



**FOR YOUTH DEVELOPMENT®**  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# KOKOMO FAMILY YMCA SUMMER STEM CAMP 2021 ENROLLMENT APPLICATION

**PROGRAM SESSIONS (select one):**  June 21-25  June 28-July2  July 5-9  June 12-16

## CHILD INFORMATION

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
First Middle Last

**Age:** \_\_\_\_\_ **Grade in 2021-2022:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Gender:**  Male  Female

**T-Shirt Size:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State ZIP Code

**Child Resides With:**  Mother  Father  Other: \_\_\_\_\_

**Parent/Guardian Marital Status & Custody of Child:** \_\_\_\_\_  
IF THERE ARE ANY LEGAL DOCUMENTS PERTAINING TO THE CUSTODY OF YOUR CHILD, PLEASE ATTACH THOSE DOCUMENTS.

## HEALTH INFORMATION

**Please describe any allergies, dietary restrictions, or special needs of your child:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF YOUR CHILD HAS AN EPIPEN, YOU WILL NEED TO HAVE OUR ANAPHYLAXIS EMERGENCY CARE PLAN FILLED OUT BY YOUR CHILD'S PHYSICIAN. THIS FORM CAN BE DOWNLOADED FROM OUR WEBSITE OR AT THE DOWNTOWN YMCA FRONT DESK.

IF YOUR CHILD HAS ANY MEDICATIONS THAT WILL NEED TO BE TAKEN DURING OUR PROGRAM, YOU WILL NEED TO FILL OUT A MEDICATION AUTHORIZATION FORM FOR EACH MEDICATION. PRESCRIPTION MEDICATIONS MUST BE TURNED IN TO YMCA STAFF IN THE ORIGINAL CONTAINER THAT HAS THE ORIGINAL PHARMACY LABELS, IDENTIFYING THE CHILD AS THE RECIPIENT OF THE MEDICATION, AS WELL AS THE DOSAGE, PRESCRIPTION NUMBER, AND TREATING PHYSICIAN'S NAME.

**Does your child have a communicable disease or condition which may prove to be a risk to others?**  Yes  No

\*If Yes, please comment: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Date of Last Physical Exam:** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Hospital Preference:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### PARENT/GUARDIAN #1:

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State ZIP Code

**Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### PARENT/GUARDIAN #2:

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State ZIP Code

**Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_



## EMERGENCY CONTACTS AND ALTERNATE PICK-UP LIST

The following individuals are authorized to pick up my child from the YMCA, in addition to the parent/guardian(s):

### EMERGENCY CONTACT/PICK-UP #1:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_

### EMERGENCY CONTACT/PICK-UP #2:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_

### EMERGENCY CONTACT/PICK-UP #3:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_

### EMERGENCY CONTACT/PICK-UP #4:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_

### EMERGENCY CONTACT/PICK-UP #5:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_

### EMERGENCY CONTACT/PICK-UP #6:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone: \_\_\_\_\_

ANY PERSON COMING TO THE YMCA TO PICK UP A CHILD SHOULD BE PREPARED TO SHOW VALID PHOTO ID.

## PROGRAM POLICIES AND AUTHORIZATIONS

Please read and initial the following policies and authorizations. More information can be found in the Program Guide.

\_\_\_\_\_ I give permission for my child to participate in the YMCA's Summer STEM Camp. I understand that benchmark testing will take place at the beginning and end of the session.

\_\_\_\_\_ I understand that the YMCA of Kokomo's responsibility for my child begins when my child is signed-in to the program by the parent or guardian. Staff will greet each child as they arrive. Campers must arrive by 9:00am.

\_\_\_\_\_ I understand that the YMCA of Kokomo's responsibility for my child ends when an authorized adult (over the age of 18) or myself has signed-out my child. I understand that the YMCA will only release my child to the parent/guardian and emergency contacts listed on this enrollment form. Photo ID will be required. I understand that I must fill out an Alternate Pick-Up Form to authorize someone other than the individuals listed on this enrollment form to pick up my child from the YMCA.

\_\_\_\_\_ I understand that my child may not wear sandals, flip-flops or croc-style shoes to camp. Campers must wear tennis shoe each day.

\_\_\_\_\_ I understand that YMCA of Kokomo staff and volunteers are not allowed to communicate with, babysit, or transport children at any time outside of the YMCA program.

\_\_\_\_\_ I understand that the YMCA of Kokomo is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

\_\_\_\_\_ I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for my child's safety, YMCA staff may have no recourse but to contact the police department.

