



YMCA OF SNOHOMISH COUNTY CAMP RESERVATION & SAFETY PACKET

YOUR SUMMER ADVENTURE STARTS WITH A FEW EASY STEPS:

Save time and register online at ymca-snoco.org/camp. No need to calculate deposits or mark your calendar for payment dates. Deposits and payments will be calculated and billed automatically!

1 SELECT CAMP SESSIONS

Choose your child's camp sessions. Download the Summer Camp Planning Guide from our website to assist you in your planning: ymca-snoco.org/camp.

2 COMPLETE THE CAMP RESERVATION & SAFETY PACKET

To ensure the safety of your camper, these forms must be completed and signed by a parent or guardian. Be sure to select drop off locations where applicable.

THESE SIGNED FORMS ARE REQUIRED **EVEN IF YOU RESERVE ONLINE:**

- Youth Information Sheet
- Camp Deposit Payment Form
- Sunscreen Authorization Form

Some camps may require additional forms and/or waivers. You may download them from our website at ymca-snoco.org/camp or get them from YMCA staff after you reserve your camp spot.

3 CALCULATE DEPOSIT & MEMBERSHIP AMOUNTS

Complete the Camp Deposit/Payment Form. A camp deposit per child/per session is due at the time of registration to guarantee your child's reservation. The deposit will be applied to the corresponding weekly fee.

- **\$15/session:** Summer Discovery Camp, Mini Camps, Ready Set Go!
- **\$30/session:** Specialty, Skate/Scooter, Venture, Trek, Sports, Sky-Y
- **\$50/session:** Horse Camp, Xtreme Adventures

PLEASE NOTE: A membership is required to register for camp. If your child is not a facility member, an annual Program Membership fee of \$25 per individual camper or \$50 per family will be required before registering.

SAVE TIME! RESERVE YOUR SPOT ONLINE. YOUR DEPOSIT AMOUNT AND CREDIT CARD WILL BE BILLED AUTOMATICALLY ACCORDING TO THE BILLING SCHEDULE.

4 RESERVE YOUR CAMPS

Either online at ymca-snoco.org/camp or by taking your Reservation Packet to your local YMCA family branch.

5 SUBMIT PAPERWORK

To complete the registration process, all necessary forms must be completed, signed, and delivered to your local YMCA family branch two weeks before your camper's first program session begins. If you've registered online, we still require hard copies of the forms (emailed, mailed, faxed or brought to the branch) for state licensing and safety reasons.

6 MAKE YOUR FINAL PAYMENT

Payment is due two weeks before the start of your camper's scheduled session. If you've reserved your spot online, your credit card will be billed automatically according to the billing schedule.

PLEASE READ:

Our primary goal is to keep your camper(s) safe during their time with us at camp. In order to do so, we must ask you to provide some additional information. Once we receive your reservation information, you will be provided additional forms to complete your child's camp registration. These vary by camp session.

To guarantee your camper's spot in camp, all forms and the balance of your camp fee, less your original deposit, are due two weeks before the start of your camper's scheduled session. **If payment is not received by the due date, your reservation and deposit for that session will be forfeited** and a "wait listed" child will be notified of the available space. Your camper cannot be accepted into camp until all completed and signed paperwork is received. For a stress-free summer, enjoy the convenience of automatic payments using your credit card.



YMCA OF SNOHOMISH COUNTY CAMP DEPOSIT PAYMENT FORM

To register at your local YMCA, please clearly print your camp registration requests.

CAMPER'S FIRST NAME		MIDDLE INITIAL	LAST NAME		
SESSION	DATES	CAMP (Please Print Clearly)	DROP OFF LOCATION	CAMP FEE + Options	DEPOSIT
1	6/25-29			\$	\$
2	7/2-6			\$	\$
3	7/9-13			\$	\$
4	7/16-20			\$	\$
5	7/23-27			\$	\$
6	7/30-8/4			\$	\$
7	8/6-10			\$	\$
8	8/13-17			\$	\$
9	8/20-24			\$	\$
10	8/27-8/31			\$	\$
11	9/4-9/7			\$	\$
TOTAL CAMP FEES				\$	
DEPOSITS:					
\$15/session: Summer Discovery Camp*, Mini Camps, Ready Set Go! \$30/session: Specialty, Skate/Scooter, Venture, Trek, Sports, Sky-Y \$50/session: Horse Camp, Xtreme Adventures				Due at time of registration	\$
MEMBERSHIP FEE:					
Annual Program Membership Fee: \$25 per individual or \$50 per family				Required if not a Current Facility or Program Member	\$
CAMPERSHIP DONATION: Help send a child to camp with a tax-deductible campership donation.				Optional	\$
TOTAL PAYMENT TODAY				\$	\$
REMAINING BALANCE				\$	

*Deposit not required for year-round child care participants enrolling in Summer Discovery Camp.

PAYMENT OPTIONS:

Pay **DEPOSIT AND DONATION ONLY**

PLEASE NOTE: If you would like to have your credit card automatically billed the weekly camp balance fees, please fill out a credit card draft authorization form.

