



# 2024 YMCA Safe n Sound DAY CAMP REGISTRTRAIION FORM

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**LAST NAME** **FIRST NAME** **SCHOOL** **ENTERING GRADE in 2024-2025**

**FAMILY EMAIL ADDRESS**

**Please mark which camp your camper attended in 2023:**

- Safe n' Sound camps**
- A different camp**
- 1<sup>st</sup> time at camp**

<b>Summer Adventure@ Naperville VFW Center</b>	<b>Camp Aurora @Nancy Young</b>	<p>Please place an "X" in the appropriate box for the camp(s) you want &amp; circle the days you want to attend.</p> <p><i>Requires \$25/week non-refundable/non-transferable deposit at time of registration.</i></p>	
Entering Grades 1-8	Entering Grades 1-8	<b>Camp Weeks</b>	<b>Days 3 o 5 only</b>
		<input type="checkbox"/> June 3-7                      7a-6p	M T W TH F
		<input type="checkbox"/> June 10-14                      7a-6p	M T W TH F
		<input type="checkbox"/> June 17-21                      7a-6p	M T W TH F
		<input type="checkbox"/> June 24-June 28              7a-6p	M T W TH F
		<input type="checkbox"/> July 1 - 3                      7a-6p	T W TH F
		<input type="checkbox"/> July 8 - 12                      7a-6p	M T W TH F
		<input type="checkbox"/> July 15 - 19                      7a-6p	M T W TH F
		<input type="checkbox"/> July 22 -26                      7a-6p	M T W TH F
		<input type="checkbox"/> July 29 -Aug 2                      7a-6p	M T W TH F
		<input type="checkbox"/> Aug 5 - 9                      7a-6p	M T W TH F

**Payment Options for Camp Balances (check one)**

Current automatic deduction  
(last 4 of card \_\_\_\_\_ exp. \_\_/\_\_)

New automatic deduction  
(please complete draft form)

Invoices

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Counselor In Training (CIT) 14-17 yrs**

**Summer Adventure-Naperville VFW Center**

**Session 1 (June 3 - June 29)**

**Session 2 (July 8 - August 2)**

**Camp Aurora - Nancy Young Elementary**

**Session 1 (June 3 - June 29)**

**Session 2 (July 8 - August 2)**

*\*\*Paid in full at time of registration\*\**

**STAFF COMPLETE:**

Summer Adventure/Camp Aurora

\$25 deposit(s) x \_\_\_\_\_ weeks = \$ \_\_\_\_\_

CIT (Paid in full) \$ \_\_\_\_\_ Total amount due at registration: \$ \_\_\_\_\_

Please scan ALL completed forms to:  
[sns@ymcachicago.org](mailto:sns@ymcachicago.org)



## Safe 'n Sound

### 2024 Day Camp Payment Agreement

We are thrilled that you have chosen to enroll your child for Day Camp 2024! To ensure proper communication, we have outlined our policy related to summer camp payments. If you have questions please feel free to contact us at 630.585.2207.

#### PLEASE READ CAREFULLY

1. The deposit you pay per week is due at the time of registration to reserve the week(s) you wish to enroll your child.
2. **Deposits are non-refundable or transferable.**
3. Payments for camp are due the Wednesday one week prior to the start of camp. For example if you sign up for the week of June 3-7, then your camp balance is due on May 29. You are also welcome to pay the camp balance any time prior to the due date or by draft.
4. All cancellations must be in writing 14 business days prior to the start of registered camp week and will be issued as a voucher for use toward other Y fees. The deposit will be forfeited. All cancellations made less than 14 business days prior to the start of registered camp week will be non-refundable and non-transferable.
5. If you have not attended for 2 weeks or more and are not paid in full you are at risk of losing your spot and we will be contacting you.
6. If you have a voucher on file and a balance is due we will apply the voucher to the balance.
7. A **\$15 late fee will be charged** for the next week if paying after Wednesday.
8. 8. Payment Options:  
  - Bank/Credit Card Draft your camp fee
  - Pay over the phone with a debit or credit card 630.585.2207

Camp balance payments can be made on-line, visit [www.ymcachicago.org](http://www.ymcachicago.org)

I have read and understand the above statements. I fully understand my responsibility for payment of my child's camp fees. I also understand that my child may be released from the camp program if I have not met my financial obligations. Please read, sign, and date this form. Return this form along with your camper's registration information.

