



Tri-Town YMCA

Summer Camp Registration Form

Directions: Please legibly print and complete all components of the registration form. If there are sections that do not apply, please enter N/A.

Completed registrations and full registration fee may be returned to:

ATTN: Tri-Town YMCA Program Registration, 136 S. Cornell Ave, Villa Park, IL 60181

Please make checks payable to Tri-Town YMCA. Incomplete forms may delay processing. Need help, call 630.629.9622.

PARENT/GUARDIAN 1 CONTACT INFORMATION		
Please indicate your relationship to the child(ren) being enrolled in READ. <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____		
First Name of Parent/Guardian 1:	Last Name of Parent/Guardian 1:	
Street Address:	City, State, Zip Code:	
Primary Phone Number:	Secondary Phone Number:	
Email Address:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Employer:	Employer Phone:	
Employer Address:		

PARENT/GUARDIAN 2 CONTACT INFORMATION		
Please indicate your relationship to the child(ren) being enrolled in READ. <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____		
First Name of Parent/Guardian 1:	Last Name of Parent/Guardian 1:	
Street Address:	City, State, Zip Code:	
Primary Phone Number:	Secondary Phone Number:	
Email Address:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Employer:	Position:	Employer Phone:
Employer Address:		

PARTICIPANT INFORMATION			
First Name:	Last Name:	Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Race (this is collected for grant purposes): <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Caucasian/White		Grade in School: <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	What School Does Your Child Attend? <input type="checkbox"/> Ardmore <input type="checkbox"/> Stevenson <input type="checkbox"/> North <input type="checkbox"/> Westmore <input type="checkbox"/> Schafer <input type="checkbox"/> York Center <input type="checkbox"/> Alternative School _____
Does your child have an IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes, please attach a copy of IEP.	If your child has an IEP, is transportation included in it? <input type="checkbox"/> Not Applicable <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you approve for Tri-Town YMCA to share information with your child's school district/school/teacher/support staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACTS & ADULTS AUTHORIZED TO PICK-UP MY CHILD/WARD

First & Last Name	Relationship	Primary Phone	Secondary Phone	Authorized to Pick-up
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANT'S MEDICAL INFORMATION

Has the participant been diagnosed with any of the following medical conditions. If yes, please use the space to explain.

- | | | |
|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No ADHD | <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Food | <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Environmental |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Medicine | <input type="checkbox"/> Yes <input type="checkbox"/> No Anemia | <input type="checkbox"/> Yes <input type="checkbox"/> No Anxiety |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma or other Breathing Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Autism | <input type="checkbox"/> Yes <input type="checkbox"/> No Behavior Disorders |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer/Leukemia | <input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Cerebral Palsy |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Circulatory Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Dermatological Condition (Acne, Eczema, etc.) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No Digestive Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Endocrine Condition(s) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy (seizures) | <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No HIV/AIDS |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Condition(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Vision Condition(s) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Condition(s), please list | | |

Please describe medical conditions:

MEDICAL PROVIDER INFORMATION

Pediatrician/Doctor's Name	Doctor's Phone	Insurance Provider Name	Insurance Group #	Insurance Phone

MEDICATION INFORMATION

Does the participant take medication that needs to be administered during the program meeting time?

- Yes, the participant takes the following medications and I approve for Tri-Town YMCA to administer them during program as described.
- No, the participant does not take medication.

MEDICATION DISTRIBUTION (Complete only if medication needs to be distributed to participant during programming)

Medication Name	Dosage Amount	When to Administer

Will the participant be carrying an autoinjector or inhaler with them at program?

- Yes, the participant will be carrying an autoinjector or an inhaler and I have completed an action plan for them.
- Yes, the participant will be carrying an autoinjector or an inhaler and I need to complete an action plan for them.
- The participant will not be carrying an autoinjector or an inhaler.

Summer Camp Program Tracks

Please select the program track that you wish to enroll into for Summer 2021.

Camp Program

- Y Kids Summer Camp (Entering 1st-5th Grade)
 Camp Adventure (Entering 6th-8th Grade)

Weekly Fee & Time

- | | |
|--|--|
| <input type="checkbox"/> 7AM-6PM 5 Days Per Week \$199 | <input type="checkbox"/> 7AM-4PM 5 Days Per Week \$169 |
| <input type="checkbox"/> 7AM-6PM 4 Days Per Week \$176 | <input type="checkbox"/> 7AM-4PM 4 Days Per Week \$152 |
| <input type="checkbox"/> 7AM-6PM 3 Days Per Week \$132 | <input type="checkbox"/> 7AM-4PM 3 Days Per Week \$114 |
| <input type="checkbox"/> 7AM-6PM 2 Days Per Week \$94 | <input type="checkbox"/> 7AM-4PM 2 Days Per Week \$80 |
| <input type="checkbox"/> 7AM-6PM 1 Day Per Week \$48 | <input type="checkbox"/> 7AM-4PM 1 Day Per Week \$42 |
|
 | |
| <input type="checkbox"/> 9AM-4PM 5 Days Per Week \$140 | <input type="checkbox"/> 9AM-6PM 5 Days Per Week \$169 |
| <input type="checkbox"/> 9AM-4PM 4 Days Per Week \$128 | <input type="checkbox"/> 9AM-6PM 4 Days Per Week \$152 |
| <input type="checkbox"/> 9AM-4PM 3 Days Per Week \$96 | <input type="checkbox"/> 9AM-6PM 3 Days Per Week \$114 |
| <input type="checkbox"/> 9AM-4PM 2 Days Per Week \$68 | <input type="checkbox"/> 9AM-6PM 2 Days Per Week \$80 |
| <input type="checkbox"/> 9AM-4PM 1 Day Per Week \$35 | <input type="checkbox"/> 9AM-6PM 1 Day Per Week \$42 |