Pay the **ENTIRE AMOUNT** of camp fees and donation at this time.

DSHS: If you receive DSHS funding for Licensed Summer Discovery Camp, an approved voucher must be attached to this form. For DSHS information and eligibility, please call Working Connections Child Care or Work First at 425 438 4971

DSHS Caseworker _____ Phone _____

RESPONSIBLE PARTY: I agree to pay the balance of camp fees no later than 14 days prior to the first day of camper's session, unless stated otherwise in the camp brochure, and understand failure to do so may result in a charge on the credit card used today to collect any remaining balance according to the billing schedule.

REFUND POLICY: For cancellations or transfers, we require written notice on a camp change form two weeks prior to the start of the session.

Refunds will be given as a YMCA credit when applicable. Deposits are non-refundable but can be transferred and applied to other YMCA programs within the same branch if request is made in writing at least two weeks prior. We will follow the schedule below related to refunds and credits.



PARENT/GUARDIAN SIGNATURE _____

DATE _____

FINANCIAL ASSISTANCE: The Y is for everyone. Financial assistance may be available. Please obtain an application at your nearest branch.

IMPORTANT: A completed and signed Camp Reservation & Safety Information Packet is required for all campers (two weeks before). Your camper cannot be accepted into camp unless all paperwork is received.

EVERETT YMCA: 2720 Rockefeller Avenue, Everett, WA 98201
MARYSVILLE YMCA: 6420 60th Drive NE, Marysville, WA 98270
MILL CREEK YMCA: 13723 Puget Park Drive, Everett, WA 98208
MONROE YMCA: 14033 Fryelands Blvd., Monroe, WA 98272
MUKILTEO YMCA: 10601 47th Place West, Mukilteo, WA 98275
STANWOOD-CAMANO YMCA: 7213 267TH ST NW, Stanwood, WA 98292

P 425 258 9211 **F** 425 259 2328
P 360 653 9622 **F** 360 653 2329
P 425 337 0123 **F** 425 316 8031
P 360 805 1879 **F** 360 794 5160
P 425 493 9622 **F** 425 315 0482
P 360 629 9622 **F** 360 572 3426

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DATE RECEIVED

.....
RECEIVED BY

.....
BRANCH RECEIVED AT



YMCA OF SNOHOMISH COUNTY YOUTH INFORMATION SHEET

Updated 3/9/17

Youth Information						
Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address			Apt	City	State	Zip Code

Specific Medical, Behavioral, or Developmental Needs		
Date of Last Physical / /	Date of Last Dental Exam / /	Date of Last Tetanus / /
<p>Depending on your child's need, additional paperwork and a meeting with a YMCA Director may be required prior to your child's start to ensure your child can be best accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program.</p>		
Dietary Modifications/Allergy		Chronic/Recurring Illness
Current Medications (medication authorization may be required)		Operations/Serious Injury
Physical Disability		Behavioral Challenges
Developmental Delays		Other
List any activities from which your child should be exempted from for health reasons:		

Emergency & Insurance Information		
Child's Physician	Full Address	Phone Number
Child's Dentist	Full Address	Phone number
Local emergency contact (other than Parents or doctor) & Phone Number		Out of Area Emergency Contact & Phone Number
<p>It is the responsibility of every individual, their legal parent or guardian, to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA of Snohomish County does not provide any accident or health coverage for its participants</p>		
Medical Insurance Company	Policy number	

Parent or Guardian						
Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address (if different than child)			Apt	City	State	Zip Code
Phone Number	Cell Phone		Work Phone		Does child live with you?	
Primary Email			Authorized to make changes to paperwork? <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorized to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name						

Parent or Guardian						
Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address (if different than child)			Apt	City	State	Zip Code
Phone Number	Cell Phone		Work Phone		Does child live with you?	
Primary Email			Authorized to make changes to paperwork? <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorized to pick up child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name						

Persons Authorized to Pick Up Child (Other than Parent/Guardian)

Legal First Name	M	Legal Last name	Phone Number	Relation to child	
Address		Apt	City	State	Zip
Legal First Name	M	Legal Last name	Phone Number	Relation to child	
Address		Apt	City	State	Zip
Legal First Name	M	Legal Last name	Phone Number	Relation to child	
Address		Apt	City	State	Zip

List any restrictions related to authorized pick up - this may include any special orders such as parenting plans or restraining orders. **Attach legal documentation.**

My child may sign themselves out (Teen and Skate programs only)
 Yes No

Family Handbook Access

Please sign that you have received/have access and agreed to the Family Handbook (containing all policies, procedures, philosophy, medical procedures and Statement for Prevention of Abuse) on our website:

Parent/Guardian Signature: _____ Date: _____

Please share any additional information to help our staff get to know your child:

YMCA Policies

YMCA of Snohomish County Mission Statement: To inspire, nurture, and strengthen culturally vibrant communities through youth development, healthy living, and social responsibility.