## PROGRAM POLICIES AND AUTHORIZATIONS (cont.)

\_\_\_\_\_ I acknowledge it is my responsibility to keep the YMCA of Kokomo advised of any changes to my child's enrollment form.

\_\_\_\_\_ I understand that if my child has an allergy that requires an EpiPen, I must provide one to stay onsite at all times and 911 will be called in the event of an allergic reaction. I will also have my child's physician fill out the YMCA's Anaphylaxis Emergency Care Plan form and return prior to my child's first day at the YMCA OST/Day Camp Program. This form can be downloaded from our website or at the Downtown YMCA front desk.

\_\_\_\_\_ The YMCA of Kokomo agrees to keep the parent/guardian informed of any incidents, including illnesses, injuries, exposure to communicable diseases, and behavioral concerns.

\_\_\_\_\_ I understand that before any medication is dispensed to my child, I must fill out a Medication Authorization Form. Medication will only be administered by YMCA administrators or trained staff.

\_\_\_\_\_ I understand that neither the YMCA of Kokomo, nor its agents, officers, directors, employees, or volunteers, can be held responsible in the event of an accident, injury, or death. I understand that all precautions will be taken to ensure the safety and health of my child.

\_\_\_\_\_ I understand that if, after a reasonable period (at the administration's discretion) it is found that my child is unable to adjust to the program, the YMCA of Kokomo reserves the right to dismiss my child from the program.

\_\_\_\_\_ I am financially responsible for damage to equipment and/or facilities caused by my child.

\_\_\_\_\_ I understand that my child may not bring any toys, electronic devices or games to the program. I further understand that the YMCA of Kokomo is not responsible for lost, stolen or damaged items.

**Agreement to Adhere to the Policies/Procedures and Expectations:** I acknowledge that the above referenced child and I have read and discussed the established policies, procedures and behavioral expectations as stated in the Program Guide. Further, we agree to abide by these policies, procedures, and behavioral expectations and understand that failure to do so may result in dismissal from the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## PHOTO/VIDEO RELEASE

I authorize the YMCA of Kokomo to use photos, images, and video of my child in any publication affiliated with the YMCA, NIPSCO, NiSource or with any news service for publicity, including, but not limited to, program newsletters, fundraising brochures, press releases to newspapers, social media, and the YMCA of Kokomo's website and SmugMug page. I understand and agree that there will be no compensation for use of these materials. This release shall continue in full effect until I send in written notice to terminate the use of any photo, image, or video of my child. Such termination shall not affect the use of photos, images, or videos before the notice of termination.

INITIAL: \_\_\_\_\_ (LEAVE BLANK IF AUTHORIZATION NOT GRANTED.)

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby certify that my child (named in this enrollment form) is in normal health and capable of safe participation in the program in which he or she is enrolling. I further give permission for my child to be given emergency medical treatment by a Young Men's Christian Association of Kokomo, Indiana ("YMCA") staff member until parents can be reached and be present and/or emergency care arrives for treatment. In case of emergency, I understand that my child will be transported to St. Vincent Ascension Hospital or Community Howard Regional Health Hospital by local emergency ambulance services for treatment, if YMCA staff deem it necessary. In the event that I cannot be contacted, I further consent to the medical, surgical and/or hospital care to be performed for my child by a licensed physician or hospital when deemed immediately necessary by the physician to safeguard my child's health. It is understood that some medical situations will require YMCA staff to contact local emergency resources before the parent(s), child's physician and/or adults acting on the parent's behalf. I understand any costs incurred related to my child's medical treatment are not the financial responsibility of the YMCA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PARTICIPATION WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

## ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses, and personal injuries inherent in participating in the Young Men’s Christian Association of Kokomo, Indiana (hereinafter “YMCA”)’s programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)’s or ward(s)’ physical condition. I understand that the YMCA and its agents, officers, directors, employees, and volunteers assume no responsibility for loss, damage, illness, death, or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, archery, field trips, waterfront and pool activities/swimming, canoeing/boating, campfires, hiking, challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses, death, and personal injuries that may result from my or my minor child(ren)’s or ward(s)’ participation in any events/activities/programs/classes while at the YMCA and/or sponsored by the YMCA.

## RELEASE

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its agents, officers, directors, employees, and volunteers from and against any and all rights and claims for any loss, damage, illness, death, or injuries to person or property sustained as a result of my or my minor child(ren)’s or ward(s)’ attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage, death, or injury results from the negligence of the YMCA and/or its agents, officers, directors, employees, or volunteers or from some other cause.

