



Summer Camp 2025

The Family YMCA of Southeast Mississippi

MEMBER NON-MEMBER

FAMILY YMCA

PETAL YMCA

****All campers must be 5 years old before registration.**

PLEASE NOTE: Registration fee & 1st week's payment MUST accompany this form.

CHILD'S INFORMATION – PLEASE PRINT

LAST: _____ FIRST: _____ MIDDLE: _____ GENDER: MALE FEMALE

PREFERRED NAME: _____ DATE OF BIRTH: _____ AGE: _____ GRADE COMPLETED IN MAY 2025: _____

HOME ADDRESS: _____ TSHIRT SIZE: YOUTH S M L ADULT S M L XL

CITY: _____ STATE: _____ ZIP: _____ PRIMARY PHONE: _____

ETHNICITY: ASIAN AFRICAN/AMERICAN HISPANIC NATIVE AMERICAN CAUCASIAN OTHER _____

PARENT(S)/GUARDIAN(S) INFORMATION – PLEASE PRINT

GUARDIAN #1 NAME: _____ ADDRESS: _____

E-MAIL ADDRESS: _____ PRIMARY PHONE: _____

EMPLOYER: _____ WORK PHONE: _____ D.O.B.: _____

ETHNICITY: ASIAN AFRICAN/AMERICAN HISPANIC NATIVE AMERICAN CAUCASIAN OTHER _____

GUARDIAN #2 NAME: _____ ADDRESS: _____

E-MAIL ADDRESS: _____ PRIMARY PHONE: _____

EMPLOYER: _____ WORK PHONE: _____ D.O.B.: _____

ETHNICITY: ASIAN AFRICAN/AMERICAN HISPANIC NATIVE AMERICAN CAUCASIAN OTHER _____

EMERGENCY CONTACTS & AUTHORIZED PICK-UP LIST (Must provide photo ID upon Sign-out)

Persons other than the Parent/Guardian listed above to whom the camper may be released and/or contacted in case of an emergency (in the order below). NOTE: In order to deny parental access to a child, the YMCA must have a copy of a court order stating that access is specifically denied, verbally and physically.

NAME:	PHONE:	RELATIONSHIP:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

My child has special needs: Yes No If Yes, list, including any medical needs or allergies:

PARENT or GUARDIAN'S SIGNATURE: _____ DATE: _____

Permission for Enrollment and Release of The Family YMCA of Southeast Mississippi, Inc., from Liability: I am an adult over 18 years of age and wish to participate in The Family YMCA of Southeast Mississippi Inc., activities and/or I give my children permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury loss or damage connected in any way whatsoever to my (or my children's) participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release.

SIGNATURE: _____ **DATE:** _____

EMERGENCY MEDICAL TREATMENT

PLEASE NOTE: In case of emergency, if your child is transported to a medical facility, The Family Y/Petal Family Y will not assume responsibility for medical costs incurred. You will be responsible for these costs. We expect you to have personal medical insurance to respond to your child's sickness or injury. If you are unable to afford personal insurance, you will be expected to carry "CHIP" Children's Health Insurance Program, from the State of Mississippi.

The Family Y has permission to obtain emergency medical treatment for my child.

CHILD'S NAME: _____ **DATE:** _____

CHILD'S PHYSICIAN: _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

SIGNATURE: _____ **WITNESS:** _____

INSURANCE COMPANY: _____ **POLICY ID#:** _____ **GROUP#:** _____

I RECEIVED A CHIP APPLICATION (if needed): **SIGNATURE:** _____ **WITNESS:** _____

PHOTOGRAPHY/VIDEO PERMISSION

I DO DO NOT give my permission for my child to be photographed or videotaped at The Family Y/Petal Y and use the resulting photographs for any purpose The Family Y deems proper, and I relinquish all rights, title and interest in the finished photographs and negatives.

CHILD'S NAME: _____

SIGNATURE: (Parent or Guardian) _____ **DATE:** _____

FIELD TRIP/TRANSPORTATION PERMISSION

My child DOES DOES NOT have permission to participate in field trips and special activities at The Family Y/Petal Y. I understand that I will receive additional information before each individual trip/activity and will make arrangements with the center if I do not wish for my child to participate.

CHILD'S NAME: _____

SIGNATURE: (Parent or Guardian) _____ **DATE:** _____

PARENT/GUARDIAN AGREEMENT AND DISCLAIMER

The undersigned does hereby acknowledge that he/she has received and understands the location of digital copy of the Parent Handbook, which includes a summary of Mississippi standards for childcare centers, child abuse laws, and communicable disease regulations so that he/she may review the procedures and policies. The undersigned hereby certifies to comply with the terms and conditions concerning fee payment and medical requirements concerning his/her child.

