



# Kankakee Area YMCA Summer Day Camp 2024

**Camper's Name:** \_\_\_\_\_ **Registration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Required Documents	Parent Initials	Y Staff Initials
→ Completed Registration Form ( <i>1 per child</i> )		
→ Signed Bank Draft Authorization ( <i>1 per family</i> )		
→ Signed Parent Handbook Acknowledgement ( <i>1 per family</i> ) Electronic Signature		
→ Signed Liability Waiver ( <i>1 per family</i> ) Electronic Signature		
→ Signed Summary of Licensing Standards for Day Care Centers ( <i>1 per family</i> )		
→ Medication Authorization (Form provided upon request)		
→ Signed Attendance, Late Fee & Pick-up Policy ( <i>1 per family</i> ) Electronic Signature		
→ Original Birth Certificate ( <i>for each child</i> ) (The Y will copy)		
→ Health Information ( <i>for each child</i> ) (Most recent school physical may be used, even if more than 6 months old. There must be a doctor's signature, immunizations and lead/TB screenings on the submitted form)		
→ Custody Agreement/Court Order (If Applicable)		

## YMCA Mission

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Kankakee Area YMCA • 1075 N. Kennedy Drive • Kankakee, IL 60901

815-933-1741 • [www.k3ymca.org](http://www.k3ymca.org)





# Kankakee Area YMCA



## 2024 Summer Camp Registration Form

Fully complete and return this registration form to the Member Service Department.

1075 N. Kennedy Dr. Kankakee, IL 60901 (815)-933-1741

### Child's Personal Information – ONE CHILD PER FORM

Child's Name		Gender	Age	Birthdate (MM/DD/YYYY)
Child's Primary Home Address (Street, City, State, Zip)		Primary Telephone (   )		Guardian (w/ whom child resides)
Mother's or Guardian's Name	D.O.B.	Cell Phone (   )		
Home Address (if different) (Street, City, State, Zip)		If shared custody, describe custodial information*		
Employer	Hours of Employment	Business Phone (   )		
E-Mail Address		Mother's Driver's License Number (REQUIRED)		
Father's or Guardian's Name		D.O.B.	Cell Phone (   )	
Home Address (if different) (Street, City, State, Zip)		If shared custody, describe custodial information*		
Employer	Hours of Employment	Business Phone (   )		
E-Mail Address		Father's Driver's License Number (REQUIRED)		

### Additional Authorized Persons Allowed to Pick Up My Child:

Name	Address	Relationship to Child	D.O.B.	Primary Telephone

### Health Report and Comments on Child's Development

Please list any allergies, special medical or physical conditions or problems that the YMCA should be aware of, including chronic health problems:

\_\_\_\_\_

Please use the space below to note any habits, language or special conditions that the camp staff should be aware of:

#### Medication

Only prescription medication (no over the counter medication) will be administered. If your child needs to take medication during camp hours, a Medication Authorization form must be completed. The Medication Authorization form includes space for the staff to record the administration of the medicine. Do not send medications with your child. Medicine must be handed to a staff member by the parent. All medications will be kept by the staff in a locked medicine box. Children are not permitted to keep medications in their possession.

**PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES AND THE PHYSICIAN'S NAME.**

## Choose the Camp for You!

Please circle your selection for each week. Prices and age requirements may differ. See Camp Guide.

Age :	5-12 y/o	3-5 y/o	5-12 y/o	Specialty Camps 5-12 y/o		
<b>Week 1</b> 06/10-06/14	Camp Discover <i>Summer Forever</i>	Pre-K Camp	Camp SUN	Art 5-12 yrs. old	Dance 5-12 yrs. old	Nature 8-12 yrs. old
<b>Week 2</b> 06/17-06/21	Camp Discover <i>Out of this World</i>	Pre-K Camp	Camp SUN	Soccer 8-12 yrs. old	Spa 5-12 yrs. old	Jr. Lifeguard 9-12 yrs. old
<b>Week 3</b> 06/24-06/28	Camp Discover <i>Legos</i>	Pre-K Camp	Camp SUN	Board Games 5-12 yrs. old	Baseball 8-12 yrs. old	Cheerleading 5-12 yrs. old
<b>Week 4</b> 07/01-07/05	Camp Discover <i>Stars &amp; Stripes</i>	Pre-K Camp	Camp SUN	Photography 8-12 yrs. old	Treasure Hunters 5-12 yrs. old	Basketball 8-12 yrs. old
<b>Week 5*</b> 07/08-07/12	Camp Discover <i>S.T.E.A.M</i>	Pre-K Camp	Camp SUN	Cooking 8-12 yrs. old	Baseball 8-12 yrs. old	Slimy Science 5-12 yrs. old
<b>Week 6</b> 07/15-07/19	Camp Discover <i>Zoo Explorers</i>	Pre-K Camp	Camp SUN	Gardening 5-12 yrs. old	Soccer 8-12 yrs. old	Water Sports 9-12 yrs. old
<b>Week 7</b> 07/22-07/26	Camp Discover <i>Under the Sea</i>	Pre-K Camp	Camp SUN	Fun Fitness 5-12 yrs. old	Cooking 8-12 yrs. old	Volleyball 8-12 yrs. old
<b>Week 8</b> 07/29-08/02	Camp Discover <i>Knights of the Roundtable</i>	Pre-K Camp	Camp SUN	Pickle Ball 8-12 yrs. old	Nature 5-12 yrs. old	Minute to win it games 5-12 yrs. old
<b>Week 9</b> 08/05-08/09	Camp Discover <i>Around the world</i>	Pre-K Camp	Camp SUN	Art 5-12 yrs. old	Super Hero 5-12 yrs. old	Swim Team 9-12 yrs. old
<b>Week 10</b> 08/12-08/16	Camp Discover <i>Y-Olympics</i>	Pre-K Camp	Camp SUN	Board Games 5-12 yrs. old	Flag Football 8-12 yrs. old	Treasure Hunters 5-12 yrs. old
<b>Weekly Camp Cost:</b> Member/ Non-Member	\$130/\$150	\$150/\$170	\$150/\$170	\$150/\$170	\$150/\$170	\$150/\$170

