

# BRANDYWINE Y CAMP REGISTRATION

1. Registration forms cannot be accepted without the completed Youth Program Information Sheet. **One complete set per child.**
2. Full day deposit: \$40 per week; half day deposit: \$20 per week. Deposits are non-refundable but are transferable to another camp in the same season.
3. Complete the payment authorization form in the camp guide. Camp balances are deducted on the 1st and/or 15th of the month.
4. You will receive a receipt when your child is successfully registered for camp.

My child is attending camp at the \_\_\_ Brandywine Y or \_\_\_ Hanby Outdoor Center

\_\_\_ Parent a staff member of the YMCA of Delaware

\_\_\_ I have applied for Open Door financial assistance. Full day deposit: \$30 per week; half day deposit: \$15 per week

\_\_\_ Open Door acceptance letter and deposit must be included with this form before registration can be processed.

Camper request (1 request per child): Group my child with \_\_\_\_\_

**I understand deposits will hold registered camp weeks until the balance is paid. Failure to pay remaining balance could result in cancellation of my registration. I understand I am responsible for the balance due should I fail to cancel my camp registration.**

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

## PARENT/GUARDIAN SIGNED RELEASES

**Treatment/ Emergency care** – I hereby give permission to the emergency care physician and/or YMCA director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event, I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA supervisor to secure and administer treatment, including hospitalization, for the person named above.

give permission

refusal of treatment

Signature \_\_\_\_\_

**Field Trip and Transportation release** – The Y has permission to take my child on all pre-arranged field trips indicated as part of the Y program my child is registered for. This includes off site outings due to extreme weather conditions as part of summer programs.

Signature \_\_\_\_\_

**Photo/video release** – I give permission for my child to be photographed and/or interviewed for promotional purposes.

Signature \_\_\_\_\_

**Sunscreen release** – I give permission to apply sunscreen provided by me or from the sunscreen machine during summer programs.

Signature \_\_\_\_\_

**Informed consent** - I understand that the YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my family's participation in YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of YMCA property.

Signature \_\_\_\_\_

I certify that my child is in good health and is amiable to normal discipline necessary for a successful group experience. I also understand that deposits are non-refundable and will hold my child's spot until the balance is due. Registration is not guaranteed until the balance is paid two weeks before the first day of the session. Failure to pay balance when due could result in cancellation of my registration. I also understand if I do not give proper notification, all money paid will not be refunded for the week. I have reviewed and discussed with my camper the YMCA character values of caring, honesty, respect and responsibility. We agree to honor the behavior policies of the YMCA day camps and understand that it is at the discretion of the camp director to suspend or dismiss campers from the program due to inappropriate behavior.

Signature \_\_\_\_\_

# 2020 CAMP REGISTRATION FORM

Camper's Name \_\_\_\_\_ Email for camp information \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Grade Completed	K - 1st	2 - 3rd	4 - 5th	6 - 8th	9 - 10th	K - 5		Extended Care		BUS		Permit to Exit Bus
						Traditional	Specialty	Before Care	After Care	Stop#	Stop#	
	Traditional	Traditional	Traditional	Traditional	Leaders in training	Sports	Specialty	Before Care	After Care	AM	PM	
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	Ice Skating	Animal Care	AM Hanby	PM Hanby			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	All Sports	Creation Station	AM @ Y	PM @ Y			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	Skateboarding		AM Hanby	PM Hanby			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	Flag Football	Mad Scientist	AM @ Y	PM @ Y			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	Soccer	Animal Care	AM Hanby	PM Hanby			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	Skateboarding		AM @ Y	PM @ Y			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	Bowling	Quoquant Theater Camp	AM Hanby	PM Hanby			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	Karate		AM @ Y	PM @ Y			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	Dodgeball	Creation Station	AM Hanby	PM Hanby			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	Tennis		AM @ Y	PM @ Y			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training			AM Hanby	PM Hanby			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	Flag Football		AM @ Y	PM @ Y			yes
	Explorer	Adventurer	Voyager	Pioneer	Leaders in Training	Skateboarding		AM Hanby	PM Hanby			yes
	Explorer	Adventurer	Voyager	Pioneer		All Sports		AM @ Y	PM @ Y			yes
	Explorer	Adventurer	Voyager	Pioneer				AM Hanby	PM Hanby			yes
	Explorer	Adventurer	Voyager	Pioneer				AM @ Y	PM @ Y			yes
	Explorer	Adventurer	Voyager	Pioneer				AM Hanby	PM Hanby			yes
	Explorer	Adventurer	Voyager	Pioneer				AM @ Y	PM @ Y			yes
	Explorer	Adventurer	Voyager	Pioneer				AM Hanby	PM Hanby only			yes
	Explorer	Adventurer	Voyager	Pioneer				AM Hanby	PM Hanby only			yes

# YOUTH INFORMATION FORM – CAMP REGISTRATION

Entire form must be completed per child before registration is complete.

