



Bath Area Family YMCA
 303 Centre St, Bath, ME
 Brunswick, ME
 207-443-4112

Landing Y
 24 Venture Ave.,
 207-844-2801

2018 Camp Enrollment Form

Child Emergency Information

*Child's Name _____ Age _____ Date of Birth _____ Sex: M F

Address _____ Town _____ Zip _____

Home Phone _____ School _____ Grade 2018-19 _____

T- Shirt Size: Youth Small Youth Medium Youth Large Other _____

*Parent/Guardian Name _____ DOB _____ Relationship _____

Address _____ Town _____ Zip _____

Home Phone _____ AlternatePhone _____

Email _____

Business Name _____ Business Phone _____

*Parent/Guardian Name _____ DOB _____ Relationship _____

Address _____ Town _____ Zip _____

Home Phone _____ Alternate Phone _____

Email _____

Business Name _____ Business Phone _____

With whom is the child living? _____

Is there a Court Order? Yes (please attach) No

Parent/Caregiver to contact first _____

For Office Use Only

Climbing Release & Waiver of Liability

Field Trip & Bus Waiver

Swimming Permission Form

Photo Waiver

Peanut & Tree Nut Notice

Sun Screen Waiver



CHILD'S NAME: _____

Allergies _____

Reaction _____

Medical Conditions _____

Daily Medications _____

Insurance Information: Policy Holder _____ **Policy #** _____

***Other Person to Contact** _____ **DOB** _____ **Relationship** _____

Address _____ **Town** _____ **Zip** _____

Home Phone _____ **AlternatePhone** _____ **Email** _____

Business Name _____ **Business Phone** _____

The following people are the **ONLY** people to pick up my child, should I be unable to do so. We must be notified in writing of any changes in pick up routine. Please remind them to bring a picture ID when they come to pick up your child(ren).

Name _____ **Phone** _____ **Relationship** _____

Name _____ **Phone** _____ **Relationship** _____

Name _____ **Phone** _____ **Relationship** _____

I _____ hereby authorize the Bath Area Family YMCA to arrange for medical and/or treatment for my child _____ should an emergency arise; during, before or after school care or on a field trip. It is understood that a conscientious effort will be made by the YMCA to contact me at the emergency number I have provided before any medical action is taken. I understand that if the need arises, my child will be taken to the nearest hospital

Parent/Caregiver's signature _____ **Date** _____

Parent/Caregiver's signature _____ **Date** _____



CHILD'S NAME: _____

2018 Summer Day Camp Registration

Located at the Bath YMCA

Session	Camp Fee 9:00am-4:00pm	Register before May 4th	Early Camp 6:30am-9:00am	Late Camp 4:00pm-5:30pm	Total Due
Week 1 June 25-29	\$185	\$175	\$25	\$20	
Week 2 July 2-6	\$110	\$100	\$25	\$20	
Week 3 July 9-13	\$185	\$175	\$25	\$20	
Week 4 July 16-20	\$185	\$175	\$25	\$20	
Week 5 July 23-27	\$185	\$175	\$25	\$20	
Week 6 July 30-August 3	\$185	\$175	\$25	\$20	
Week 7 August 6-10	\$185	\$175	\$25	\$20	
Week 8 August 13-17	\$185	\$175	\$25	\$20	
Week 9 August 20-24	\$185	\$175	\$25	\$20	
Deposit (non-refundable)	\$25x # camp weeks	---	---		
Total	---	---	---	---	\$

*Dates subject to change due to last day of school

* 10% Discount on each additional child enrolled



CHILD'S NAME: _____

2018 Y Arts Camps Registration

Located at the Landing YMCA

Session	Date	Camp Fee	Total Due
Music Camp Session 1	July 9-13	\$150	
Music Camp Session 2	July 16-20	\$150	
Music Camp Session 3	July 23-27	\$150	
Music Camp All 3 Sessions	July 9-27	\$375	
Creative Arts Camp	July 16-20	\$150	
Total	---	---	\$

2018 Gymnastics Camps Registration

Located at the Bath YMCA

Session	Date	Camp Fee	Total Due
Pre-Team Camp	July 9-13	\$200	
	July 30-Aug 3	\$200	
Team Camp	June 25-29	\$200	
	August 13-17	\$200	
Skills Camp	August 6-10	\$150	
Gymnastics Team Skills Class	May 14-June 21	\$150	
Gymnastics Team Skills Class	July 2-Aug 3	\$135	
Youth Mini Camp	July 2-6	\$100	
	July 16-20	\$100	
	July 23-27	\$100	
Preschool Camp	July 16-20	\$80	
	July 23-27	\$80	
Deposit	---	\$25/week	
Total			\$



