



**Sterling-Rock Falls Family YMCA
Summer Day Camp
ENROLLMENT FORM
June 15th – August 18th, 2020**

For more information, please contact:

Jamie Darling, Senior Youth Development Director
Sterling-Rock Falls Family YMCA
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P A R T I C I P A N T	NAME: _____ BIRTH DATE: ____/____/____ GENDER: M F
	ADDRESS: _____, _____, IL
	GRADE: ____ SCHOOL: _____ TEACHER: _____
	Primary Language: _____
	Check if child has IEP/Special Education Plan <input type="checkbox"/> (Please Initial Box)
What special interests does your child have: _____	
P A R T I C I P A N T	NAME: _____ BIRTH DATE: ____/____/____ GENDER: M F
	GRADE: ____ SCHOOL: _____ TEACHER: _____
	Primary Language: _____
	Check if child has IEP/Special Education Plan <input type="checkbox"/> (Please Initial Box)
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	GRADE: ____ SCHOOL: _____ TEACHER: _____
	Primary Language: _____
	Check if child has IEP/Special Education Plan <input type="checkbox"/> (Please Initial Box)
	What special interests does your child have: _____

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NAME: _____ RELATION: _____ ADDRESS (if different): _____

NAME: _____ RELATION: _____ ADDRESS (if different): _____

EMAIL ADDRESS: _____

PARENT or LEGAL GUARDIAN PHONE NUMBERS: ASK FOR: *(Please check each that apply.)*

- 1. CALL THIS NUMBER 1st: () _____ RELATION: _____
- 2. ALTERNATE PHONE #: () _____ RELATION: _____
- 3. ALTERNATE PHONE #: () _____ RELATION: _____

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OTHER AUTHORIZED ADULTS (18 years or older)

If I am unavailable, the following adults have my authority to take responsibility for my child as indicated below.

I understand only those listed will be able to pick up my child or make decisions about his/her welfare.

Name	Relation to child	Phone #	Pickup To/From School	Behavioral Problems	Medical Emergency

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PROMOTIONAL AGREEMENT Sterling-Rock Falls Family YMCA and its funding partners have my permission to use photographs of my children in YMCA promotional materials. YES _____ NO _____

ATHLETIC ACTIVITIES I give permission for my child(ren) to participate in athletic activities. Any special activities will require separate permission. YES _____ NO _____

MEDIA I give permission for my child(ren) to watch G/PG rated movies. YES _____ NO _____

I have received the parent's program manual and agree to adhere to the policies and procedures.

Signature of Parent or Guardian: _____

Relationship: _____ Date: ____ / ____ / ____



Sterling-Rock Falls Family YMCA
SUMMER DAY CAMP 2020
MEDICAL INFORMATION

Participant Name _____

Are there any medical conditions that we should be aware of? (ie: asthma, etc.)

No ___ Yes _____

I give permission to the staff to administer _____ medication to my child.

Physician _____

Quantity _____ Time to Administer _____

Is there any other information that we should be aware of regarding your child(ren)?

No ___ Yes _____

Participant Name _____

Are there any medical conditions that we should be aware of? (ie: asthma, etc.)

No ___ Yes _____

I give permission to the staff to administer _____ medication to my child.

Child's Name _____ Physician _____

Quantity _____ Time to Administer _____

Is there any other information that we should be aware of regarding your child(ren)?

No ___ Yes _____

Participant Name _____

Are there any medical conditions that we should be aware of? (ie: asthma, etc.)

No ___ Yes _____

I give permission to the staff to administer _____ medication to my child.

Child's Name _____ Physician _____

Quantity _____ Time to Administer _____

Is there any other information that we should be aware of regarding your child(ren)?

No ___ Yes _____

Authorize to Administer Medication

I give permission to the YMCA program Staff to administer medication to my child.

YES ___ NO ___

Medical Privacy Statement: *It is the policy of the Sterling-Rock Falls YMCA Youth Development Programs to keep any medical information it may have regarding program participants confidential. However, there may be time in which such medical information will be needed and may need to be shared with others. Examples of sharing might include: providing information to medical personnel in the event of an emergency so that a youth may be treated; providing information to YMCA staff or volunteers who are coordinating specific events in the case of a request for reasonable accommodation; and providing information to chaperones or host families who are responsible for the health and safety of program participants at a specific event. Except in the case of emergency, prior to sharing any medical information, it may have with those external to the YMCA, every effort will be made to get the permission of the program participant or parent or guardian.*

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be given. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for emergency treatment, x-ray or surgery, as recommended by an attending physician. I also understand IF any accident insurance for the event, it does not cover pre-existing conditions or self-inflicted injuries.

SIGNED: _____ **DATE:** _____

Parent or Guardian



Draft Authorization

Summer Day Camp

DRAFT PAYMENT

Your checking, savings, debit, or credit card will be drafted the Friday before the week of the program that you are registered for. If a draft payment is not honored, you are still responsible for that payment plus a ten dollar (\$10)* service fee and any fees from your bank or credit card provider. Should your account become delinquent, the balance must be paid before registering for future weeks. We are not responsible for any service fees charged by your bank.

If at any time you prefer to discontinue this means of payment, you must provide notice to the Sterling-Rock Falls Family YMCA ten (10) days prior to the next scheduled payment.

AUTHORIZATION TO DRAFT ACCOUNTS

I hereby authorize the Sterling-Rock Falls Family YMCA to keep the following information on file electronically and to draft payments the Friday before the week of the program that I am registered for.

Parent's First Name _____ Last Name _____

Child's First Name _____ Last Name _____

Type of account (check one): Savings Credit Card - Expiration date: _____

Last four digits of account: _____ Checking Debit Card - Expiration date: _____

Signature _____ Date _____