INDIAN VALLEY FAMILY YMCA
2021 CAMP REGISTRATION FORM

A Quality Summer Camp Program for grades K-8 within the Souderton Area & Perk. Valley School Districts

Please return Registration Form, Registration Fee, Emergency Contact Sheet, Payment Agreement, Civil Rights Agreement, COVID Waiver, and Current Health Assessment to:
Indian Valley Family YMCA 890 Maple Ave Harleysville, PA 19438

Child Name: _____ DOB: _____ AGE: _____ Sex:_____ Grade (as of 9/21) _____

Home Address: _____

Home Phone: _____ EMAIL (Required) _____

Primary Parent/Guardian who is responsible for payment: _____

Mother's Cell Phone: _____ Work Phone: _____

Father's Cell Phone: _____ Work Phone: _____

Does the family have any court ordered documentation/custody papers? ☐ YES ☐ NO
(If yes, a copy must be attached to this form at time of registration and both custodial parents must sign all registration paperwork)

Is your child a member of the YMCA? ☐ YES ☐ NO If yes, what type of member? _____

Name membership is under: _____ **If no, $50 Program Youth Membership is required.**

Please complete front and back of this form to register your child for summer camp.

Camp Deposit: $25.00 deposit required at registration for each session to enroll your child. EXEMPT from deposit are ELRC Parent and YMCA Scholarship Applicant. **Please note: ELRC payments are subject to change.**

Session Balance Payments are due two (2) weeks prior to start date. Ex: Session Start Date: 6/21/2021
Balance Due Date: 6/07/2021

Day Camp Options: **FD:** Full Day 9:00am – 4:00pm **ED:** Extended Day 7:00am - 6:00 pm

Weekly Session Options: **5 days** weekly session or **3 days (T,W,Th)** weekly session

SUMMER DAY CAMP LOCATIONS

#1– Indian Valley Camp	890 Maple Avenue, Harleysville, PA	Grades 3-9	MAX: 30
#2– Emmanuel Lutheran Camp	69 W. Broad St. Souderton, PA	Grades K-5	MAX: 30
#3– Heidelberg Camp	251 Perkiomen Avenue, Schwenksville, PA	Grades K-9	MAX: 30

Are there any siblings attending other camp sites in the North Penn YMCA? ☐ YES ☐ NO
I am applying for North Penn YMCA Financial Assistance: ☐ YES ☐ NO
Does your child have custody or IEP documents? (if yes, please provide copy) ☐ YES ☐ NO
I receive assistance through Early Learning Resource Center (ELRC): ☐ YES ☐ NO

Case Manager:_____ Phone: _____

☐ **YES! I want to donate to the Y's Annual Campaign! Please accept my gift of:**
☐ **$5.00** ☐ **$10.00** ☐ **$20.00** ☐ **Other:** _____
Please see our Parent Handbook for more information regarding our North Penn YMCA Annual Campaign and how you can help make a difference in your community.

INDIAN VALLEY FAMILY YMCA
CAMP REGISTRATION FORM 2021

Camper's Name: _____ **Camp Site:** _____

Parent Name: _____ **Phone:** _____

Camp Number, Location, Grades & Dates:

#1 – INDIAN VALLEY CAMP	**Grades: 3 – 8**	**6/21/21-8/27/21**
#2 – EMMANUEL CAMP	**Grades: K – 5**	**6/21/21-8/27/21**
#3 – HEIDELBERG CAMP	**Grades: K – 8**	**6/21/21-8/27/21**

Day Camp Registration

SESSION DATES Start dates are subject to change due to school district calendar changes.	CAMP LOCATION Write below the Camp Name that child will be attending	DAY CAMP OPTION FD (Full Day 9:00am –4:00pm) ED (Extended Day 7:00am – 6:00pm) PLEASE CHECK ONE	WEEKLY SESSION SCHEDULE PLEASE CHECK ONE
SESSION 1: June 21-26		☐ FD ☐ ED	☐ 5 DAY ☐ 3 DAY (t,w,th)
SESSION 2: June 28-July 2		☐ FD ☐ ED	☐ 5 DAY ☐ 3 DAY (t,w,th)
SESSION 3: July 5-9		☐ FD ☐ ED	☐ 5 DAY ☐ 3 DAY (t,w,th)
SESSION 4: July 12-16		☐ FD ☐ ED	☐ 5 DAY ☐ 3 DAY (t,w,th)
SESSION 5: July 19-23		☐ FD ☐ ED	☐ 5 DAY ☐ 3 DAY (t,w,th)
SESSION 6: July 26-30		☐ FD ☐ ED	☐ 5 DAY ☐ 3 DAY (t,w,th)
SESSION 7: August 2-6		☐ FD ☐ ED	☐ 5 DAY ☐ 3 DAY (t,w,th)
SESSION 8: August 9-13		☐ FD ☐ ED	☐ 5 DAY ☐ 3 DAY (t,w,th)
SESSION 9: August 16-20		☐ FD ☐ ED	☐ 5 DAY ☐ 3 DAY (t,w,th)
SESSION 10: August 23-27		☐ FD ☐ ED	☐ 5 DAY ☐ 3 DAY (t,w,th)