CHILD'S NAME: _____

The following agreement is a binding agreement between the Bath Area Family YMCA and

(Parent/guardian name)

I, _____, hereby enroll my child, _____, in the childcare program of this facility listed above. My payment of \$_____ will be made by the previous Friday of services rendered. In other words, payment is to be made in advance of service, not at the end of the completed week. Late fees will be applied accordingly.

Non-payment of fees when due will result in notification of childcare termination.

A late pickup fee of \$1.00 a minute after 5:30pm will be charged. When a child is withdrawn from the program, the slot is open for another family. If the parent wishes to re-enroll the child at a later date and a slot is available, the child may return, but this is NOT a guaranteed option.

Weeks will not be prorated.

I have read (or have had read to me) this child care agreement. I understand and accept its terms.

Signed: _____ Date: _____

Director: _____ Date: _____



CHILD'S NAME: _____

Payments

Payment is due the Friday before the program start date. Automatic draft is available, please complete form below.

Authorization Draft for Summer Camp Payments via Bank Draft or Credit Card /Debit Card

1. I understand that this plan will remain in effect until the end of the contract period or until I request in writing that the debit end. **I understand that the funds will need to be available by 5pm, the day before the draft. If funds are not available at that time, an overdraft or decline of payment may occur and may result in additional fees charged by my banking institution and by the YMCA.**
2. It is to my complete understanding that if I wish to cancel or change my status in any way; I must give the YMCA two week written notice prior to my draft date. **It will be my responsibility to notify the YMCA of any changes to my account.** (i.e. new account numbers, new credit or debit card numbers and expiration dates)
3. Should my bank/credit card company for **any reason** not honor any childcare draft, I realize that I am still responsible for that payment plus a service charge of \$15.00 applied by the YMCA. This is in addition to any service fee my bank/credit card company may charge. The rejected summer camp payment and service charge will be automatically resubmitted to your bank/credit card company. If there is a second rejection, you will be required to pay the summer camp payment and fees with an alternate form of payment.

CHECKING / SAVINGS INFORMATION

I, _____ hereby given authority _____
Name of Bank Customer Name of Bank

to honor preauthorized checks drawn by the Bath Area Family YMCA on my account for child care payments. I understand that the Bath Y will send a preauthorized check to your bank. That preauthorized check will serve as notice and receipt for payment of childcare.

Type of account:

- Checking** *We must have proof of your account in order to process your childcare debit. For checking accounts, please attach a voided check or a photocopy of a check.
- Savings**

Routing number: _____ Account Number: _____

X _____ (Bank depositor Signature) _____ (Date signed)

CREDIT CARD or DEBIT CARD

Name of Card Holder _____ Visa MasterCard Discover
(Circle one)

Street/PO Box: _____ CITY _____ ZIP _____

Credit Card Number: _____ Exp. Date _____

CVV# _____ (3 digit number on the back of your card)

X _____



CHILD'S NAME: _____

Swimming Waiver

I give permission for my child _____ to participate in swim lessons and free swim at the Bath Area Family YMCA.

(Parent Signature)

(Date)

Photo Waiver

I give permission for the Bath Area Family YMCA to use, display, publish, Etc. photos in print and video footage of my child _____ participating in YMCA programs or activities. No names will be used.

(Parent Signature)

(Date)

Day Camp Only Field Trip and Bus Waiver Mandatory

I _____, understand that The Bath Area Family YMCA uses the
(Parent/Guardian Name)

Bath Bus Service to transport my child _____ during swim days, half days, Emergency school closings, Vacation Weeks and for field trips. I give my permission to the Bath YMCA to transport my Child during the times Y- Care is in operation.

(Parent Signature)

(Date)

Peanut/Tree Nut Classroom Procedures

Mandatory

I have read and understand that all Bath Area Family YMCA Childcare programs are peanut & tree nut free environments and agree to not send any peanut or treenut products with my child.

(Parent Signature)

(Date)



CHILD'S NAME: _____

Sunscreen Permission Form

I give permission for the Bath Area Family YMCA staff to apply Equate Broad Spectrum SPF 50 Kid's Sunscreen to my child as needed.

