



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2016 SUMMER CAMP | HOLLAND REGISTRATION

CAMPER NAME: _____ DOB: _____

REGISTRATION AT THE Y

- Check off the boxes on the registration grid (attached) for the camps you would like to register for (1 grid per child)
- Sign the *Financial Terms & Conditions* and the *Parent Statement of Understanding* (attached)
- Sit with a Welcome Center representative and hand them this packet. They will register your child for the desired camps.
- Set-up Draft for camp balances w/ Welcome Center representative.
- Pay deposits w/ Welcome Center representative.

Required before your child's first day of camp:

- Copy of your child's health assessment or record of immunizations. (you may drop-off at the Welcome Center or e-mail to camp@lbfymca.org)

ONLINE REGISTRATION

- Visit lbfymca.org/holland-camp
- Under the Online Registration section, click the link
- Select desired camp
- Read through and check that you agree to waivers/agreements
- Answer all important child care questions
- Check all boxes under "Schedule" to setup your draft or pay in full
- Click "Check-out"

Required before your child's first day of camp:

- Copy of your child's health assessment or record of immunizations. (you may drop-off at the Welcome Center or e-mail to camp@lbfymca.org)

LOWER BUCKS FAMILY YMCA

601 S. Oxford Valley Rd. Fairless Hills, PA 19030 | 215-949-3400 | www.lbfymca.org/camp



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2016 Camp Financial Terms & Conditions | Holland

- I understand that all change/cancellation requests must be submitted to bdittman@lbfymca.org at least **10 days prior** to the first day of the requested camp.
- I understand that I will be charged a \$20 processing fee in the event I need to make a change to my camp registration. This fee will be charged per request, per camper. This fee will be collected at the time the change is processed. This includes changing which day a 3-day camper will attend during a specific week.
- I understand that all camp deposits are non-transferable and non-refundable.
- I understand that credit requests due to illness require a note from a physician within one week of the request. Deposits are non-refundable.
- I understand that no camp changes/cancellations will be accepted for camp weeks #9 & #10. No refunds or credits will be given.
- **I understand that if I do not pay in-full for camp(s), that I hereby give authority to Lower Bucks Family YMCA (LBFYMCA) to use the information provided or currently on file, to charge my bank account for camp on the published due date (7 days prior to Monday of each camp week). Payments will be drafted from my account on the due date for each week I am registered for. I will be responsible for all payments from my account and will notify LBFYMCA of any changes to my account. Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus subject to any late or overdraft charges applied by the LBFYMCA. The current return draft fee is \$30.00. This is in addition to any service fee my bank may charge.**

I have read and agree to the financial terms and conditions of Camp:

Camper Name

Parent/Guardian signature

Date

If you feel that you are not able to afford our camp, please contact our FINANCIAL ASSISTANCE office for information at 215-348-8131 x1139, or crefice@cbfymca.org.

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2016 Parent Statement of Understanding | Holland

The following information is important for the safety and protection of your child:

- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.
- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave my young child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience.
- I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I must send my child with a lunch and water bottle when he/she attends from at least 9 AM – 4 PM. If I do not, my account will be charged for one.
- I understand that if my child brings medication to camp (including inhalers), that I must sign it in with a camp supervisor.
- I understand that my child may be dismissed from the camp program if his/her actions are contrary to the core values of the YMCA. No refunds or credits will be given.
- I have received a copy of the YMCA Camp Parent Handbook and will keep it for future reference. (Available online at www.cbfymca.org/camp)

YMCA AGREEMENT – PLEASE READ CAREFULLY

I understand that payments are due based on my registration choice. I agree to make those payments. I understand and agree to the terms of the camp financial terms & conditions. I give permission for my child to participate in ALL Camp activities including field trips, swimming and special events. I consent to photographs being taken of my child. The photographs will become the property of the Y and may be reproduced and published as the Y desires, free of any claim on my part. In case of illness or emergency regarding my child, I authorize the Camp Director, or assigned personnel, to secure the services of a doctor if deemed to be necessary by the Y. I understand that I am responsible for the financial costs related to medical services. I understand that medical information and personal data will be used only in Camp, when necessary to protect my child's well-being.

WAIVER AND RELEASE

In consideration of my/our participation in the activities of the Lower Bucks Family YMCA, I/we do hereby hold free from any liability Lower Bucks Family YMCA, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of LB Family YMCA, it's facilities, equipment or program activities. Furthermore, I hereby grant permission for video/ photographs taken by LB Family YMCA staff and volunteers to be used for LB Family YMCA publicity and advertising purposes. I/we, the undersigned, have read, understand and agreed to the above.

Camper Name

Parent/Guardian signature

Date

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