**Camp SUN...is Specialized for Unique Needs.** Our goal is for every camper to have a great camp experience and we understand that some children may have unique needs that need to be met to make this happen. Camp SUN campers & parents will need to meet with our Camp Director prior to registration.

### 2024 Camper Field Trip Authorization

I give my permission for the Kankakee Area YMCA to transport my child for all camp field trips.

Initial

### Authorization for Treatment

In the event I cannot be reached in an emergency, I hereby give my permission to the medical personnel selected by the Camp Director to secure and administer treatment, including hospitalization and the administration of routine tests for my child named above.

Initial

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**T-shirt Size:**

**Youth XS | Youth S | Youth M | Youth L |**

**Adult S | Adult M | Adult L |**

**FOR STAFF USE ONLY: (please initial)**

Completed Application: \_\_\_\_\_

Waiver Signed: \_\_\_\_\_

EFT Authorization Signed: \_\_\_\_\_

Payments Scheduled: \_\_\_\_\_

CCR&R: YES / NO ?

Date Received: \_\_\_\_\_



# Kankakee Area YMCA

## Camp Discover/Specialty Camp

### Automatic Bank Draft Authorization

Child(ren's) Name(s): \_\_\_\_\_

Program Enrollment Date: \_\_\_/\_\_\_/\_\_\_\_\_

Program Start Date: \_\_\_/\_\_\_/\_\_\_\_\_

<b>Payment Method:</b> (Please Circle One)	Debit Card	Credit Card
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Accountholder's Name: \_\_\_\_\_

Debit/Credit Card: Card #: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_ CVV: \_\_\_\_\_

-Electronic Fund Transfer is the only payment option to ensure your child's spot in future weeks of camp.

#### Automatic Bank Draft Authorization

I authorize the Kankakee Area YMCA to present an automatic bank draft, against my account, the Thursday before each week of camp that my child is registered for, as notated on the Kankakee Area YMCA 2024 Summer Camp Registration Form I have completed and signed. I understand that I may withdraw from the program and cancel the draft with a two week written notice. I also understand, I can cancel specific weeks of service with a two week written notice.

Additionally, if the draft is returned unpaid, I will be charged a service fee of \$30.00 or \$10.00 (depending on return type) and the draft will be presented again for payment.

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

<b>For Office Use Only:</b>	<input type="checkbox"/> Staff Initials	<input type="checkbox"/> Registered	<input type="checkbox"/> Scheduled
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# Acknowledgement of Receipt of Camp Parent Handbook

I have read and hereby agree to the terms in the Kankakee Area YMCA Day Camp Handbook. I understand and I am aware of all the policies and procedures of the Kankakee Area YMCA Day Camp Program and have received the Day Camp Parent Handbook.

Child(ren)'s Name(s):

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Parent/Guardian Signature

Date

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Parent/Guardian Name (Please Print)

Date

CFS 581  
Rev. 12/2000

State of Illinois  
Illinois Department of Children and Family Services

## VERIFICATION OF RECEIPT

I/WE, \_\_\_\_\_  
Please Print Name(s)

parent(s) of \_\_\_\_\_, hereby certify that I/we have  
Name(s) of Child(ren)  
received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

# Kankakee Area YMCA

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT



**Participants Name:** \_\_\_\_\_ **Program:** YMCA Summer Camp 2024

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA 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 himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA 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 HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") 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 therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is 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.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees 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 or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED also gives permission to the YMCA to use, without limitations or obligation; photographs, video images, or tape recordings, which may include image or voice for purposes of promoting or interpreting YMCA programs.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature  
(if participant is legally a minor)



# 2024 MEDICATION AUTHORIZATION



## Camp Discover & Specialty Camps 2024

Fully complete and return this form to the Member Service Desk

Only prescription medicine (no over the counter medication) will be administered. If your child needs to take medication during program hours, a Medication Authorization must be completed. The Medication Authorization form includes space for the staff to record the administration of the medicine. Do not send medications with the child. Medicine must be handed to a staff member by the parent. All medications will be kept by the staff in a locked medicine box. Children are not permitted to keep medications in their possession.

