



2020 YMCA SUMMER CAMP APPLICATION

CAMPER INFORMATION

CAMPER'S NAME _____ DATE OF BIRTH _____ GENDER (check one) M F
 SCHOOL _____ GRADE ENTERING IN SEPT 2020 _____
 ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP _____
 RETURNING CAMPER YES NO DHS/PACE CERTIFICATE # (IF APPLICABLE) _____
 Does your child receive free or reduced lunch? YES NO If yes, what district? _____

HOUSEHOLD/FAMILY INFORMATION

PARENT/GUARDIAN #1 NAME _____ DATE OF BIRTH _____
 HOME PHONE _____ CELL PHONE _____
 ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP _____
 EMAIL _____ PLACE OF EMPLOYMENT _____ WORK PHONE _____
 PARENT/GUARDIAN #2 NAME _____ DATE OF BIRTH _____
 HOME PHONE _____ CELL PHONE _____
 ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP _____
 EMAIL _____ PLACE OF EMPLOYMENT _____ WORK PHONE _____
 Is there a custody agreement? YES NO If yes, please provide a copy of the court order.

EMERGENCY CONTACT/AUTHORIZED PICK-UP INFORMATION (in addition to names listed above)

Write name exactly how it appears on ID.

NAME _____ RELATIONSHIP _____ PHONE _____
 NAME _____ RELATIONSHIP _____ PHONE _____
 NAME _____ RELATIONSHIP _____ PHONE _____
 NAME _____ RELATIONSHIP _____ PHONE _____
 NAME _____ RELATIONSHIP _____ PHONE _____

WAIVER OF LIABILITY

The YMCA of Greater Providence requires that all youth have an examination by a licensed physician prior to participating in YMCA-sponsored activities. The purpose is to discover any condition that would make it dangerous for the child to participate in strenuous YMCA-sponsored activities and to protect other participants from communicable diseases.

In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events"), I hereby waive any liability that the Greater Providence Young Men's Christian Association (YMCA), its officers, directors, trustees, agents, servants, or employees might have for and agree that said YMCA, its officers, directors, trustees, agents, servants, and employees shall not be liable for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic or sports nature sponsored by the YMCA, and I hereby assume the risk of any bodily injury incurred by me while practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the YMCA.

I hereby give my permission for my child to participate in the full YMCA-sponsored program, and, to the best of my knowledge, my child has no physical conditions that will make it dangerous for him/her to participate in YMCA-sponsored program activities. In consideration of admittance, I authorize the Greater Providence YMCA to arrange for medical examination and/or treatment for my child should an emergency arise while at the any of the Greater Providence YMCA. It is understood that a conscious effort will be made by the Director to contact me at the emergency number provided before any medical action is taken.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
 PARENT/GUARDIAN SIGNATURE _____ DATE _____

Will you help send a child to camp by donating \$5 to our camper assistance fund? Yes, please charge my account on file

Please be aware that the signatures on this application are the only persons authorized to make changes to this application, including adding and deleting pick-up names.



2020 CAMP WEEKLY DRAFT AUTHORIZATION

CHILD'S NAME _____

ACCOUNT INFORMATION

Existing account on file (Last 4 digits of card) _____

I choose to utilize the debit/credit card option: MC Visa DISC AMEX
DEBIT/CREDIT CARD MUST BE SCANNED INTO DAXKO

NAME ON ACCOUNT _____

ACCOUNT NUMBER (Last 4 digits of card) _____ EXPIRATION DATE _____

I choose to utilize the Electronic Funds Transfer (EFT) option using my checking account:
CHECK MUST BE SCANNED INTO ACCOUNT IN DAXKO

NAME ON ACCOUNT _____

NAME OF BANK _____

LAST 4 DIGITS OF ROUTING NUMBER _____ LAST 4 DIGITS OF ACCOUNT NUMBER _____

FEE SCHEDULE

Week 1	Due June 12, 2020	\$	Week 6	Due July 17, 2020	\$
Week 2	Due June 19, 2020	\$	Week 7	Due July 24, 2020	\$
Week 3	Due June 26, 2020	\$	Week 8	Due July 31, 2020	\$
Week 4	Due July 3, 2020	\$	Week 9	Due Aug 7, 2020	\$
Week 5	Due July 10, 2020	\$	Week 10	Due Aug 14, 2020	\$

1. Payments will be drafted 10 days prior to each camp week; see schedule above. If my payment is declined or returned, this will affect my child's enrollment.
2. I understand my camp registration fee is charged at the time of registration.
3. I understand if I apply for financial assistance and if I am not awarded it, a cancellation fee will still apply.
4. Drafts will continue throughout the duration of program participation or until the YMCA is notified in writing of my request to terminate the draft. A \$10 cancellation fee per session per child will be charged for each camp/draft terminated. All cancellations and withdrawals must comply with camp refund policy as stated on enrollment agreement. Camp transfers will be assessed a \$10 fee per transfer.
5. I understand if my EFT payment is returned for non-sufficient funds, eCashflow, a third-party agency, will make three attempts to collect the payment. A \$25 fee will be charged to my account in addition to any fees my bank charges. This fee is charged by eCashflow and cannot be refunded.
6. All financial information is confidential and used for camp payments only.