School Attending \_\_\_\_\_

Grade completed 6/20 \_\_\_\_\_

## CHILD'S INFORMATION

<b>Camper Name</b>	DOB	/	/	Gender	<input type="checkbox"/>	M	<input type="checkbox"/>	F	Age _____
<b>Camper's Address</b>									
<b>Contact email for all camp correspondence:</b>									
<b>Allergies/Dietary Restrictions</b>									
<b>Medication</b> Does your child take prescribed or over the counter medications? If yes what kind and any side effects (medication administration form required for our staff to administer)									
Parent/Guardian Name:					Birthdate:				
Address:									
Primary Phone					Alternate/Business Phone				
Cell Phone:					Authorized Pickup: Yes No				
Do parents live together			Yes No		Is there a custody agreement? Yes (please attach) No				
Is parent a staff member of the YMCA of Delaware?			Yes No		If yes, Branch _____				
Parent/Guardian Name:					Birthdate:				
Address:									
Primary Phone					Alternate/Business Phone				
Cell Phone:					Authorized Pickup: Yes No				
Is parent a staff member of the YMCA of Delaware?			Yes No		If yes, Branch _____				
<i>Insurance Company</i>					<i>Policy #</i>				
<i>Family Physician</i>					<i>Physician Phone</i>				

**PLEASE LIST ANY ADULTS, OTHER THAN PARENTS, THAT MAY BE CONTACTED IN AN EMERGENCY.**

Name	Relationship to child	Preferred Phone #
Name	Relationship to child	Preferred Phone #

**AUTHORIZED PICK UP (OTHER THAN PARENTS)** Anyone picking up your camper must have photo identification. Early dismissals can only be honored when the camp office receives written notification from a parent or legal guardian indicating the time, date, and pickup person.

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

**PLEASE LIST ANY ADULTS THAT ARE NOT AUTHORIZED TO PICK UP THIS CHILD**

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

I give the YMCA permission to release my child as indicated. I understand any changes to this information must be submitted in writing to the camp office. In the event there is a question about who my child is to go home with, my child will be kept at camp, and I will be responsible for picking him/her up at camp.

Signature \_\_\_\_\_

**IMMUNIZATIONS:**

DATE OF LAST TETNUS SHOT: \_\_\_\_\_ Immunizations required by schools are up to date \_\_\_\_\_ (initial)

**GENERAL QUESTIONS:**

(Explain "yes" answers below)

- |   |        |                                      |        |
|---|--------|--------------------------------------|--------|
| 1. Had recent injury, illness or infectious disease | yes no | 12. Diabetes                         | yes no |
| 2. Have a chronic or recurring illness/condition    | yes no | 13. Had seizures                     | yes no |
| 3. Ever been hospitalized?                          | yes no | 14. Skin problems? (rash, itchy)     | yes no |
| 4. Ever had surgery?                                | yes no | 15. ADHD                             | yes no |
| 5. Have frequent headaches?                         | yes no | 16. Asthma                           | yes no |
| 6. Ever had a head injury?                          | yes no | 17. Have an orthopedic appliance     | yes no |
| 7. Been knocked unconscious?                        | yes no | 18. Heart murmur?                    | yes no |
| 8. Wear glasses, contacts or protective eyewea      | yes no | 19. Mononucleosis in past 12 month   | yes no |
| 9. Had frequent ear infections?                     | yes no | 20. Eating disorder?                 | yes no |
| 10. Dizzy during/after exercise?                    | yes no | 21. Emotional difficulties for which | yes no |
| 11. Passed out during or after exercise?            | yes no | professional help was sought         |        |

**CONCERNS AND SPECIAL NEEDS:** Please explain any "yes" answers noting the number of the question, and indicate any activities your camper would not be able to participate in for health reasons \_\_\_\_\_

Describe any current physical, mental, emotional, social health, developmental or psychological conditions requiring medication, treatment or special restrictions or considerations while at camp. \_\_\_\_\_

# CAMP PAYMENT FORM

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## DEPOSIT PAYMENT:

All deposits are non-refundable but are transferable to another camp week in the same season.

*Full day: \$40 per week | Half day: \$20 per week*

Enclosed are my camp deposits for \_\_\_\_\_ weeks totaling \$ \_\_\_\_\_

CASH     Check number \_\_\_\_\_

Please use my credit card on file (**\*If you do not have a credit card on file, please provide one at the time of registration.\***)

Last 4 Digits \_\_\_\_\_ Expiration Date \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## PAYING SUMMER CAMP BALANCE:

Camp payments will be set up to come out automatically on the 1st and 15th of each month from a checking account, savings account, debit, or credit card. Please see EFT summer schedule on page 16.

