

# Camp Registration Form 2018

This form must be completely filled out with form of payment to be processed or the form is considered void. You may register more than 1 camper on a form.

<b>Camper Last Name:</b>		<b>Parent/Guardian Name</b>	
<b>Address:</b>			
<b>Cell Phone:</b>		<b>Home Phone:</b>	
<b>Email 1:</b>		<b>Email 2:</b>	
<b>Friendship Request</b> (Only 1 allowed must be reciprocal/must be requested by June 1st)			

Camper Last Name:	Grade	Camp Name	Days of the Week	1	2	3	4	5	6	7	8	9	10	Fees
													<b>Total</b>	

Summer School Pick-Up Camper Name	Willowbrook / 11:30 am	Westmoor / 11:55 am	Willowbrook / 12:30pm	Fees

<b>Navigators: Please register my child for</b>	
<input type="checkbox"/>	<b>Lock-in Camp</b>
<input type="checkbox"/>	<b>Overnight Camp</b>

<b>T-Shirt Size</b>				
<b>Youth</b>	<b>YS</b>	<b>YM</b>	<b>YL</b>	<input type="checkbox"/>
<b>Adult:</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>
<small>Additional Camp shirts are available for \$10. Contact Camp Registrar for more information.</small>				

<b>Payment Plan Options: Please Check One.</b> ( For Members only and must end by 7/15/2018)			
<input type="checkbox"/>	I would like to make a payment plan with my membership plan		
Please draft my account on:	<input type="checkbox"/>	1st of the month	<input type="checkbox"/>
	<input type="checkbox"/>	15th of month	
Starting on:	<input type="text"/>	Ending on:	<input type="text"/>
<input type="checkbox"/>	I would like to pay in full		
<input type="checkbox"/>	Check	<input type="checkbox"/>	Mastercard
<input type="checkbox"/>	American Express	<input type="checkbox"/>	Discover
Credit Card #	<input type="text"/>		
Exp:	<input type="text"/>	Name on Card	<input type="text"/>
<small>I understand that if I fail to make a payment that my camper(s) will not be allowed to attend camp until payment is made. If payment is not made by the Wednesday before the camp starts or my camper will lose his/her spot in camp. I also understand that if I incur any processing fees, whether late registrations or change requests, late pick up, t-shirt, or extended camp charges, I authorize the North Suburban YMCA to charge my account on file from the camp registration form or membership draft payment on file.</small>			
<small>By initialing here, I hereby acknowledge receipt of and understand the parent handbook and NSYMCA's policies</small>			
Signature:	<input type="text"/>		

<b>Membership:</b>	
<b>Members must have a consecutive membership for 4 months to receive the special member-only discount. See member policy on page 16.</b>	
<input type="checkbox"/>	I am already a member of the NSYMCA!
<input type="checkbox"/>	I would like to become a member of the NSYMCA today Please set up a membership draft using my credit card and/or checking account. I understand that the membership form must be turned in with the camp registration form for my camp registration form to be processed. I Understand that I must cancel this membership and it will Automatically charge.
<b>Select one:</b> (Get 7% off any Annual membership)	
<input type="checkbox"/>	<b>Youth: #30/month (Ages 1-26)</b>
<input type="checkbox"/>	<b>1 Adult &amp; 1 child: \$65/month</b>
<input type="checkbox"/>	<b>1 Adult &amp; 2+ Children: \$75/month</b>
<input type="checkbox"/>	<b>2 Adults &amp; 1 Child: \$85/month</b>
<input type="checkbox"/>	<b>2 Adults &amp; 2+ Children: \$95/month</b>
<b>The NSYMCA reserves the right to collect any unpaid membership dues. The Joiner's Fee equaling one month's membership dues, is paid at the time of joining the YMCA. It is re-assessed if membership lapses more than 30 days. Tax -deductible.</b>	

<b>WAIVER OF RISK &amp; RELEASE</b>
I agree to abide by the facility, program, and membership policies of the NSYMCA at all times while on the premises. I give permission for the above-named participant to be included in photos for publicity purposes. I understand the NSYMCA is not responsible for personal property or personal injury sustained by the participant and I hereby agree to identify and hold harmless the NSYMCA from such losses or injuries. In the event I cannot be reached in an emergency situation involving the above-named participant(s), I hereby give permission to the program leader to seek medical treatment for the above-named participant(s). The NSYMCA reserves the right to change or alter any program without notice.
Signature: <input type="text"/>

<b>POLICIES</b>
Membership must remain current throughout the entire class period to qualify for member rates. Prices are subject to change. A full refund will be issued if you cancel prior to the registration deadline, or if the NSYMCA cancels class. Refunds will be given by check or NSYMCA credit voucher only. Refer to the previous page for complete registration policy. The NSYMCA does not turn anyone away due to inability to pay. If you need assistance, please stop by the Guest Services Desk. Policies are subject to change. If you would like to contribute to the Strong Kids Campaign, please contact Howard Schultz, President/CEO, at 847-272-7250 ext. 1213. By signing below, I acknowledge all of the NSYMCA's Policies.
Signature: <input type="text"/>

# Pre-Camp Confidential Questionnaire

One form must be filled out for each camper and turned in at the time of registration.