## INDEMNIFICATION

I hereby represent and warrant to the YMCA that I have the authority to execute this Participation Waiver of Liability and Indemnity Agreement on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as a parent, guardian, or legal representative. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)’s or ward(s)’ participation in any program, event, class, or other activity as set forth herein, I agree to indemnify, hold harmless, and defend the YMCA from and against any and all liability, claims, losses, costs, expenses, or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness, death, or injury to person or property whether or not such loss, damage, illness, death, or injury results from the negligence of the YMCA or from some other cause.

## ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participation Waiver of Liability and Indemnity Agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# COVID-19 WAIVER

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your 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 your participation in the Young Men’s Christian Association of Kokomo, Indiana Inc. (“YMCA of Kokomo”) Programs, now or at any time in the future.**

## Acknowledgment of Risk

I and the Releasing Parties (defined below) hereby acknowledge and agree that participation in YMCA of Kokomo activities comes with inherent risks. I and the Releasing Parties have full knowledge and understanding of the inherent risks associated with YMCA of Kokomo membership and/or program 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 and the Releasing Parties further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA of Kokomo membership and/or program 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 YMCA of Kokomo membership and/or programs or accessing the YMCA of Kokomo facilities could increase the risk of contracting COVID-19.** The YMCA of Kokomo in no way warrants that COVID-19 infection will not occur through participation in the YMCA of Kokomo programs of accessing YMCA of Kokomo facilities.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in YMCA of Kokomo membership and/or program, I, the undersigned, on behalf of myself, my heirs, representatives, executors, administrators, and assigns and all members claiming under my membership, including but not limited to my spouse, family members, significant other, and other minors claiming under my membership (collectively, “Releasing Parties”) agree to release HEREBY DO RELEASE the YMCA of Kokomo, 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 or the Releasing Parties may have, now or in the future, against YMCA of Kokomo 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 YMCA of Kokomo facilities/equipment or participation in YMCA of Kokomo membership and/or programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in YMCA of Kokomo membership and/or programs, I, the undersigned participant, 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 my YMCA of Kokomo membership and/or program participation, including those from the Releasing Parties against the Releasees.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in YMCA of Kokomo membership and/or program participation and that I and the Releasing Parties are voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I or the Releasing Parties sustain while participating in YMCA of Kokomo membership and/or program and that by signing this agreement I and the Releasing Parties HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I and the Releasing Parties are in good health and have no conditions or impairments which would preclude our safe participation in YMCA of Kokomo membership and/or program. I further certify that I am over eighteen (18) years of age and am otherwise legally competent to sign this agreement and have authorization from all Releasing Parties sign this agreement on their behalf.

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. IN WITNESS WHEREOF, this instrument is duly executed as of the date and time submitted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child (Program Participant) Name: \_\_\_\_\_

## YOUTH DISCIPLINE POLICY

The Y expects all children to demonstrate the four core values of Caring, Honesty, Respect, and Responsibility. Children are expected to follow our Youth Code of Conduct at all times. Children who fail to exhibit these core values will be counseled by Y staff. YMCA employees use positive discipline approaches (including redirection and teaching the importance of following our core values) to modify behavior. Y staff respect children and do not participate in any forms of physical discipline or corporal punishment, including spanking, hitting, or using exercise as punishment. Should discipline problems arise that require parent/guardian involvement, the Y will follow these steps below:

- First Offense - Corrective Action Plan issued.
- Second Offense - Corrective Action Plan revised and/or suspension from the program.
- Third Offense - Corrective Action Plan revised and/or dismissal from the program.

Please Note: These steps are guidelines and YMCA Directors reserve the right to adjust consequences on an individual basis as the situation warrants. We want all of our children to enjoy their experiences at the Y. We also want all of our children to be physically, emotionally, and mentally safe when in our programs. Children who interfere with the mental, emotional, or physical safety of others may not find this program a good fit and may be asked to leave. If your child is dismissed from the program due to behavior, no refunds or credits will be issued.

**All campers, parents, guardians, and other caregivers are expected to behave in a respectful manner toward others at all times.**

### Youth Code of Conduct

- Children must behave toward others and their environment in a way that demonstrates the Y's four core values: Caring, Honesty, Respect, and Responsibility.
- The use of cell phones or other electronic devices is not permitted.
- Children are expected to follow all instructions issued by Y staff.
- Children may not strike or kick other children or staff.
- Children may not use disrespectful or vulgar language.
- Children must stay with their group at all times. Children may not leave their group without their counselors.
- Children may not intentionally damage or destroy Y property or the property of others.
- Children may not steal or take items that do not belong to them.
- Bullying of any kind will not be tolerated.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_