**PRESCRIPTION MEDICINE MUST BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES AND THE PHYSICIAN'S NAME**

### Child's Personal Information – One Child Per Form

Child's Name	Gender	Age	Birthday (MM/DD/YYYY)
Home Address	Home Telephone	Guardian w/ whom Child Resides	
Date Medication Taken From (MM/DD/YYYY) – To (MM/DD/YYYY)			
Dosage	Administrations Time(s)		
Possible Side Effects			

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

### Record of Administration

Staff Name	Date	Medication Name	Dosage	Time

For Staff Use Only: Date Received \_\_\_/\_\_\_/\_\_\_\_\_ Initials \_\_\_\_\_

# Attendance, Late Fee & Pick-up Policies

## Drop off/ Pick up at Kankakee Area YMCA

Parents/Guardians/Authorized persons must sign their child/children in or out before leaving the YMCA. This is a good time for counselors and parents to touch base and to assure the safety of the child.

## Late Fee/Daily Tardiness

There will be a late fee if your child is not picked up by 6:00pm. The fee is \$10.00 for the first five (5) minutes and after 6:05pm \$1.00 per minute per child for every minute you are late. The late fee serves as a means to cover staff expenses associated with late pick-up. We will begin calling emergency contacts to pick up children remaining after 6:30pm. The Late Policy will be strictly enforced.

## Failure to Pick-up Child

In the event that you or someone else fails to pick up your child, the following will happen:

1. All phone numbers we have on file for your child will be called. Please make sure any contact numbers are up-to-date so that we can reach you in an emergency!
2. If no contact can be made at those numbers, we will continually assure the child that everything is okay. We will only communicate with parents/guardians about any late pick-ups to ensure your child does not feel responsible in any way.
3. We will notify the Sr. Program Director and the CEO to determine the appropriate next steps, which may include calling police and/or social services.

I have read and hereby agree to the policy stated above:

\_\_\_\_\_

**Signature**

\_\_\_/\_\_\_/\_\_\_

**Date**





# Field Trip Fees Policies

## Field Trips:

We are excited to be able to provide safe, fun and educational experiences during Summer Camp. This year, we will be going on three big field trips; Joliet Slammers, Medieval Times, and Camp Shaw. The YMCA is paying a majority of the fee. However, a small financial commitment will be required from each camper. This secures their spot for the Field Trip.

## Fees:

There will be a \$5.00 deposit fee per camper for the Joliet Slammers Field Trip for week 5.

**Preschool camp not attending, will not be charged.**

There will be a \$10.00 deposit fee per camper for the Medieval Times Field Trip for week 8.

**Preschool camp not attending, will not be charged.**

There will be a \$5.00 deposit fee per camper for the Camp Shaw Field Trip for week 9.

**Preschool camp attending, will be charged.**

The \$20 Field Trip fee (\$5 preschool) will be due at registration. If your camper(s) do not plan to attend the field trip, a system credit will be issued.

**I have read and hereby agree to the policy stated above:**

\_\_\_\_\_

**Signature**

\_\_\_/\_\_\_/\_\_\_

**Date**



# Behavior Contract



Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

These are my goals:

- Respect my counselors.
- Respect my LITs.
- Respect each other. No hitting, biting, kicking, etc.
- Respect the YMCA. No damaged or breaking property.
- Respect the rules. No electronics, that includes tablets, cell phones, laptops, etc.

These are my consequences if I don't meet my goals:

- First time: One day away from the YMCA. (Conversation with guardian.)
- Second time: A week away from the YMCA.
- Third time: Cannot return to the YMCA.\*

\*The YMCA recognizes that some kiddos need extra guidance. With guardian participation we will do everything we can to prevent a camper from not returning.

These are my rewards/positive consequences if I meet my goals:

- Good behavior: Daily recognition and kudos by counselors and staff.
- Very good behavior: Weekly "Great Camper" award to my guardian.
- Exceptional behavior: Monthly "Exceptional Camper" award to my guardian and recognition by the entire camp!

How will my guardian help: By reminding me of the rules and expectations and helping me accept responsibility for my actions.

How will our counselors help: By listening, recognizing my good behavior and helping me get back on track when I need help remembering.

Signatures: Guardian: \_\_\_\_\_

Camper: \_\_\_\_\_

Camp Director: \_\_\_\_\_



## YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the Kankakee Area YMCA and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All works shall belong to Kankakee Area YMCA;
- The Y has no duty of confidentiality regarding any licensed uses;
- Kankakee Area YMCA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

I am the parent or legal guardian of \_\_\_\_\_ I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_