Statement billing is not an option. If the camp is not paid off before the start of each registered week, your camp week will be canceled.

IF YOU WANT TO START PAYMENTS EARLY, CIRCLE START DATE:    March    April    May

### PLEASE SELECT A PAYMENT METHOD:

Checking Account - Please attach a voided check.

Savings Account - Please attach statement with routing and account numbers.

Please use my card on file. Last 4 Digits \_\_\_\_\_ Expiration Date \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I currently do not have a credit card on file, but plan to provide one at the time of registration.

### OFFICE USE ONLY / TIME STAMP

Staff Inputting name: \_\_\_\_\_

Date/Time Stamp: \_\_\_\_\_

Check off list completed: Yes or No

Registrar checking initials: \_\_\_\_\_



# YMCA OF DELAWARE BEHAVIOR EXPECTATIONS & PROCEDURES

\* Items with an asterisk are mandatory

## CHILD'S INFORMATION

Legal First Name *	MI	Legal Last Name
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## BEHAVIOR EXPECTATIONS & PROCEDURES

It is the goal of our YMCA to provide a healthy, safe, and secure environment for all participants. The YMCA teaches the core values of caring, honesty, respect, and responsibility. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

### BEHAVIOR GUIDELINES

- People are responsible for their actions.
- We respect each other and the environment.
- Honesty will be the basis for all relationships and interactions.
- We will care for ourselves and those around us.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior
2. The child will be reminded of the behavior guidelines and program rules, and a discussion will take place
3. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff may schedule a conference with the parent to determine the appropriate action that will be taken.
6. Staff may schedule a progress check or a follow-up conference.
7. If the problems still persist, staff will schedule a conference that includes the parent, child, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent may be notified and expected to pick up the child immediately. If such a call is placed, an authorized pick up person must pick up the child within one hour.
9. If a problem persists and a child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a child for a minimum of the remainder of the current day and the next day:

- Endangering the health and safety of children and/or staff, members, and volunteers
- Stealing or damaging YMCA or personal property
- Leaving the program without permission
- Continuing to disrupt the program
- Refusing to follow the behavior guidelines or program rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the child a second time before expulsion. Immediate expulsion may occur if a child is in possession of and/or using tobacco, alcohol, illegal drugs, weapons, firecrackers or explosives. Any physical/violent behavior may result in the immediate suspension of the camper for the entire summer.

## PARENT BEHAVIOR AGREEMENT

I have reviewed the YMCA's Behavior Expectations with my child. I understand and agree to all of the terms presented in this document. I further agree to report any issues or concerns my child shares with me regarding their experience in the program. I understand that the YMCA works to ensure all children are safe and comfortable while at the YMCA and that the YMCA staff will work to resolve issues quickly when they are shared.

Parent's Signature\*



# YMCA OF DELAWARE CHILD PROTECTION INFORMATION FOR PARENTS

\* Items with an asterisk are mandatory

## CHILD'S INFORMATION

Legal First Name *	MI	Legal Last Name *
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## CHILD SAFE PROCEDURES

Parents place their trust in the Y to help their children thrive. Our core values—caring, honesty, respect, and responsibility are part of everything we do. Because of this, we place great value on creating the most child-safe environment possible. We believe when parents are well informed about safety protocols, it greatly assists our constant vigilance of all who have potential access to children. The following should be established zero-tolerance YMCA policies that are regularly communicated with parents. Parents should be regularly encouraged to report any deviation from these policies immediately.

- A child should never be alone with a staff member (but may be separate, if in full view of others).
- Children should not be contacted by YMCA staff except for issues relating directly to currently active YMCA activities (i.e., no letters, email, telephone calls, texts, Facebook, visits, non-YMCA excursions, etc.).
- Children should never receive gifts of any kind from individual Y staff members.
- Children should always be transported in YMCA-identified vehicles (or appropriately identified vendor-operated vehicles), never in a staff member's personal vehicle, and never alone.
- Y staff members should not babysit Y members or program participants. If the babysitting relationship pre-existed the Y relationship, the President of the YMCA of Delaware could make an exception, but a specific acknowledgement should be signed by the parents and the babysitting staff member and retained by the Y.
- Children in child care must sign in and out of programs each day and will only be released to preauthorized individuals.
- Parents who become aware of hazing, bullying, or similar behavior should report the incident to the Y. Such behavior is often the precursor of peer-to-peer abuse and must be addressed.
- Children should be encouraged to discuss their experiences with their parents and identify any behavior or activity that made them uncomfortable. Parents need to be aware that programs like gymnastics and aquatics require some physical contact between adult and child to provide the necessary instruction, coaching, and spotting. A single touch in a normally inappropriate place may not be an inappropriate touch if it occurred while trying to prevent an injury, etc.
- Parents should be provided with the names of at least two separate Y individuals whom they may contact if they believe there is an issue of any kind that needs to be addressed.
- Delaware law requires ALL ADULTS to report cases of suspected abuse to the authorities.