<b>Child's Full Name:</b>		<b>D.O.B</b>		<b>Grade:</b>	
---------------------------	--	--------------	--	---------------	--

**What should we know about your camper? Please give any information which will help us make this your camper's best summer ever! Include behavior management techniques that your camper responds to positively. Let us know what activities interest your camper.**

**Allergies:**

List any medications your child has taken in the last 12 months:

Does your child need an Epipen?	Yes	No	Will your child require medication during camp?	Yes	No	Is Yes, What?
---------------------------------	-----	----	---	-----	----	---------------

Medical or Physical Restrictions (If Any)	Does your child have an IEP?	Yes	No
---	------------------------------	-----	----

Please describe any additional support your child receives at school and/or during the year (E.G speech, behavior therapy, social work, counseling, etc.)

Rate your child's swimming skills	Beginner	1	2	3	4	5	Proficient
-----------------------------------	----------	---	---	---	---	---	------------

If your child needs any other special accommodations please describe

**REGISTRATION FOR HAWKS CAMPS REQUIRES AN ADDITIONAL SPECIAL SERVICES QUESTIONARE**

**AUTHORIZED PARENT/GUARDIAN CONTACT INFORMATION**

<b>Parent/Guardian 1 Name:</b>			
--------------------------------	--	--	--

<b>Home Phone Number:</b>	<b>Work Phone:</b>	<b>Cell:</b>
---------------------------	--------------------	--------------

<b>Parent/Guardian 2 Name:</b>			
--------------------------------	--	--	--

<b>Home Phone Number:</b>	<b>Work Phone:</b>	<b>Cell:</b>
---------------------------	--------------------	--------------

**Emergency Contact: (When Parent or Guardian cannot be reached)**

<b>Name:</b>	<b>Home/Work Phone:</b>	<b>Cell:</b>
--------------	-------------------------	--------------

<b>Name:</b>	<b>Home/Work Phone:</b>	<b>Cell:</b>
--------------	-------------------------	--------------

<b>Name:</b>	<b>Home/Work Phone:</b>	<b>Cell:</b>
--------------	-------------------------	--------------

**AUTHORIZED PICK-UP (When parent/ guardian is not available)**

<b>Name:</b>	<b>Home/Work Phone:</b>	<b>Cell:</b>
--------------	-------------------------	--------------

<b>Name:</b>	<b>Home/Work Phone:</b>	<b>Cell:</b>
--------------	-------------------------	--------------

<b>Name:</b>	<b>Home/Work Phone:</b>	<b>Cell:</b>
--------------	-------------------------	--------------

**PARENT STATEMENT OF UNDERSTANDING**

**Please read this form carefully. Sign this form and return to the NSYMCA. No child can attend camp unless all completed forms are on file.**

- I understand that the North Suburban YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA camp program, with the exception of relationships established outside of the YMCA prior to the start of the camp session. Immediate disciplinary action will be taken toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave my child at the North Suburban YMCA or any offsite NSYMCA location unless a YMCA camp staff is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an un-authorized person. Any person authorized to pick up my child must be listed in my child's registration forms or a note written and signed by a parent or legal guardian at least one day prior to the pick up.
- I understand that should a person arrive to pick up my child who is obviously under the influence of alcohol or drugs, for the child's safety, staff may have no recourse but to contact police. Please do not put staff in a position where they have to make this judgement call.
- I understand that the North Suburban YMCA as mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

- I understand that the North Suburban YMCA Camp Director reserves the right to dismiss a camper from camp. Such situations will mean the total loss of camper fees as paid by the parent or scholarships given to the child.
- I have received, read, and understand the statements above and the North Suburban YMCA's Camp policies and parent handbook.
- I give the North Suburban YMCA the right to take pictures and video and use them for marketing materials for the North Suburban YMCA.
- I give permission for the North Suburban YMCA to transfer the child named above off the property for the purpose of medical care or program activities as deemed appropriate by the director and in the event I cannot be reached in an EMERGENCY. I hereby give permission to the physician selected by the Camp Director, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.
- I attest that this registration form in its entirety is correct to my knowledge and understand any changes to the information must occur in writing. The person herein described has permission to engage in all camp activities except as noted.
- I give permission for the YMCA staff to help apply sunscreen to my child according to the instructions on the bottle.

<b>Camper Name (Please print)</b>	<b>Parent Signature</b>	<b>Date:</b>
-----------------------------------	-------------------------	--------------