

PARENT STATEMENT OF UNDERSTANDING

THE FOLLOWING INFORMATION IS IMPORTANT FOR THE SAFETY AND PROTECTION OF YOUR CHILD. PLEASE READ THE INFORMATION AND SIGN BELOW.

I UNDERSTAND THAT:

1. Children may not be dropped off at the Camp Little Eagle site unless YMCA staff are available to receive and supervise.
2. Children are released from Camp Little Eagle to authorized individuals only. An authorized individual must be listed on the registration form, be 18 years of age, and present a valid ID. Siblings under 18 and over 16 can pick-up his/her sibling as long as they are listed on the registration form as an authorized person to pick-up. Changes in authorization must be provided to the director prior to implementation.
3. To ensure your child's safety please take an active interest in his or her YMCA experience. Ask your child specific questions about program activities and staff relationships.
4. YMCA staff are prohibited from babysitting or transporting children at any time outside of the Camp Little Eagle program.
5. The YMCA staff do not accept gifts or tips and should not provide gifts to children.
6. For the safety of children and staff, the police will be contacted immediately if a person arriving to pick up a child appears to be under the influence of drugs or alcohol or in possession of a weapon.
7. By law the YMCA must report any suspected cases of child abuse or neglect to the appropriate authorities.

PARENT OR GUARDIAN SIGNATURE

DATE

CAMP LITTLE EAGLE REGISTRATION FORM

KOSCIUSKO COMMUNITY YMCA
1305 Mariners Dr, Warsaw, IN 46582
574.269.9622

CAMPER #1 INFORMATION

NAME (FIRST, AND LAST) _____

GENDER _____ DATE OF BIRTH _____

ADDRESS _____

CITY/STATE/ZIP _____

AGE AT TIME OF CAMP _____ GRADE ENTERING THIS FALL _____

SIBLINGS AT CAMP _____ T SHIRT SIZE _____

CAMPER #2 INFORMATION *(IF APPLICABLE)*

NAME (FIRST, AND LAST) _____

GENDER _____ DATE OF BIRTH _____

ADDRESS _____

CITY/STATE/ZIP _____

AGE AT TIME OF CAMP _____ GRADE ENTERING THIS FALL _____

SIBLINGS AT CAMP _____ T SHIRT SIZE _____

CAMPER #3 INFORMATION *(IF APPLICABLE)*

NAME (FIRST, AND LAST) _____

GENDER _____ DATE OF BIRTH _____

ADDRESS _____

CITY/STATE/ZIP _____

AGE AT TIME OF CAMP _____ GRADE ENTERING THIS FALL _____

SIBLINGS AT CAMP _____ T SHIRT SIZE _____

ACCOUNT HOLDER | PARENT | GUARDIAN

NAME (FIRST, AND LAST) _____

DOB _____ WORK _____

EMAIL _____

BEST CONTACT NUMBER _____

ADDRESS _____

CITY/STATE/ZIP _____

SECONDARY CONTACT NUMBER _____

WORK PHONE NUMBER _____

RELATIONSHIP TO CHILD _____

EMERGENCY CONTACTS & AUTHORIZED PICK UP PERSONS

NAME:	RELATIONSHIP TO CAMPER:	HOME PHONE:	CELL PHONE:
NAME:	RELATIONSHIP TO CAMPER:	HOME PHONE:	CELL PHONE:
NAME:	RELATIONSHIP TO CAMPER:	HOME PHONE:	CELL PHONE:
NAME:	RELATIONSHIP TO CAMPER:	HOME PHONE:	CELL PHONE:

MEDICAL & BEHAVIORAL INFORMATION

NAME (FIRST, AND LAST) _____

GENDER _____ DATE OF BIRTH _____

ALLERGIES _____

MEDICATIONS _____

Is there anything else you can tell us that will help the counselors communicate effectively with him/her?

Please describe any techniques that you use at home or school (i.e. key phrases, visual cues, hand cues, charts, etc). Are there any triggers we should know about or specific calming/ de-escalating techniques?

Are there any behavioral issues we should be aware of (i.e. hitting, biting, etc.)? If so, how should we respond to this behavior? _____

PLACE A "X" FOR THE ANSWER THAT BEST DESCRIBES YOUR CHILD.	ALWAYS	SOMETIMES	SELDOM	NEVER	N/A
Communicates needs					
Consistently makes choices					
Easily transitions from activity to activity					
Manages his/her anger					
Maintains self-control in a group setting					
Is able to work through frustrations					
Accepts responsibility for behavior					
Initiates and maintains social conversations					
Interacts with others in a large group					
Respects personal space of others					

Does your child have any fears or dislikes that we should know about? _____

Is there anything else we should know about your child that would help us when at camp? _____

UNIT ID:
STAFF INITIAL:

SELECT WEEKS YOU WILL ATTEND

VERY IMPORTANT | By putting your child's first and last name in the "will attend" columns you are committing to definite attendance for that selected week. **Please be aware that \$25 of the total weekly fee is considered a deposit to hold your child's place at camp and will be charged even if you cancel.**