Camper Name \_\_\_\_\_ Camp Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



**2024 Safe 'n Sound DayCamp Bill payment and Schedule**

Day camp billing will begin June 1st and end on August 1<sup>st</sup>. Your deposit is deducted from your total camp cost and reflect the balance owed. Full camp costs must be paid one full weeks in advance. **If not paid by the Wednesday before the camp week starts a \$15 late fee will be added on the Thursday prior to camp starting and your child will not be able to begin until it is paid.**

**Automatic Bank/Credit Card Draft Information**

You may also set up an automatic draft for camp. Those payments are due as follows:

**Please view the schedule below for the 2024 season:**

<b>Camp Week</b>	<b>Camp Dates</b>	<b>Due Date</b>	<b>Draft Date</b>
1	June 3 - June 7	May 29	June 1
2	June 10 - June 14	June 5	June 1
3	June 17 - June 21	June 12	June 15
4	June 24 - June 28	June 19	June 15
5	July 1 - July 3	June 26	July 1
6	July 8- July 12	July 3	July 1
7	July 15 - July 19	July 10	July 15
8	July 22 - July 26	July 17	July 15
9	July 29 -Aug 2	July 24	July 15
10	Aug 5 -Aug 9	July 31	Aug 1

Payments can be made by mail, phone with a debit or credit card, at the Fry YMCA branch or via our website [www.ymcachicago.org](http://www.ymcachicago.org)

**Payments cannot be made on-site at camp.**

Please do not hesitate to contact our office with any billing questions you may have.



**YMCA OF METRO CHICAGO**  
**Participant Emergency Information Packet (2024-2025)**

**PERSONAL INFORMATION**

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

School child attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary family email address: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**1** Parent/Guardian : \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Address (if different from the child): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Work hours: \_\_\_\_\_ Work phone: \_\_\_\_\_

**2** Parent/Guardian : \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Address (if different from the child): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Work hours: \_\_\_\_\_ Work phone: \_\_\_\_\_

Child lives with:  Both Parents  Mother  Father  Other \_\_\_\_\_

**ADULTS AUTHORIZED TO PICK UP MY CHILD/EMERGENCY CONTACTS**

\*Other than parents/guardians  
 \*Minimum of 2 required

	Name/Age	Relationship	Address	Preferred Phone
1				
2				
3				
4				
5				

**UNAUTHORIZED PICKUP: People who CANNOT pick up your child from YMCA programs:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

## HEALTH INFORMATION

The following questions are asked so that we may best serve your child in programs. Any information you disclose is confidential to YMCA staff, as needed for your child's participation.

While in program, are there any health conditions that you would like us to be aware of?

No  Yes, \_\_\_\_\_

While in program, will your child need to take medication?

**Please complete the Permission to Dispense Medication form.**

No  Yes, \_\_\_\_\_

While in program, are there allergies we should be aware of?

No  Yes, \_\_\_\_\_

Allergic reaction (describe) \_\_\_\_\_

Treatment \_\_\_\_\_

Are all immunizations up to date?  No (provide exemption letter)  Yes

Date of last Tetanus TDap \_\_\_\_\_

If applicable, please complete the following:

If your camper has an IEP or a 504 plan during the school year, you may choose to connect with our Inclusion Department. Doing so creates a partnership to determine and plan for support, including accommodations that may be needed to promote the most successful summer experience for your camper. If you would like to connect, please select "yes" to the accommodation request below. The Inclusion Department can also be reached at [inclusion@ymcachicago.org](mailto:inclusion@ymcachicago.org).

Does your child require an accommodation due to disability in order to participate in programs?  No  Yes

Are there activities that your child should be exempt from due to health reasons? \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

## RELEASES

Initials  
\_\_\_\_\_  
Initials  
\_\_\_\_\_  
Initials  
\_\_\_\_\_  
Initials  
\_\_\_\_\_

### MEDICAL RELEASE

I do hereby give my permission for the YMCA of Metropolitan Chicago staff to secure proper medical treatment and care for child/children named below, and further, if deemed appropriate by the YMCA of Metropolitan Chicago staff, to transfer child/ children named below off site by ambulance to secure medical treatment and care.

