

2023 YMCA SUMMER CAMP



220 26th St - Fort Madison, IA - 52627
(319)372-2403
www.fortmadisonymca.org

PARENT-STAFF CONFIDENTIAL INFORMATION

Child's Name: _____ Age: _____ DOB: _____

Address: _____ Zip: _____ Phone: _____

Father's Name: _____ Phone # _____

Father's Employment: _____ Phone # _____

Mother's Name: _____ Phone # _____

Mother's Employment: _____ Phone # _____

Email Address: _____

I hereby give permission for my child to leave YMCA Summer Camp with the following persons named below. It is my responsibility to notify the Fort Madison YMCA in writing of any changes.

Name _____ Relationship to child _____

Address _____ City _____

Telephone _____ Work Phone _____

Name _____ Relationship to child _____

Address _____ City _____

Telephone _____ Work Phone _____

Signature of Parent or Guardian _____ Date _____

If there is a separation, divorce, or custody problem that we should be aware of, please explain:

IF YOU CHOOSE TO INCLUDE THE NAME OF A PARENT OR GUARDIAN THAT IS NOT ALLOWED TO PICK UP YOUR CHILD/CHILDREN, YOU MUST INCLUDE LEGAL PAPERWORK STATING THAT THEY ARE NOT ALLOWED TO PICK UP.

PARENTAL EMERGENCY MEDICAL CONSENT

Iowa law requires that hospitals and physicians have the consent of a parent or legal guardian before treating minor children. This law applies in all except life-threatening situations.

The consent for below is legally valid for treatment. It is meant to be completed fully, signed by parent or guardian, and discussed with baby-sitters, relatives, neighbors, or anyone else who would be caring for your children in your absence. In the event of an emergency this form would be brought with the child to the Fort Madison Community Hospital.

In the event that my child may require emergency treatment or admission while I am unavailable or out of the city, I hereby give my permission to the Southeast Iowa Regional Medical Center to provide this care on the authorization of the following relative or care giver.

Signature of Parent or legal guardian:

Address _____

Telephone _____ Work Phone _____

Doctor's Name _____

Doctor's Address of Location: _____

Telephone #: _____

Person responsible for bill:

Employer Name:

Name of Insurance Company and Policy Number:

Medication / Allergy Information

Known Allergies:

Date of last Tetanus:

Child's Current Weight:

Current Medications:

Dose:

How is it given:

When is it given:

Possible side effects:

Temporary program adaptations:

When to call parent/health provider regarding symptoms or failure to respond to treatment:

When to consider that the condition requires urgent care or reassessment:

BEHAVIOR/DISHCHARGE POLICY

The YMCA summer camp staff, in agreement, reserve the right to dismiss any child who, after attempts have been made to meet the child's individual needs have failed, or demonstrates inability to benefit from the YMCA's program, or whose disruptions inhibit the experiences of the other children. All efforts will be made to acclimate the child to our summer program; but if, in the opinion of the YMCA staff and the YMCA's executive director, the child is hindering the experiences for the majority of the other children, the necessary steps for dismissal will be taken. In the event that your child(ren) fails to listen to adults, destroys property, disrespects other children/staff members, uses inappropriate language, defiantly removes their self from the group, acts violent towards staff or other summer campers, he/she will be discharged from the summer camp for a certain period of time or permanently removed from camp for the remainder of the summer.

SUMMER CAMP BEHAVIOR POLICY AGREEMENT

I HAVE RECEIVED, READ, AND UNDERSTAND THE YMCA SUMMER CAMP BEHAVIOR POLICIES. I HAVE ALSO REVIEWED THIS POLICY WITH MY CHILD(REN).

SIGNATURE OF PARENT OR GUARDIAN

Date

UNDER THE INFLUENCE STATEMENT

*****WE RESERVE THE RIGHT TO RETAIN A CHILD FOR THEIR SAFETY IF THE PERSON WHO IS PICKING THEM UP APPEARS TO BE UNDER THE INFLUENCE OF ANY SUBSTANCE WHICH COULD IMPAIR THEIR ABILITY TO SAFELY TRANSPORT OR CARE FOR THE CHILD, THEREFORE ENDANGERING THEIR HEALTH AND WELL BEING*****

Signature of parent or guardian: _____ Date _____

TRAVEL/ACTIVITY/WAIVER AUTHORIZATION

I do give my permission for my child _____ to leave the YMCA for trips, in the contracted Fort Madison Community School bus, or staff vehicle or to walk with the group to close by destinations. I understand that I will be notified for each such activity. A child that wishes to not participate in a scheduled activity should be kept home for that day.

Parent/guardian signature

Date

Waiver of Liability and Promotion:

Participation Agreement: I agree to my child's participation in the YMCA Summer Camp Program, and that she/he will comply with all the rules and regulations. I further agree that I will not hold the Fort Madison YMCA its sponsors or staff responsible in case of accident or injury. I fully understand that no accident insurance is provided and that I am responsible for such coverage if so desired. I, as legal guardian, or parent, hereby consent to the participation of the applicant in the YMCA After Summer Camp Program under mentioned conditions. I give my consent for the applicant to be photographed, videotaped, or filmed while participating in any activity and for the resulting photos, etc., to be used by the YMCA for educational and promotional purposes.

I have read, understand, and agree to the above waiver.

Signature of Parent/Guardian

Date

YMCA Summer Camp Payment Information

Child's Name(s): _____

YMCA Member: YES NO

YMCA Member Fee: \$1,200 or 4 payments of \$300 – First payment must be made at registration

YMCA Non-Member Fee: \$1,400 or 4 payments of \$350 - First payment must be made at registration

(To be filled out by YMCA staff only)

Amount Paid Today: \$_____ Today's Date: _____ Amount Still Owed: \$_____

Payment Due Dates:

FIRST PAYMENT DUE UPON REGISTRATION

June 19, 2023 \$ _____ Amount Still Owed: \$ _____

July 3, 2023 \$ _____ Amount Still Owed: \$ _____

July 17, 2023 \$ _____ Amount Still Owed: \$ _____