(Parent Signature)

(Date)

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BATH AREA FAMILY YMCA
CLIMBING RELEASE and WAIVER of LIABILITY

ASSUMPTION of RISK and INDEMNITY AGREEMENT

I, the climber, (or parent/guardian if applicable), signing this form, understand that climbing is a potentially hazardous activity. I am well aware of the inherent risks in the use of the Bath Area Family YMCA Climbing Wall, and have full knowledge of the nature and extent of all the risks associated with the use of the facility. I understand that the risks include, but are not limited to, serious injury and possible death, which may result from, among other things:

- rope abrasion, entanglement and other injuries resulting from activates on or near the Climbing wall, such as, but not limited to:
 - Climbing, rappelling, belaying, and lowering of the rope, rescue systems and other rope techniques.
- injury including death resulting from falling off the wall and hitting projections, (permanent or temporary), or the floor
- injuries resulting from falling climbers or dropped items, such as, but not limited to:
 - ropes or climbing hardware
- cuts and abrasions resulting from contact with the Climbing Wall structure
- slips, trips, falls, rope burns or being dropped while participating or observing, at the Climbing Wall
- Failure of ropes, harnesses, climbing hardware, anchor points, or any other part of the Climbing Wall structure.

I also understand that I am voluntarily participating in this activity with knowledge of the danger involved and agree to accept all risks of personal injury, damage to property and possible death. I fully realize and understand that the YMCA does not warrant or guarantee, in any respect, the physical condition of the Climbing Wall or any of the equipment that will be used in connection with this activity. I understand that the Bath Area Family YMCA will offer helmets for use by climbers and that the climber may decline to wear one. I further understand that such failure would increase the risk of head injuries and I assume such risks.

In consideration of being permitted to use the Bath Area Climbing Wall today, and on any and all future dates, on behalf of my heirs, my state's personal representative and myself,

I HEREBY RELEASE AND DISCHARGE THE BATH AREA FAMILY YMCA FROM ALL LIABILITY AND I COVENANT NOT TO SUE FOR ANY AND ALL LOSS OR DAMAGE, AND ANY AND ALL CLAIMS OR DEMANDS ON ACOUNT OF INJURY TO ME, OR MY PROPERTY, ARISING OUT OF, OR RELATED TO, MY USE OF THE CLIMBING WALL, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE BATH AREA FAMILY YMCA. I HEREBY ASSUME FULL REESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE ARISING OUT OF, OR RELATED TO, MY USE OF THE CLIMBING WALL, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE BATH AREA FAMILYMCA.



CHILD'S NAME: _____

I further agree to indemnify and hold harmless the Bath Area Family YMCA, its employees, volunteers, trustees, officers, members and agents from any and all present and future claims, resulting from or arising out of, my use of the Climbing Wall and any negligence on the part of the Bath Area Family YMCA. I certify that I have sufficient insurance to cover any property damage, personal injury, loss of life, or other loss caused by, or suffered by me, that arise in any way out of participating in the Bath Area Family YMCA climbing activities.

In the event of any accident or injury, I hereby give consent for any designee of the YMCA to provide or procure any medical treatment deemed necessary on my behalf, including the provision for, or arranging for, any necessary emergency, medical services and transportation to an appropriate medical facility, should that be required.

I understand and agree that all climbers and observers may be photographed and/or videotaped without their specific consent. I hereby authorize the Bath Area Family YMCA to use any photographs or videotape for all purposes, including as marketing or educational materials.

I further acknowledge that I have read and understand the Bath Area Family YMCA Climbing Wall rules and safety procedures and agree to comply with them. If any portion of this agreement is held invalid, it is agreed that the balance shall nevertheless continue with full force and effect and remain binding upon all parties, subject to the above terms and conditions.

I HAVE READ THIS **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT** AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND INTEND THAT MY SIGNATURE BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY MAINE LAW.

Climbers Printed Name: _____

Street Address: _____ Town/State/Zip: _____

Home Telephone: _____ Office Telephone: _____

Age: _____

Climber's Signature: _____ Date signed: _____

If climber is under age 18:

I am the climber's parent or legal guardian and have carefully read the above agreement and have been given an opportunity to review its meaning with others, and I believe that I understand its meaning and legal effects adequately.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date Signed: _____

Reviewed and Accepted by YMCA employee: _____ Date Signed: _____