



ASHLAND FAMILY YMCA SUMMER DAY CAMP REGISTRATION WITH ASD

Name of participant 1: _____

Gender _____ Birthdate ____/____/____ Age _____ Grade entering in the fall _____

Name of participant 2: _____

Gender _____ Birthdate ____/____/____ Age _____ Grade entering in the fall _____

Name of participant 3: _____

Gender _____ Birthdate ____/____/____ Age _____ Grade entering in the fall _____

Address _____

City _____ State _____ Zip _____

Parent/ Guardian #1 _____

Primary Phone _____ Email _____

Parent/ Guardian #2 _____

Primary Phone _____ Email _____

SCHEDULE:

Circle the session you would like to enroll your child.

Circle session(s)

July 12-30

August 2-20

Contact Kelsey Rittenhouse, Senior Program Director, to register:

E: kelsey@ashlandymca.org

P: 541-482-9622 ext 313



ASHLAND FAMILY YMCA

2021 DAY CAMP POLICY AND PERMISSION STATEMENT

_____ I understand my child (ages 5 and older) must wear a face mask at all times.

_____ I understand if my child does not attend the ASD program for the day (M-Th), they cannot come to the YMCA portion of the program.

_____ I understand the Ashland School District will provide transportation to the YMCA when summer school and enrichment are over at 3p, Monday-Thursday. Parents will pick up from the YMCA, no later than 6p. On Fridays, parents will be responsible for bringing their child to the YMCA and picking up from the YMCA.

_____ I understand I must pick up my child from the Ashland Family YMCA no later than 6p. There will be a \$1.00 per minute late charge for late pick-up when camp ends. After a 5-minute grace period, a YMCA staff person will attempt to contact a parent or emergency contact person to pick up the child. If no one can be contacted by 6:30pm, the local police may be contacted. Child Protective Services may also be notified about the situation.

_____ I understand that allowing my child to attend the YMCA exposes them to the possibility of COVID-19 and other illnesses. I accept the risk and understand that the YMCA is not liable if my child becomes ill.

_____ I understand that anyone who tests positive for COVID or is exposed to someone who tests positive, or experiences symptoms of COVID should be quarantined. I will parent responsibly and consider the health and wellness of others participating.

_____ To the best of my knowledge, my child is free of any potential health problems not listed on the health form which might restrict his/her participation or any communicable disease, which may endanger other children. I understand and agree to NOT send my child to the YMCA if they are experiencing a cough, fever, rash, headache, lice, diarrhea, abdominal pain or any other symptoms that would cause discontent.

_____ We (camper and parent) understand and support policies prohibiting campers from possessing or using tobacco products, alcoholic beverages, or non-prescription drugs while at camp. We also recognize that campers must follow acceptable standards of behavior, abide by safety instructions, and refrain from behavior that is harmful to oneself, others or property. Failure to adhere to camp rules will be cause for the camper's dismissal without refund of camp fees.

_____ I grant permission for my child to participate in all camp activities including, but not limited to, supervised swimming activities and field trips in YMCA vehicles or other modes of transportation authorized by the Senior Program Director.

_____ In case of minor injury, I hereby authorize a counselor to administer basic first aid to my child. In case of sickness or accident, I hereby authorize the YMCA to secure medical attention for my child, if unable to communicate with me. This includes transportation to the hospital if required. The YMCA does not provide accident insurance for your child. This will be the responsibility of the parent.

_____ I have completed and turned in my child's Health Form. I understand my child will not be released to any person(s) not listed on the health form. I understand anyone picking up my child must have a photo ID on them, including myself.

_____ I understand if my child has an IEP/Behavior Management Plan/ 504 Student Accommodation Form during the school year, I must disclose this to the Y. As an inclusive organization, the Y will make every effort to accommodate your camper's needs. While we are experienced and able to support a wide variety of exceptionalities, we are unable to offer one-on-one support for a child needing extra care.

PARENT'S SIGNATURE: _____ Date: _____