### AUTHORIZATION FOR SUNSCREEN

I acknowledge that I will sufficiently apply sunscreen to all of my child's exposed skin, and agree that YMCA of Metropolitan Chicago Staff may reapply the sunscreen that I provide, labeled with my child's name.

### YMCA BEHAVIOR MANAGEMENT PROCEDURES

My child and I have read and understand the behavior expectations and procedures, found on the YMCA of Metro Chicago website.

### YMCA CHILDCARE POLICIES & PROCEDURES

I/We acknowledge that I have received a copy of and agree to YMCA policies and procedures (via the parent handbook) for the YMCA childcare programs, including but not limited to transportation, program rules, and parent/guardian conduct.

## TALENT RELEASE

In consideration of my participation in activities to be conducted and/or sponsored by the YMCA, the receipt and sufficiency of which is hereby acknowledged, I hereby freely and without restraint consent to and grant the YMCA of Metropolitan Chicago and its agents, successors, licensees, assigns, and affiliated entities (collectively, the "YMCA") the right to publish, print, photograph, videotape, record or otherwise reproduce my voice, appearance, opinions, statements, biographical information, name, place of residence (city and state) and other personal information concerning me, to own all the results thereof as a work for hire for copyright purposes, and to exhibit, display distribute, transmit and/or otherwise exploit any and all such reproductions containing my voice, opinions, statements, appearance, and/or other contributions, altered as the YMCA may see fit, in any and all media now or hereafter known, including without limitation by means of internet, email, still photography, billboard, radio, television, video, soundtrack recordings, printing, merchandising, public displays, exhibitions, and in advertising and/or publicity in connection therewith, and the right to use my name, city and state of residence in any connection with any of the foregoing. The rights granted by me hereunder are granted for the entire universe and shall inure in perpetuity and no further compensation shall be payable to me at any time in connection there with.

I hereby release the YMCA from any and all claims and demands arising out of or in connection with the uses stated above, including without limitation any and all claims for libel, slander, invasion of privacy, infringement of my right of publicity, defamation, copyright or trademark violation, and any other personal and/or proprietary rights, and I agree that I shall not now or in the future assert or maintain any such claim against the YMCA with respect to the subject matter herein. The release shall be governed by Illinois law without regard to its conflict of laws principles.

ACCEPT

DECLINE

## FACILITY USE WAIVER

**Agreement to the facility use waiver also applies to offsite field trips, if applicable.**

I agree to follow all rules and regulations of the YMCA of Metropolitan Chicago ("YMCA") while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect to location, whether in-person, remote, or virtual, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations. I agree that I am responsible for the supervision of my minor child/ward while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA, where the YMCA is not expressly providing direct supervision as part of specific program objectives, of my minor child/ward without respect to location, whether in-person, remote, or virtual. IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE YMCA FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATING IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN, EXPOSURE TO ILLNESS, OR INFECTION, AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, ILLNESS, INFECTION, DEATH, PROPERTY DAMAGE, OR ANY OTHER LOSS, regardless of severity, that I or my minor child/ward may sustain from my or minor child/ward's presence in, upon, or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.
2. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE YMCA, its operating centers, their respective Officers, Directors, Managers, Trustees, Members, Volunteers, Employees, agents, or representatives (the "Releasees") and each of them from any and all claims for injuries, illness, damages, or losses that I or my minor child/ward may have or which may accrue to me or my minor child/ward from my and/or my child/ward's presence in, upon, or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.
3. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur from my or my minor child/ward's presence in, upon, or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location except for any loss, liability, damage, or cost that caused solely by the YMCA's gross negligence. I further expressly agree that the foregoing ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is deemed or held invalid or unenforceable, it is agreed that the remainder of this agreement shall continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL VISITS AND USAGE BY ME OF ANY YMCA FACILITY OR PROPERTY OR PARTICIPATION IN ANY YMCA PROGRAM, WHETHER IN-PERSON, REMOTE OR VIRTUAL WITHOUT RESPECT TO LOCATION.

**I HAVE READ AND VOLUNTARILY SIGNED THIS ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.**

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