I/We, the parent/guardians, grant permission for the applicant to participate in all planned activities, including scheduled out-of-camp trips by van or bus, under camp leadership. I/We have attached any court documents or custody agreements that may affect the children or how camp tuition is paid. I/We hold harmless the staff and North Penn YMCA from all liability for any injury which may occur to my child during or resulting from participating in the program. The North Penn YMCA is not responsible for lost, stolen, or damaged personal articles. I/We, also, authorize the YMCA to take and use photographs, slides and/or video tapes of the applicant for use in future YMCA promotional materials.

Mother/Guardian Signature:_____ Date: _____

Father/Guardian Signature:_____ Date: _____

Operator's Signature: _____ Date: _____

INDIAN VALLEY FAMILY YMCA
2021 CAMP PAYMENT AGREEMENT

Camper Name: _____

All Camp Start June 21, 2021

PAYMENT DUE DATES			
SESSION 1:	06/07/2021	SESSION 6:	07/12/2021
SESSION 2:	06/14/2021	SESSION 7:	07/19/2021
SESSION 3:	06/21/2021	SESSION 8:	07/26/2021
SESSION 4:	06/28/2021	SESSION 9:	08/02/2021
SESSION 5:	07/05/2021	SESSION 10:	08/09/2021

	FULL DAY CAMP 9:00AM – 4:00PM		EXTENDED DAY CAMP 7:00AM – 6:00PM	
	1st CHILD	ADD. CHILD	1st CHILD	ADD. CHILD
5 DAY	$207.00	$192.00	$260.00	$245.00
3 DAY	$143.00	$133.00	$173.00	$163.00

Terms and Conditions:

- Make all checks payable to: **NORTH PENN YMCA**. Payments can be made at the Indian Valley Family YMCA 890 Maple Ave .Harleysville, PA 19438. **Online Bill Pay is available for those who wish to make their tuition payments online.** A 5% discount will be applied to each camp session to those who choose to auto draft.
- **DUE AT REGISTRATION** is a $25.00 non-refundable deposit per child per session registered is due at the time of registration.
- **BALANCE DUE INFORMATION: Tuition balances are due on Monday, two (2) weeks prior to the session start date.** **Please refer to the Payment Due Dates above.** Start dates subject to change based on SASD and/or PVSD calendar changes.
  1. **Any payment not received by the Payment Due Date will be subject to the following delinquency procedures:**
     - A $30.00 late payment fee with be assessed to all past due accounts, if payment is not received by Wednesdays. All delinquent accounts will be contacted by end of Balance Due Date week. Payment in full must be received for delinquent session and next registered session by assigned due date or a dismissal notice will be issued and camper will be ineligible to attend camp until paid in full.
- **LATE FEE/EXTENDED HOURS:** If your child is dropped off or picked up any time other than the times that are indicated on your registration form, your account will be charged $15.00 per 15 minutes.
- **CHANGE FEE:** Any changes requested before June 1, 2021 will be at NO charge. Any changes after June 1, 2021 will be charged a $10.00 fee.
- **WITHDRAWALS:** Cancellations will be offered with two weeks written advanced notice less the $25 non-refundable deposit.
- **FINANCIAL ASSISTANCE:** Applications are available at the YMCA membership desk and must be turned in with your child's complete registration packet by Friday May 15, 2021 to the Indian Valley Family YMCA.
- **ELRC Assistance:** At the time of registration, the North Penn YMCA must be notified if you're receiving subsidy support from the County ELRC program. No deposit is due if you're receiving ELRC support. The expectation is that your child will be registered for all camp sessions. Failure to attend without prior notification will result in the full tuition rate being owed by parent. All Co-Pays are due on the Monday of each week and will be promptly reported to ELRC as delinquent if payment is not received by the following Monday, per ELRC regulations. Note: ELRC co-pays subject to change.
- **In the case of divorce and/or a separation**, at any time whatsoever, the parent/guardian responsible for full tuition payment will be he or she whose residence is the same as the address on record for the children enrolled with the North Penn YMCA childcare/camp program, unless the North Penn YMCA Senior Youth & Teen Director receives written notice by both spouses or both former spouses, in agreement or court ordered, to the contrary. The spouse or former spouses will have one of the following options in updating the child's enrollment: (1) withdrawal child from the care program or (2) parent/guardians withdrawal & re-enroll child separately to match custodial schedule per court documents with each parent/guardian responsible for their portion of care. **Both portions of the child's tuition must be paid in full weekly. If the tuition payment is not received for both parent/guardian portions of care, the North Penn YMCA reserves the right to terminate your child from the camp program.** If you choose to withdrawal & re-enroll separately, both custodial parents must review and sign Emergency Contact Sheet, Payment Agreement, and Registration Forms together so that all are in full agreement to terms, conditions, emergency contacts, and persons to whom children may be released to. **PARENTS MUST PROVIDE ALL COURT DOCUMENTS/CUSTODY AGREEMENTS PERTAINING TO EACH CHILD ENROLLED IN OUR CAMP PROGRAM.**