WEEKLY THEMES	PRICE	CHILD #1 WILL ATTEND (WRITE FIRST AND LAST NAME OF CHILD)	CHILD #2 WILL ATTEND (WRITE FIRST AND LAST NAME OF CHILD)	CHILD #3 WILL ATTEND (WRITE FIRST AND LAST NAME OF CHILD)
WEEK 1 JUNE 1 - 5	MEMBER \$110 PROGRAM MEMBER \$130			
WEEK 2 JUNE 8 - 12	MEMBER \$110 PROGRAM MEMBER \$130			
WEEK 3 JUNE 15 - 19	MEMBER \$110 PROGRAM MEMBER \$130			
WEEK 4 JUNE 22 - 26	MEMBER \$110 PROGRAM MEMBER \$130			
WEEK 5 JUNE 29 - JULY 3	MEMBER \$110 PROGRAM MEMBER \$130			
WEEK 6 JULY 6 - 10	MEMBER \$110 PROGRAM MEMBER \$130			
WEEK 7 JULY 13 - 17	MEMBER \$110 PROGRAM MEMBER \$130			
WEEK 8 JULY 20 - 24	MEMBER \$110 PROGRAM MEMBER \$130			
WEEK 9 JULY 27 - JULY 31	MEMBER \$110 PROGRAM MEMBER \$130			
WEEK 10 AUGUST 3 - 7	MEMBER \$110 PROGRAM MEMBER \$130			
WEEK 11 AUGUST 10 - 14	MEMBER \$110 PROGRAM MEMBER \$130			

IF YOU SIGN UP FOR 2-5 WEEKS-\$5 WEEK
IF YOU SIGN UP FOR 6-10 WEEKS-\$10 WEEK
DISCOUNT FOR 2ND CHILD-\$5
DISCOUNT FOR 3RD CHILD-\$10

Quantity discounts and sibling discounts can't be used in conjunction with financial assistance.

Please put your child's first and last name in the "Will Attend" column for any weeks your child will be attending. You will be drafted a weekly fee on the Friday before the week of attendance. There will be no refunds for weeks not attended. Any cancellations or billing updates must be done in writing (please email sanderson@kcymca.org) one week prior to the draft date in order to not be charged the full weekly rate.

UNIT ID:
STAFF INITIAL:

SELECT OPTIONAL ADD ON SPORTS CAMPS

VERY IMPORTANT | By putting your child's first and last name in the "will attend" columns you are committing to definite attendance for that selected week. All add on sports camps are first come first serve. Campers can attend the same sports camps for multiple weeks if they so choose. **Please be aware that \$25 of the total weekly fee is considered a deposit to hold your child's place at camp and will be charged even if you cancel.**

ADD-ON SPORTS CAMPS	PRICE	CHILD #1 WILL ATTEND (WRITE FIRST AND LAST NAME OF CHILD)	CHILD #2 WILL ATTEND (WRITE FIRST AND LAST NAME OF CHILD)	CHILD #3 WILL ATTEND (WRITE FIRST AND LAST NAME OF CHILD)
WEEK 2 JUNE 8 - 11 SOCCER CAMP	YMCA MEMBER \$10 PROGRAM MEMBER \$20			
WEEK 3 JUNE 15 - 18 SOCCER CAMP	YMCA MEMBER \$10 PROGRAM MEMBER \$20			
WEEK 6 JULY 6 - 9 VOLLEYBALL CAMP	YMCA MEMBER \$10 PROGRAM MEMBER \$20			
WEEK 7 JULY 13 - 16 BASKETBALL CAMP	YMCA MEMBER \$10 PROGRAM MEMBER \$20			
WEEK 8 JULY 20 - 23 BASKETBALL CAMP	YMCA MEMBER \$10 PROGRAM MEMBER \$20			
WEEK 9 JULY 27 - 30 BASKETBALL CAMP	YMCA MEMBER \$10 PROGRAM MEMBER \$20			

Please put your child's first and last name in the "Will Attend" column for any weeks your child will be attending. You will be drafted a weekly fee on the Friday before the week of attendance. There will be no refunds for weeks not attended. Any cancellations or billing updates must be done in writing (please email sanderson@kcymca.org) one week prior to the draft date in order to not be charged the full weekly rate.

BILLING

NAME (FIRST, AND LAST) _____

ADDRESS _____

CITY/STATE/ZIP _____

PAYING BY CHECK:

BANK NAME _____

BANK ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

PAYING BY CREDIT CARD

CREDIT CARD TYPE _____

CREDIT CARD NUMBER _____

EXP DATE _____

DO YOU RECIEVE FINANCIAL ASSISTANCE? (YES / NO)

IF SO, HOW MUCH? _____

I hereby authorize the Kosciusko Community YMCA to electronically draft my weekly summer camp fee prior to the week my child attends camp from the account I have provided. Payments cover the following week. I understand that there will be no refunds for weeks registered for but not attended. I must keep the YMCA informed of any changes in address or account information. Changes must be made in writing before the draft date or will be treated as a returned draft. All returned drafts are automatically sent through a second time. The YMCA charges a \$25 return fee on all unpaid drafts. I will be responsible for any fees charged by the YMCA and my bank.

