



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# A GREAT WAY TO SPEND YOUR DAY

## School's Out Vacation Camp SOUTH ORANGE FAMILY YMCA



Please check your child's school calendar as days off vary from district to district.

**When school is out, the Y is here for you.**

School's Out Vacation Camp is open to children currently enrolled in Kindergarten through age 13. During Vacation Camp days, campers spend time in active play, group games, and arts & crafts.

Children should wear sneakers, comfortable clothes and have appropriate outerwear so they may participate in all activities.

All participants must bring lunch and plenty to drink. An afternoon snack is always provided.

### REGISTRATION FEES

Club Kid Members	\$35/Day
YMCA Members	\$35/Day
Program Members	\$55/Day

Registration is nonrefundable and nontransferable.

**For more information contact:**

Felice Cicchesi

(P) 845 395 1013

(E) [fc@middletownymca.org](mailto:fc@middletownymca.org)

### HOW TO REGISTER:

Visit the Y or simply email the packet to [childcare@middletownymca.org](mailto:childcare@middletownymca.org).

**SOUTH ORANGE FAMILY YMCA**  
45 Gilbert Street Extension  
Monroe, NY 10950  
(P) 845 782 9622

[www.middletownymca.org](http://www.middletownymca.org)

# SOUTH ORANGE FAMILY YMCA School's Out Vacation Camp Registration Form

—October 12, 2020—

All registrations are non-refundable and nontransferable. No exceptions will be made.  
Please complete and return this registration form along with the Authorized Release and  
Emergency Contacts form, Draft Authorization form, and Minor Participant Waiver.

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Child's Name \_\_\_\_\_ Gender: M / F Age \_\_\_\_\_

Birth Date \_\_\_\_\_ Current Grade \_\_\_\_\_ Club Kid participant? Yes No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

My child will be attending the following day(s): \_\_\_ Mon, Oct 12<sup>th</sup>

All participants must be dropped off at Camp anytime after 7:00 am and picked up by 6:00 pm.

**Note: A late fee of \$1 per minute will be charged for each minute your child is picked up after 6pm. Late fess must be paid in full before your child can continue to participate in this program.**

I will be dropping my child off at \_\_\_\_\_am. I will be picking my child up at \_\_\_\_\_pm.

I hereby enroll my child in the YMCA Vacation Camp program. In signing this application, I certify that my child is healthy and is free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their representatives full authority to take whatever actions they deem necessary regarding my child's health and safety. I fully release the YMCA from any liability in connection therewith. I understand that I am responsible for the cost of any and all medical expenses incurred during program time. I understand that my child must comply with all rules and standards of the program. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participation if these standards are not maintained. I further give my consent for my child to be photographed or videotaped, and do hereby release those images to be used by the YMCA in print or other media. I also give the YMCA permission to transport my child when necessary (where applicable).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Authorized Release and Emergency Contacts

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Which phone is best to reach you during program hours? \_\_\_\_\_

**Our policy is to not release your child to any person you do not specify, including other family members. Please list all individuals that you authorize to pick up your child. These individuals will be contacted if there is an emergency. Please indicate yourself on the list. Any one picking up will be asked for ID.**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Does your child have any physical limitations?                      Yes                      No

If yes, please specify: \_\_\_\_\_

Does your child have any allergies?                      Yes                      No

If yes, please specify: \_\_\_\_\_

Is your child in a special classroom setting?                      Yes                      No                      If yes, explain: \_\_\_\_\_

Is your child currently under care for any emotional, physical, or socialization problems?                      Yes                      No

If yes, please specify: \_\_\_\_\_

Is your child is currently taking medication?                      Yes                      No

If yes, please specify what medication and why: \_\_\_\_\_

Does your child wear glasses or contacts?                      Glasses                      Contacts                      N/A

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**I understand that all registrations are non-refundable and non-transferable.**

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## SCHOOL'S OUT VACATION CAMP DRAFT AUTHORIZATION FORM

Signing below validates that I give permission for the YMCA of Middletown to draft my child's Vacation Camp payment from the account designated below. This draft will be processed in full, within 5 days of receiving this form. I understand that if my draft is returned, it will be redrafted within the week and will include a \$25.00 return fee. At no time can this fee be waived.

Billing Party First & Last Name (PRINT) \_\_\_\_\_ Date \_\_\_\_\_

Billing Party Signature \_\_\_\_\_ Contact Phone# \_\_\_\_\_

Child's Name (PRINT) \_\_\_\_\_ School District \_\_\_\_\_

Please check the day(s) your child will attend: \_\_\_\_\_ October 12th

I give permission to have \$ \_\_\_\_\_ drafted, for the dates designated above, for the above named child from the following account:

\_\_\_ **CREDIT/DEBIT CARD ACCOUNT** If your credit card has been compromised, you must notify us of any changes to your card so we can make that change prior to the draft. **Please check one.**

\_\_\_ VISA

\_\_\_ AMERICAN EXPRESS

\_\_\_ MASTERCARD

\_\_\_ DISCOVER

\_\_\_\_\_  
Credit/Debit Card Number

\_\_\_\_\_  
Expiration date

\_\_\_\_\_  
Billing Zip Code

\_\_\_\_\_  
Security Code

**I understand that all registrations are non-refundable and non-transferable.**

Parent/Guardian Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

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

Date \_\_\_\_\_

# Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING the YMCA of Middletown FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

## Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of the YMCA of Middletown facilities, services, equipment and premises (“Facilities”) and any participation in the YMCA of Middletown programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that the YMCA of Middletown, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) to the extent permitted by law, will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

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Minor Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)