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card/debit charges) against my account for payments as indicated above. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment.

Should any preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment will be claimed for processing by the third-party agency, eCashflow. In addition to the original transaction amount, a \$25 service fee will be assessed. The YMCA is not responsible for the fees charged by eCashflow for returned payments. For any credit card transaction not honored, the YMCA at its discretion may resubmit the amount due for payment on a future date to include a \$25 service fee.

This payment will continue as scheduled or until the authorized payee submits cancellation in accordance with the cancellation policy (\$25 cancellation fee per week will still be charged).

I authorize my \$5 camp donation to be drafted from the above account.

AUTHORIZED SIGNATURE _____ DATE _____



2020 CAMP ENROLLMENT AGREEMENT

PAYMENTS/CANCELLATIONS

- I have reviewed the fee schedule for the program and understand that all fees are due in advance in accordance with the camp fee schedule. Payments not received within five days of camp start date may result in my child being withdrawn from camp. I understand that my rate will not be prorated for non-attendance, including absences due to the program being closed or short-term leaves of absence due to illness or vacation.
- I understand that I am responsible to pay any portion of weekly fees not covered by a third-party agency, if I use one. I agree to fill out any required paperwork in a timely manner and pay any fees required by the third party. I also understand the YMCA only accepts a full-time active certificate from the Department of Human Services or PACE and that I am responsible for any additional fees. This includes half or three quarter time only authorization from CCAP/PACE as well as any up-charges for specialty camp programs registrations.
- I understand that any cancellations will result in a \$10.00 per week per child cancellation fee.
 - All cancellations must be in writing, per signed camp update form.
 - Registration fee is nonrefundable.
 - If cancellation is received 14 days prior to the camp bank draft and/or the start of the camp week, a full refund will be given in the method of payment received minus the \$10.00 cancellation fee per registered week.
 - If a cancellation is received once payment is drafted based on the due date, but before the start of the registered camp week, a \$10.00 cancellation fee per registered week will be deducted and a Y credit for the remaining will be issued.
 - If a cancellation is received after the camp week has begun, no refund or credit will be issued.
 - Camp transfers from one week to another will be assessed a \$10.00 transfer fee per transfer.
- I understand that, if I am receiving a YMCA member rate for camp fees, I must keep that membership current and in good standing. Any lapses in my membership will result in my camp charges reverting to the higher non-member rate until the membership lapse is resolved. All memberships must be active at the point of registration in order to receive member rates.

ENROLLMENT

- I understand that, if my child remains at camp past the scheduled closing time, I will be charged and agree to pay \$1.00 for each minute per child after closing. More than three late pick-ups may be cause for termination from the program.
- I understand that I must sign my child in and out of the program daily and that I must provide a valid picture ID in order to do so. Any authorized person sent to sign out my child must be listed on the child's application, be at least 18 years old, and provide a picture ID upon pick-up.
- I understand that, if the camp staff is unsuccessful in contacting any authorized person(s) to pick up my child one hour after closing, local law enforcement will be contacted.
- I understand that, if my child needs medication during the camp day, a medication release form must be filled out. All medication containers must have a pharmacy label with the name of the child and medication, time/dosage to be administered, and an expiration date.
- I give the YMCA of Greater Providence, and its employees or agents, permission to take, copyright, use, and publish photographs, including electronically on social media, of or concerning me (and/or my children or wards, if under the age of 18) for the purpose of the business of the YMCA, including, without limitation, the preparation of promotional materials for the YMCA, including materials prepared for the purpose of fundraising. I decline : _____ (parent/guardian initials)
- I understand that the Camp Director may discontinue care of my child for any of the following reasons but not limited to any of the below listed reasons. Camp fees will not be prorated or refunded for dismissal or suspension:
 - 1) Parent has not submitted required paperwork or paperwork is inaccurate.
 - 2) Payment is late or unpaid.
 - 3) Child is determined to be dangerous (physically, sexually, or verbally aggressive or threatening) to other children or staff.
 - 4) Child is determined to have a medical, developmental, or emotional condition that is beyond the scope of the camp program's licensed ability to care for the needs of the child.

CHILD'S NAME _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____