SIGNATURE

PLEASE INITIAL IN EACH BLANK THAT YOU HAVE READ AND AGREE WITH THE FOLLOWING:

_____ I understand the activity fee is non-transferable and non-refundable.

_____ I understand that KCYMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating in Camp Little Eagle, I hereby voluntarily release and discharge KCYMCA, its agents, contract services, and employees from any and all claims of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

_____ In the event that I cannot be reached in an emergency, I hereby give my permission to the medical personnel selected by KCYMCA 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. I understand that no accident or medical insurance is carried on program participants.

_____ While KCYMCA will make every effort to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children who are a danger to themselves, a danger to others, or a disruption to the normal activities making it unreasonably difficult for other children to enjoy Camp Little Eagle programs. Any of the above will be grounds for dismissal. A parent/guardian must discuss special conditions or circumstances involving their child with the director prior to registration so that a determination of reasonable accommodations can be made. If special transportation is required, parents may be responsible for providing it.

_____ I hereby give permission to KCYMCA without limitation or obligation, to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use.

_____ I give KCYMCA permission for my child to leave the Camp Little Eagle site, participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program. I understand that field trips will be scheduled in advance and parents will be notified of the details prior to departure.

_____ I give KCYMCA permission to apply sunscreen to my child as needed. Children over the age of 10 are required to apply their own sunscreen, however, staff will be available to assist.

SIGNATURE/DATE



4-H Youth Enrollment Form

(Please Print)

4-H Year 2019-2020

County: Kosciusko Correspondence Preference Postal Mail Email

Family Name Family Email

Email (If different than family email) First Name

Middle Name Last Name

Suffix Preferred Name

Mailing Address Mailing Address 2 (if applicable, Apt #)

City State

Zip Code

Birth Date (mm/dd/yyyy) Gender Male Female

Primary Phone () Cell Phone () I would like to receive text messages

Cell Phone Provider (if you want to receive text messages) Years in 4-H:

Parent/Guardian 1

First Name Last Name

Cell Phone Work Phone

Parent/Guardian 2

First Name Last Name

Cell Phone Work Phone

Address(if different than family address) Address 2

City State

Zip Code Home Phone

Email (If different than family email)

Second Household (if applicable)

Send Correspondence Yes No Correspondence Preference Postal Mail Email

Second Household Family Last Name Primary Phone

Address City

State Zip Code

Email

Emergency Contact

Name Phone

Cell Phone Relationship

Volunteer

Are you a Youth member serving in a leadership role? No Yes
(Examples: Junior Leaders, 4-H Club Officer, 4-H Youth Representative to a County Board or Committee)

Purdue University Cooperative Extension Service is an equal access/equal opportunity institution.

Program Fee Payment Date: _____ Cash/Check # _____ Received Date: _____ 4HOnline Entry Date: _____ Entered By: _____

Enrollment

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes (please indicate both an ethnicity and a race)	
Race (check all that apply)	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000
	<input type="checkbox"/> Town under 10,000 and non-farm	<input type="checkbox"/> Central city more than 50,000
	<input type="checkbox"/> Town/City 10,000 – 50,000 and its suburbs	
Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a parent serving in the military	
	<input type="checkbox"/> I have a sibling serving in the military	
Branch	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy	
Component	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	
School County	School District	
School Name		
School Type	<input type="checkbox"/> Public	<input type="checkbox"/> Homeschool/Alternative
	<input type="checkbox"/> Private	<input type="checkbox"/> Magnet/Specialized School
	<input type="checkbox"/> Special Education	<input type="checkbox"/> Charter School
	<input type="checkbox"/> Vocational	
Grade in School as of Oct. 1, 2017		

Authorizations

4-H Youth Development Liability Release

I understand that participating in 4-H activities can involve certain risks to my child. On behalf of my child I accept those risks. I hereby release and discharge Purdue University, The Trustees of Purdue University, the County Commissioners, the County Cooperative Extension Service, and each of their trustees, officers, appointees, agents, employees, and volunteers ("Released Parties") from all claims which my child or I might have for any injury or harm to my child, including death, arising out of my child's participation in any activity related to the 4-H youth development program, even if such injury or harm is caused by the negligence or fault of any of the Released Parties. I do not, however, release these individuals and entities from liability for intentional, willful or wanton acts and this release shall not be construed to include such acts.

- We have read and agree to the terms.

Parent/Legal Guardian and Member Statement

I (we) understand, agree to abide by, follow, and comply with the rules, policies and expectations of the 4-H program and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute grounds for sanctions and/or dismissal of the member from the program.

- We have read and agree to the terms.

Photo Policy Statement

I (we) grant permission to the 4-H Youth Development program to use videos or photographs of my (our) child for educational purposes or promotion of 4-H and/or Purdue Extension programs.

- I agree to the photo policy statement
 I do not agree to the photo policy statement

We have read and completed all required authorization sections above.

Member Signature: _____ **Date:** _____

Adult Signature: _____ **Date:** _____