Culturally Relevant/Anti-Bias Statement: The YMCA of Snohomish County youth programs are committed to providing developmentally and culturally appropriate services that: respect, reflect, and support children and families in our programs; cultivate understanding and caring among children, families, and staff and incorporate an anti-bias approach to curriculum.

5WggZcf 5: If you cannot afford the full cost of a program, please ask for a confidential scholarship application. The Y offers affordable pricing based on income.

AUTHORIZATIONS

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers, or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its employees, boards, members, volunteers, or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the YMCA of Snohomish County and its branches.

Property Loss: The YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image, voice, or artwork for purposes of promoting or interpreting YMCA programs.

I have read and understand the above and have completed this form to the best of my ability.

Parent/Guardian Signature: _____ Date: _____

For internal use only:

Date Received: _____ Received By: _____ ICP: No Yes - Approval: _____ RSO Completed: / / Initials: _____ Site (Transport): _____
 Site Notified: _____ Sent to AO Billing: _____ Fwd to Dept: _____ Filed: _____
 Start Date: _____ Care Plan: School Days School Year Year Round Occasional End Date: _____



YMCA OF SNOHOMISH COUNTY SUNSCREEN AUTHORIZATION FORM

CHILD'S FULL FIRST AND LAST NAME			DATE OF BIRTH		TODAY'S DATE	
			/ /		/ /	
NAME OF MEDICATION			CONDITION MEDICATION IS INTENDED TO TREAT			
Rocky Mountain Kid's Broad Spectrum- SPF 30 (water resistant)			Preventative: UVA & UVB Exposure/Sunburn			
FIRST DAY OF CAMP	LAST DAY OF CAMP	FOR STAFF TO COMPLETE (To be completed by camp/branch based on program)				
/ /	/ /	TIME LAST GIVEN	FREQUENCY (IE. EVERY 4 HOURS)	TIME(S) TO BE GIVEN BY STAFF		
		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
DOSAGE TO GIVE (AMOUNT)		PROCEDURE (SPECIAL INSTRUCTIONS, IF APPLICABLE) WRITE NONE IF NONE				
Liberal cover exposed areas of skin until visible.		Apply on skin that will be exposed to the sun then rub on face and body, keeping away from eyes and mouth.				
EXPECTED SIDE EFFECTS			POTENTIAL ADVERSE REACTIONS			
None			Lasting rash or irritation – intended for external use only.			
MEDICATION STORAGE			INDICATE INSTRUCTIONS FOR PROPER STORAGE			
HAS MEDICATION BEEN STORED PROPERLY? x YES <input type="checkbox"/> NO			Store below 120 degrees Fahrenheit, 104 degrees if for extended period.			
IS THIS A CONTROLLED SUBSTANCE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF THIS MEDICATION IS A CONTROLLED SUBSTANCE, A MEDICATION COUNT VERIFICATION FORM (MCFV) IS ALSO REQUIRED & ONLY ONE WEEK'S SUPPLY MAY BE LEFT WITH STAFF.				

- I give permission for YMCA staff to administer this medication to my child as directed. I have provided instruction to the staff person in charge with procedures for administration of the medication and any specialized administration procedures (i.e. nebulizer, Epi-pen, or preference for swallowing pills). I understand and agree that the YMCA staff cannot be held responsible for allergic reactions or other complications resulting from administration of the above medication given according to the provided instructions.
- I **DO NOT** give permission for YMCA staff to administer this medication to my child.
(check one)
 - I will provide sunscreen for my child. It will follow all guidelines listed in Medication Treatment Policy (below).
 - I do not wish to have sunscreen on my child. (Please discuss alternative sun exposure plan with camp staff.)

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

MEDICATION TREATMENT POLICY

- Medication will only be given for the condition that it is intended to treat and as the physician and/or label instructions indicate.
- All medication must be in the **original container and labeled with the child's first and last name.**
- Label instructions must be clear and match the parent instructions provided to staff.
- Permission for non-prescription sunscreen and topical diapering medication is accepted for 180 days. All other over-the-counter medications are limited to a maximum of 30 days between start and stop dates. Permission for prescription medications is valid through the prescribed treatment period.
- Staff must administer medications according to the medication's prescription or manufacturer's label, as appropriate.
- For non-prescription medications that are to be administered differently than indicated on the manufacturer's label, legible written instructions from a physician must be included and followed for administration.
- Expired medication will not be accepted. Medication that expires after being received will not be administered.
- Any unused medication will be returned to the parent/guardian. When left at the center after disenrollment, the parent will be called to pick it up.
- Upon completion of the treatment period, this form will be kept on-site with the child's permanent file for a minimum of 12 months.
- All child records including this form are confidential and must be kept in such a manner.
- When a dosage is missed or otherwise not administered, the log will be completed as usual, however the "time" will indicate time noticed/decided not to give and the "dosage" column will indicate the reason the dose was not administered. The parent will be contacted upon discovery/decision and receive a written Communication Report.