Micanopy <input type="checkbox"/> Hawthorne <input type="checkbox"/> Archer <input type="checkbox"/> Waldo

Session	Camp Week	Fee Withdraw Date
1	June 5th – June 9th	May 22nd, 2023
2	June 12th – June 16th	May 29th, 2023
3	June 19th – June 23rd	June 5th, 2023
4	June 26th – June 30th	June 12th, 2023
5	July 3rd – July 7th	June 19th, 2023
6	July 10th – July 14th	June 26th, 2023
7	July 17th – July 21st	July 3rd, 2023
8	July 24th – July 28th	July 10th, 2023

Card information is required for admittance to the North Central Florida YMCA Day Camp!

EFT Authorization Information

Payer's Name	Relationship to the camper	Phone Number
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Bank Account Information: Processes weekly every Monday, two (2) weeks prior to the start of the selected camp week. You must provide the North Central Florida YMCA with a voided check; bank deposit slips do not provide the appropriate information required for an EFT.

Caregiver initial: Please photocopy my check used to pay my camper(s) annual registration fee and/or amount required based on my camper (s) start date as my voided document.

Credit/Debit Card Information: Processes weekly every Monday, two (2) weeks prior to the start of selected camp week. You must provide the North Central Florida YMCA with your complete credit/debit card number and expiration date. Please note: Not all Checking Debit Cards process properly by EFT, please be prepared to provide bank routing & account number.

Credit Card Number	Expiration Date
Name as it appears on card	CVV #

I agree for my camper(s) summer camp fees to be paid weekly by my financial institution. Should any bank or credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payment due. In addition, I may incur a return payment service charge of \$30.00 assessed by the North Central Florida YMCA. I also understand it is my responsibility to notify the North Central Florida YMCA in writing should my credit card expire, I change my financial institution, or I make any changes to my bank account information at any time. We require a 30-day written notice to change or cancel an EFT processing.

By signing below, I acknowledge that I am authorized to use the payment method provided.

Caregiver Signature: _____ Date: _____



NORTH CENTRAL FLORIDA YMCA 2023 SUMMER CAMP LIABILITY WAIVER

CAMPER RELEASE FORM AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the North Central Florida Day Camp for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for themselves and any personal representatives, heirs, and next of kin, (hereinafter referred to as "camper") hereby acknowledges, agrees and represents that they have, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program and by permitting the participation of their camper(s) in the program, accepts them as being safe and reasonably suited for the purpose of such observation, use, or participation.

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- ☐ I recognize that there are inherent risks involved in camping activities and programs, whether engaged as part of a group or individually, and hereby assume all such risks. Camper understands that they have the duty to exercise reasonable care for their own safety and the safety of those for whom the camper is responsible and agrees to do so.
- ☐ I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "associates") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of death or injury to the person or property of the camper while they are in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location, including death, injuries or property damage caused by another participant in any such program or activity.
- ☐ I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the associates and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA Day Camp, including any such loss, liability, damages or costs caused by another participant in any such program or activity.
- ☐ I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the North Central Florida YMCA or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
- ☐ I HEREBY ACKNOWLEDGE HAVING READ AND UNDERSTOOD THE FOLLOWING DRUG, ALCOHOL, AND FIREARMS/FIREWORKS POLICIES:
Illegal drugs, alcohol, firearms, and fireworks are strictly prohibited on North Central Florida YMCA Day Camp properties. If the undersigned is found to have consumed or possessed any on camp property, they will be asked to leave camp without refund. Depending on their relation to the other undersigned campers, the whole group may also be asked to leave.
- ☐ I have read and understand the above information and agree to assume all risks for myself and minor campers attending North Central Florida YMCA programming. I have read and voluntarily signed the waiver of liability and indemnity agreement, and further agree that no oral representations, statements, or inducements apart the foregoing have been made.

Caregiver Signature: _____ Date: _____

NORTH CENTRAL FLORIDA YMCA FIELD TRIP RELEASE

I grant permission for my camper, _____, to participate in all planned camp activities, including transporting campers out of camp to participate in weekly activities. By signing below, I hereby give my permission for my camper to be taken off-site, supervised, and to take part in programs with the North Central Florida YMCA. I hereby grant the North Central Florida YMCA full authority to take whatever actions they deem necessary regarding my camper's health and safety, and fully release the North Central Florida YMCA from any liability in connection there within. In the event of an emergency, I understand that prudent attempts will be made to contact the undersigned immediately. I understand that I will be responsible for the payment of all medical and medication bills. I will not hold the North Central Florida YMCA or its associates responsible for any injury to my camper resulting from transportation to or from, or attendance in the regular weekly program or additional field trips. I hereby give permission to the medical personnel selected by the North Central Florida YMCA to treat my camper to the best of their ability, to order X-rays, routine tests, and treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the North Central Florida YMCA to secure and administer treatment, including hospitalization, for my camper.

By signing this release, I agree to pay the fees required for each field trip and understand that field trip dues are required seven (7) calendar days prior to camper's scheduled trip.

Caregiver Signature: _____ Date: _____

NORTH CENTRAL FLORIDA YMCA PHOTO/VIDEO RELEASE

For my participation in activities to be conducted by the North Central Florida YMCA, I hereby give my permission and consent, now to North Central Florida YMCA and collaborating third parties to make, reproduce, edit, broadcast, or rebroadcast any video film, footage, soundtrack recordings, and photo reproductions of myself and my camper and/or our narrative account of experience within said activities, for publication, display, sale, or exhibition thereof in promotions, advertising, education, and legitimate business uses without any compensation to me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, soundtrack recordings, and photo reproductions of me and my camper(s) account of my experience during said activities I authorize, according to this release, shall belong to the North Central Florida YMCA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, soundtrack recordings, and photo reproductions of me or my camper(s) account of my experience within said activities.
- Any video film, footage, soundtrack recordings, and photo reproductions of me and my camper(s) account of experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by the North Central Florida YMCA and collaborating third parties
- The North Central Florida YMCA and collaborating third parties shall not be held liable for any use or disclosure to a third party of any video film, footage, soundtrack recordings, or photo reproductions of me and my camper(s)
- The North Central Florida MCA and collaborating third parties shall exclusively own all known or later existing rights worldwide and shall be entitled to the unrestricted use of any video film, footage, soundtrack recordings, and photo reproductions of camp experiences for any purpose without compensation to me.
- I agree that my consent and this release are irrevocable. I hereby release and discharge the North Central Florida YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions any video film, footage, soundtrack recordings, and photo reproductions of me and my camper(s) narrative account of experience as described herein.

I am the caregiver of (camper's name) _____.

- ☐ I hereby consent to the foregoing on behalf of my minor camper.
- ☐ I DO NOT consent to the foregoing on behalf of my minor camper.

Caregiver Signature: _____ Date: _____ Page 8 of 8