

2023 Stateline Family YMCA Summer Camp

Sunshine Camp Registration

Contact: Carley Barger (cbarger@statelineymca.org)



Camper Information:

Last Name _____ First Name _____ MI _____
Nickname _____ Gender ☐ Male ☐ Female ☐ Other _____
DOB _____ Age When Camp Begins _____ Primary Phone # _____
Address _____ City _____ State _____ Zip Code _____
School Attending _____ Grade Fall 2023 _____

(1) Parent/Guardian Information:

Last Name _____ First Name _____ MI _____
DOB _____ Gender ☐ Male ☐ Female ☐ Other _____
Phone #'s: Cell _____ Work _____ Employer _____
Address _____ City _____ State _____ Zip Code _____
Email Address _____

(2) Parent/Guardian Information:

Last Name _____ First Name _____ MI _____
DOB _____ Gender ☐ Male ☐ Female ☐ Other _____
Phone #'s: Cell _____ Work _____ Employer _____
Address _____ City _____ State _____ Zip Code _____
Email Address _____

Medical and Behavior Questions: (these help us provide the best care possible)

Has your child been diagnosed or treated for the following?

☐ Asthma ☐ Allergies ☐ Allergy to Insect Stings
☐ Diabetes ☐ Dietary Needs ☐ Other _____
☐ ADD/ADHD ☐ Seizures

Physician's Name _____

Physician's Phone _____

Preferred Hospital _____

Parent's Statement of Understanding

I understand that my child must be physically signed in/out by authorized adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that the YMCA is not responsible for lost, stolen, or damaged personal articles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that my weekly balance is due by the Monday prior to the week attending	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand that my child must be able to use the bathroom on their own	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I understand the deposit, balance due, and refund policies located in camp guide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission to the Stateline Family YMCA to:		
Seek medical treatment for my child, in my absence, in the event of an emergency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use photos or videos taken of my child for any and all promotional purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To transport my child as necessary for all activities: Bussing, Swimming, Field Trips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow my child to go on short walks with the group leader under Y staff supervision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allow my child to participate in field trips	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To apply sunscreen/bug repellent that I supplied to my child	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parent/Guardian Signature _____ Date _____

Camp Registration:

Camp Fees

	Y Members	Non Members	Deposit Due at Time of Registration
Weekly (M-TH)	\$80	\$104	\$25

Camp T-Shirt \$10

(Not Required for this camp)

☐ YXS ☐ YS ☐ YM ☐ YL

Camp Program

☐ Sunshine Camp

All remaining balances
are due in full the
Monday prior to the
week your child will be
attending.

WK	DATE	THEME	Attending
1	June 5-8	No Camp	N/A
2	June 12-15	Secret Life of Pets	<input type="checkbox"/>
3	June 19-22	Symphony of the 5 Senses	<input type="checkbox"/>
4	June 26-29	Wonderful World of Disney	<input type="checkbox"/>
5	July 3-6	No Camp	N/A
6	July 10-13	Music Makers	<input type="checkbox"/>
7	July 17-20	Hometown Heroes	<input type="checkbox"/>
8	July 24-27	Dino Stomp	<input type="checkbox"/>
9	July 31- Aug 3	Creative Campers	<input type="checkbox"/>
10	Aug 7-10	Sand and Seashells	<input type="checkbox"/>
NON-REFUNDABLE DEPOSIT DUE AT TIME OF REGISTRATION			\$25/Week \$_____

2023 Stateline Family YMCA Summer Camp Sunshine Camp Payment Information Form



Parent/Guardian Information:

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip Code _____

DOB _____

Total # of Weekly Registrations	_____	x \$25	=	\$
Total # of Camp T-Shirts	_____	x \$10	=	\$
Grand Total Due At Time of Registration				\$

OFFICE USE ONLY

YES

- ☐ Daxko registration matches form
- ☐ 2nd Child discount applied if applicable
- ☐ Bank draft scheduled by Childcare Billing Specialist
- ☐ Registration paperwork returned to Assistant Director of YD (w/o Payment Info form)

Signature _____ Date _____
(Childcare Billing Specialist)

Select Draft Option:

- ☐ Weekly/Session/Theme Day Draft **Remaining Balance Due (Fee less the deposit)**
Will draft the Monday prior to the week registered

Camper's Name _____

- ☐ Checking Account Bank Name _____
Account # _____ Routing # _____
- ☐ Savings Account Bank Name _____
Account # _____ Routing # _____
- ☐ Credit Card Name on Card _____
Account # _____ Card Type _____
(Discover, Master Card, Visa)
Expiration Date _____ CID # _____

- This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellations require a 15 day notice.
- Amount of draft will be determined by the elected program, the fee and adjustments defined by the program policy. The fee may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable.
- A fee of \$25 will be charged for all returned drafts. Two charges of this type may result in expulsion from the program.

I authorize the Stateline Family YMCA to the above named bank or credit card account for membership or program fees. Any change in fees may constitute a change in the draft amount. I understand that the Stateline Family YMCA may initiate a pre-authorization to validate the account number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

Authorized Signature _____

Date _____

STATELINE FAMILY YMCA SAC EMERGENCY CARD

General Information

Student's Name: _____ D.O.B.: _____

Home Address: _____ Phone: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Student's Medical Information

Allergies: _____ Current Medication: _____

Preferred Hospital (if needed): _____

Physician & Phone: _____

Parent/Guardian Signature Authorizing Emergency Care:
_____ Date: _____

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_____ Date: _____

In addition to the mother and father listed on the front of this card, the following people have permission to pick up my child:

- 1) _____ Phone _____
- 2) _____ Phone _____
- 3) _____ Phone _____
- 4) _____ Phone _____
- 5) _____ Phone _____
- 6) _____ Phone _____

Parent/Guardian Signature: _____ Date: _____

Other Information that may be helpful: _____

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