

2024 SUMMER CAMP REGISTRATION

(For children entering grades 1-6 fall of 2024)

Giraffic Park Day Camp

Date _____

Please print and complete entire form. (Use blue or black ink only) Member: _____ Non-Member: _____

Name _____ Gender _____ Birthdate _____

School _____ Grade Entering (Fall 2024) _____ T-Shirt size Youth: _____ Adult: _____

Please mark with an "X" which session(s) you are registering for:

Session 1 June 3-14	Session 2 June 17-28	Session 3 July 1-12	Session 4 July 15- 26	Session 5 July 29 - Aug 9

FIRST PARENT:

Parent/Guardian Legal Name: _____ Home Phone: _____

Street Address: _____ City/State: _____ Zip Code: _____

Place of employment: _____ Work Phone: _____ Cell Ph.: _____

Marital Status: _____ Email Address: _____

SECOND PARENT:

Parent/Guardian Legal Name: _____ Home Phone: _____

Street Address: _____ City/State: _____ Zip Code: _____

Place of employment: _____ Work Phone: _____ Cell Ph.: _____

Marital Status: _____

CONTACT PEOPLE:(The following people are authorized to pick up and may be contacted in the event parents are not available.)

One contact per line. Please list at least two local contacts. Contacts should NOT include those listed as first or second parent.

Name: _____ Relationship to child _____

Home Phone: _____ Work: _____ Cell: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work: _____ Cell: _____

MEDICAL/ALLERGIES:

Physician: _____ Phone: _____ Immunizations on file: YES NO

Please list any special dietary needs or allergies below. If your child should have an allergic reaction please request and complete an action plan, such as an epi-pen, allergy medication that you will provide, etc.

If your child has a disability, or condition that requires medication or other accommodations, please inform the YMCA of your child's needs before the program begins to ensure that the YMCA is prepared to address your child's needs. Once a parent/guardian submits a modification request, the YMCA of Rapid City will consider the request on a case-by-case basis and will attempt to accommodate your child within seven days from the date the request is received.

IEP or 504: _____ Outside Services: _____

Please provide information and documentation on any outside services or IEP/504 currently in place.

I feel that my child will be successful in a group childcare setting: With Accommodations _____ Without Accommodations _____

If you feel accommodations are needed, please request an accommodation form from the childcare receptionist desk.

MENTAL, EMOTIONAL, and SOCIAL HEALTH: (Circle "Yes" or "No" for each statement)

Has the camper:

1. Ever been treated for ADD or ADHD? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
Please explain:

3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
Please explain:

4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) Yes No

Please explain: _____

There is a \$100 non-refundable, non-transferable deposit due upon enrollment and a current copy of your child's immunization record. The deposit will be applied to the last session for which your child is enrolled. **If you drop any session, the entire deposit will be forfeited. No deposits, camp fees paid, or overnight fees will be refunded or transferred. No exceptions!**

If you are only signing up for one session, that session fee is due in full at the time of registration. If you withdraw from that session, \$100 will be subtracted from your refund. **The payment schedule will be given at the time of registration.** If the payment is not received by the due date, a \$25.00 late fee will be charged. If payments are delinquent, your child will be withdrawn from the program and the outstanding balance will be sent to our collection agency. You will be responsible for any fees incurred. **Written notification is required for all cancellations.** If written notification is not received by the payment due date for that session, full payment of the session is required whether your child attends or does not attend. If the balance is not paid, or written notification is not received, all subsequent summer registrations will be automatically filled with other registrants.

I am aware that participating in any indoor/outdoor program can involve many risks. Because of the dangers of participating in any of these programs, I recognize the importance of my child following the counselor's instructions and guidance and agree to aid in the adherence of such instruction and guidance.

I understand that all the necessary precautions are made for the safety of my child, however, in the event of injury or illness, I agree to hold harmless and indemnify the YMCA, volunteers, and staff associated with this program. **I further agree to allow emergency treatment of my child in the event I or the emergency contacts are not available. I also understand that the YMCA does not carry accident insurance and that all injuries related to this program will be referred to my personal medical policy. I have disclosed information regarding any accommodation for above named child. I also give my consent for my child to take part in field trips or excursions under proper supervision as well as give my consent to the YMCA to take pictures of my child for YMCA publications.**

First parent name (Please Print) _____ Date _____

First parent signature _____