Mother Responsible for: _____% portion Signature: _____ Father Responsible for: _____% portion Signature: _____

I/We, the parent/guardians, grant permission for the applicant to participate in all planned activities, including scheduled out-of-camp trips by van or bus, and camp leadership. I hold harmless the staff and North Penn YMCA from all liability for any injury which may occur to my child during or resulting from participating in the program. The North Penn YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the YMCA to take and use photographs, slides and/or video tapes of the applicant for use in future YMCA promotional materials.

Parent/Guardian Signature: _____ Date: _____ Operator's Signature: _____ Date: _____

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in North Penn YMCA Programs and Services, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in North Penn YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in [insert organization] programs or accessing North Penn YMCA facilities could increase the risk of contracting COVID-19.** North Penn YMCA in no way warrants that COVID-19 infection will not occur through participation in North Penn YMCA programs of accessing North Penn YMCA facilities.

_____
Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in North Penn YMCA programs and/or services, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the North Penn YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of facilities/equipment or participation in YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

_____
Initial

In consideration of the named minor's participation in YMCA programs and services, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in YMCA programs and service and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in any YMCA program or service being offered.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

_____	_____
Participant Name (Print Clearly)	Date
_____	_____
Parent/Guardian Signature	Parent/Guardian Name (Print Clearly)

2021 CIVIL RIGHTS COMPLIANCE
PARENT AWARENESS

In accordance with applicable Federal and State civil right laws and regulatory requirements, you and your children, as a client of this facility have the right:

- to be provided services at this facility and to be referred for services at other facilities without regard to your race, color, religious creed, disability, ancestry, national origin, age, or sex

- to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age, or sex

Complaints of discrimination may be filed with any of the following:

Provider's Name: Indian Valley Family YMCA

Address: 890 Maple Ave
Harleysville PA 19438

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
P.O. BOX 2675
Harrisburg, PA 17105-2675

Pennsylvania Human Relations Commission
110 North 8th Street
Suite 501
Philadelphia, PA 19107

U.S. Department of Health & Human Services
Office of Civil Rights
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania
DPW / Bureau of Equal Opportunity
Southeast Regional Office
Suite 5034, 801 Market Street
Philadelphia, PA 19107

3/4/2021

Operator's Signature — Date

Parent / Guardian Signature — Date

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS §3270.124(a)(b), §3270.181 & §3270.182: §3280.124(a)(b), §3280.181 & §3280.182: §3290.124(a)(b), §3290.181 & §3290.182

DIRECTIONS: Please print all information. Per DPW regulations all sections must be completed; there can be No Blank areas. If a section does not apply to your child, please put **NONE IN THAT SPECIFIED AREA AND SIGN FULL NAME**.

Ex: Allergies = None, *John Smith*. All forms must be signed and dated in the space provided at the very bottom of form.

CHILD'S NAME	**BIRTHDATE**
ADDRESS	**OUTREACH SITE**
MOTHER/LEGAL GUARDIAN NAME	**HOME PHONE NUMBER**
ADDRESS	**CELLPHONE NUMBER**
BUSINESS NAME	**WORK PHONE NUMBER**
BUSINESS ADDRESS	
FATHER/LEGAL GUARDIAN NAME	**HOME PHONE NUMBER**
ADDRESS	**CELLPHONE NUMBER**
BUSINESS NAME	**WORK PHONE NUMBER**
BUSINESS ADDRESS	
EMERGENCY CONTACT PERSON(S) OTHER THAN PARENT: Please list the following items: Name, Address, Home, Cell, and Work Phone Numbers	
1)	
2)	
PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENT: Please list the following items: Name, Address, Home, Cell, and Work Phone Numbers	
1)	
2)	
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	**PHONE NUMBER**
PHYSICIAN'S OFFICE ADDRESS	
SPECIAL DISABILITIES (IF ANY)	**ALLERGIES (Including Medical Reaction)**
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	**MEDICATION, SPECIAL CONDITIONS**
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	**POLICY NUMBER (REQUIRED)**

PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	**ADMIN OF MINOR FIRST-AID PROCEDURES**
WALKS AND TRIPS	**SWIMMING**
TRANSPORTATION BY THE FACILITY	**APPLY SUNSCREEN**

ARE THERE CUSTODY PAPERS FOR THIS CHILD?	☐ **YES**	☐ **NO**	**IF YES, COPIES MUST BE ATTACHED**

_____ _____

SIGNATURE OF PARENT OF GUARDIAN (required at registration) **DATE**

Periodic Review:

_____ _____

SIGNATURE OF PARENT OF GUARDIAN (to be signed at six (6) month review) **DATE**

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:		SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:		TITLE:
	PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.