



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# KOKOMO FAMILY YMCA STEM CAMP 2022 ENROLLMENT APPLICATION

SESSIONS (select only one):  June 6-10  June 13-17 AGES 13-15 YEARS \$25.00  
 July 5-8  July 11-15  July 18-22 AGES 7-12 YEARS \$50.00

## CHILD INFORMATION

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

Age: \_\_\_\_\_ Grade in 2022-2023: \_\_\_\_\_ School: \_\_\_\_\_ Gender:  Male  Female

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 10:00am. Drop-off runs from 9:30am to 10:00am only. There is no before care prior to that time.

\_\_\_\_\_ 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 campers must be picked up by 4:30pm. Pick-up runs from 4:00pm to 4:30pm. There is no after care after that time.

\_\_\_\_\_ 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: \_\_\_\_\_

# MINOR PARTICIPANT LIABILITY WAIVER

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

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF KOKOMO, INDIANA ("YMCA of Kokomo") FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR.**

### Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of YMCA of Kokomo facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Kokomo programs and activities ("Programs") comes with inherent risk including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease, including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

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

In consideration of Minor's use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that the YMCA of Kokomo, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease, or accident of any kind, arising out of or in any way related to the use of Facilities or participating in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly): \_\_\_\_\_

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

Parent/Guardian Name (Print Clearly): \_\_\_\_\_

# 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: \_\_\_\_\_