SIGNATURE: (Parent or Guardian) _____ **DATE:** _____

WITNESS: _____

YMCA FULL-TIME Enrollment/Payment Policy – Summer 2025

Please check which program your child will attend.

- PETAL YMCA: PSD May 26–July 18 (7–week commitment out of 8 weeks)
FAMILY YMCA: LCSD : June 2–July 22 (7–week commitment out of 8 weeks)
 FCSD: May 27–July 21 (7–week commitment out of 8 weeks)
 HPSD: May 27–July 31 (9–week commitment out of 10 weeks)

FULL-TIME SUMMER CAMP:

- I commit to pay the rates listed below for program I selected above that applies to my child, regardless of attendance.
- Weekly payments are due by Thursday of the week prior to service.
- All weekly fees must be PAID IN ADVANCE to reserve a space for the upcoming week.
(Please Initial) _____
- Children will not be allowed to attend unless payment for the current week has been received.
- Failure to fulfill the TOTAL WEEK COMMITMENT will result in the weekly rate being back dated and charged at the Part-Time rate based on attendance.
(Please Initial) _____
- Notice of withdrawal must be received by Thursday of the week prior to last day of attendance. Failure to notify the YMCA of withdrawal, will result in payment for 1 additional week.
- There are a limited number of spaces available for camp. Withdrawal from camp will result in your child’s space being offered to the next child on our waiting list. To hold your child’s space when absent, full week payment must be made for week(s) unattended.
- A \$5 second child adjustment will apply to the weekly rate.

Registration fee: \$85, non–refundable, required with application

YMCA Member Rate: \$100 per week

Non-Member Rate: \$122 per week

Signature: (Parent/Guardian) _____

Date: _____

REGISTRATION PAYMENT AGREEMENT

Registration Fee: (No scholarships or adjustments) NON- REFUNDABLE

\$85.00 per child _____

FIRST WEEK:

1st CHILD RATE (Scholar Rate if applicable) _____

(2nd / 3rd CHILD) \$5 ADJUSTMENT or SCHOLAR RATE _____

TOTAL DUE TODAY: _____

YMCA PART-TIME Enrollment/Payment Policy – Summer 2025
PART-TIME ENROLLMENT

PART-TIME SUMMER CAMP:

- I understand I will be charged the full week fee according to the rates below.
- Full week fee will be charged regardless of the number of days attended in the calendar week.
- Payment is due no later than Thursday of the week prior to service in order to reserve a space for my child.
- Children will not be allowed to attend unless payment has been received.
- A \$5 second child adjustment will only apply if both children attend the same week.

Registration fee: \$85, non-refundable, required with application

YMCA Member Rate: \$120 per week

Non-Member Rate: \$142 per week

Signature: (Parent/Guardian) _____

Date: _____

REGISTRATION PAYMENT AGREEMENT

Registration Fee: (No scholarships or adjustments) NON- REFUNDABLE

\$85.00 per child _____

FIRST WEEK:

1st CHILD RATE (Scholar Rate if applicable) _____

(2nd / 3rd CHILD) \$5 ADJUSTMENT or SCHOLAR RATE _____

TOTAL DUE TODAY: _____

CHECKLIST: To Be Completed By YMCA Staff

Use this form to check each area of the application for completion.

All sections must be completed and payment received to finalize registration.

_____ 1. Application

_____ Parent/Guardian Information with Date of Birth

_____ Emergency Contact (other than parent or guardian, over age 18).

_____ Parental authorization (signed and dated) for people authorized to pick-up and drop off child.

_____ Special Needs (signed and dated)

_____ YMCA Permission for Enrollment and Release

_____ Parent/Guardian authorization (signed and dated) for emergency medical treatment. This must include insurance information.

_____ Parent/Guardian authorization (signed and dated) for any photography/video of participant.

_____ Parent/Guardian authorization (signed and dated) for field trips/transportation.

_____ 2. Enrollment/Payment Policy (signed and dated)

_____ Parent initials for PAID IN ADVANCE

_____ Parent Initials for TOTAL WEEK COMMITMENT

_____ 3. Signed Copy of Payment Policy given to parent/guardian Staff Initials: _____

_____ 4. Access to Digital Copy of Camp Policies and Procedures (given to parent/guardian), which includes Mississippi Child Abuse Law and Child Care Regulation Summary for Parents

All information above is complete as initialed.

Date Completed: _____

Information Updated Date: _____

Signature of Staff: _____