The Y of Delaware has more than 4,000 staff members and volunteers working with youth in the many programs we offer. To keep children in our programs safe, we intensively screen potential employees and volunteers by using a detailed application form, comprehensive interview process, reference checks and criminal background checks.

Our employees complete an extensive child abuse prevention training program. Supervisors and managers complete additional training to further promote a child-safe environment. All staff members are mandated to report any suspected child abuse. If you have any questions or concerns regarding a YMCA staff person or program, please inform the program director, associate executive director or executive director at your location. You can make a confidential report to Ethics Point on our website.

Parents are encouraged help prevent child abuse. Here are some suggestions:

- Talk to your child about his or her experiences in Y programs, school, sports, and other activities.
- Drop in on your child's programs.
- Trust your instincts. Don't wait to tell us if something seems "strange." Speak up!
- Every once in a while, ask your child these questions:
  - Is anyone scaring or threatening you?
  - Is anyone asking you to keep secrets?
  - Has anyone said anything to you that made you feel bad?
  - Is anyone touching you in a way that you don't like?
- Encourage your child to tell you or another trusted adult if anything happens to him or her.
- Watch for warning signs of abuse:
  - Unexplainable bruising or other physical markings
  - Disturbed sleeping or eating patterns
  - Abrupt changes in behavior—anxiety, clinging, aggressiveness, withdrawal, depression
  - Fear of a certain person or place
  - Discomfort with physical contact
  - A child who abuses other children
  - Listen and watch for signs of your child receiving special attention that other children or teens are not receiving, including favors, treats, gifts, rides, increasing affection or time alone, particularly outside the activities of school, child care, or other activities.

If you have any questions or concerns regarding a YMCA staff person or program, please inform the Program Director, Associate Executive Director or Executive Director at your location. You can also make a confidential report to EthicsPoint on our website.

Bear-Glasgow Family YMCA (302) 836-9622  
 Brandywine YMCA (302) 478-9622  
 Central YMCA (302) 254-9622  
 Dover YMCA (302) 346-9622  
 Middletown Family YMCA (302) 616-9622  
 Sussex Family YMCA (302) 296-YMCA  
 Walnut Street YMCA (302) 472-9622  
 Western Family YMCA (302) 709-9622

I have reviewed the YMCA's Child Safe Procedures.

Parent's Signature\*



# YMCA OF DELAWARE PHOTO, VIDEO & AUDIO RELEASE

## CHILD'S INFORMATION

Legal First Name	MI	Legal Last Name
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## PHOTO AND VIDEO/AUDIO RECORDING 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 YMCA of Delaware, 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 YMCA of Delaware;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of Delaware, 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	Printed Name	Date
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Address

I am the Parent/Legal Guardian of \_\_\_\_\_ (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of Parent/Legal Guardian



# CAMP CHANGE FORM (ONE PER CAMPER)

A change form is necessary for each child attending camp. Changes in your child's camp schedule must be made at least one week in advance and will depend on availability of openings. Confirmations are not sent. **Unless notified, all changes have been completed.** Deposits are not refundable, but ARE transferable to another camp in 2020 only.

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**CAMPER'S NAME:** \_\_\_\_\_

## CANCELLATION

CAMP SESSION (Please circle one): 1 2 3 4 5 6 7 8 9 10 11

CAMP LOCATION:  Hanby Outdoor Center  Brandywine YMCA

Cancel Camp Session  Cancel AM Care only  Cancel PM Care only  Cancel Bus only

**DO YOU HAVE A DEPOSIT TO TRANSFER?**  yes  no

## ADD SESSION

CAMP SESSION (Please circle one): 1 2 3 4 5 6 7 8 9 10 11

NAME OF CAMP ADDING (ex. Explorers, All Sports, etc.) \_\_\_\_\_

Adding AM Care: \_\_\_\_ YMCA \_\_\_\_ Camp Quoowant

Adding PM Care: \_\_\_\_ YMCA \_\_\_\_ Camp Quoowant

Adding Bus: Bus Number: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

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## PAYMENT

If you are not transferring a deposit and are adding an extra week, please include a \$40 deposit.

Check  Cash

Please use my card on file. Last 4 Digits \_\_\_\_\_ Expiration Date \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_