Days Attending

	Mon	Tue	Wed	Thu	Fri
Week 1		<input type="checkbox"/> 6/1	<input type="checkbox"/> 6/2	<input type="checkbox"/> 6/3	<input type="checkbox"/> 6/4
Week 2	<input type="checkbox"/> 6/7	<input type="checkbox"/> 6/8	<input type="checkbox"/> 6/9	<input type="checkbox"/> 6/10	<input type="checkbox"/> 6/11
Week 3	<input type="checkbox"/> 6/14	<input type="checkbox"/> 6/15	<input type="checkbox"/> 6/16	<input type="checkbox"/> 6/17	<input type="checkbox"/> 6/18
Week 4	<input type="checkbox"/> 6/21	<input type="checkbox"/> 6/22	<input type="checkbox"/> 6/23	<input type="checkbox"/> 6/24	<input type="checkbox"/> 6/25
Week 5	<input type="checkbox"/> 6/28	<input type="checkbox"/> 6/29	<input type="checkbox"/> 6/30	<input type="checkbox"/> 7/1	<input type="checkbox"/> 7/2
Week 6	<input type="checkbox"/> 7/5	<input type="checkbox"/> 7/6	<input type="checkbox"/> 7/7	<input type="checkbox"/> 7/8	<input type="checkbox"/> 7/9
Week 7	<input type="checkbox"/> 7/10	<input type="checkbox"/> 7/11	<input type="checkbox"/> 7/12	<input type="checkbox"/> 7/13	<input type="checkbox"/> 7/14
Week 8	<input type="checkbox"/> 7/19	<input type="checkbox"/> 7/20	<input type="checkbox"/> 7/21	<input type="checkbox"/> 7/22	<input type="checkbox"/> 7/23
Week 9	<input type="checkbox"/> 7/26	<input type="checkbox"/> 7/27	<input type="checkbox"/> 7/28	<input type="checkbox"/> 7/29	<input type="checkbox"/> 7/30
Week 10	<input type="checkbox"/> 8/2	<input type="checkbox"/> 8/3	<input type="checkbox"/> 8/4	<input type="checkbox"/> 8/5	<input type="checkbox"/> 8/6
Week 11	<input type="checkbox"/> 8/9	<input type="checkbox"/> 8/10	<input type="checkbox"/> 8/11	<input type="checkbox"/> 8/12	<input type="checkbox"/> 8/13

ADA Compliance Tri-Town YMCA intends to comply with the intent and spirit of the Americans with Disabilities Act to provide reasonable accommodations. Registrants requiring special accommodations such as a sign language interpreter or an inclusion aide should notify Tri-Town YMCA staff at least ten (10) days in advance of start date so that an appropriate plan can be developed between the registrant and Tri-Town YMCA.

Does the participant have a special need? Yes No

In case of **MEDICAL EMERGENCY**, I authorize Tri-Town Young Men's Christian Association, its directors, officers, employees, agents, volunteers, and designees (collectively "Tri-Town YMCA") to take such emergency action as may be deemed necessary.

Please read this form carefully and be aware that enrolling and participating in any program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program.

I recognize and acknowledge that there are certain risks of physical injury or illness associated with participating in this program, and I voluntarily agree to assume the full risk of any injuries, illness damages, or losses, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all program shall be at my or my minor child's/ward's sole risk. I further agree to waive and relinquish all claims I or my minor child/ward may have or which may occur to me and/or my minor/ward as a result of participation in this program. I do hereby fully release and forever discharge the Tri-Town YMCA and the Young Men's Christian Association of the USA from any and all claims for injuries, damages, or loss that I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in release of all claims.

I, hereby grant Tri-Town YMCA non-revocable permission to capture my/my minor child/ward image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively "Images"). I acknowledge that Tri-Town YMCA will own such Images and further grant Tri-Town YMCA permission to copyright, display, publish, distribute, use, modify, print, and reprint such Images in any manner whatsoever related to Tri-Town YMCA business, including without limitation, publications, advertisements, brochures, web site images, or other electronic displays, and transmissions thereof. I further waive any right to inspect or approve the use of the Image by Tri-Town YMCA prior to its use. I forever release and hold Tri-Town YMCA harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Tri-Town Young Men's Christian Association has put in place preventative measures to reduce the spread of COVID-19; however, **Tri-Town Young Men's Christian Association cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Tri-Town Young Men's Christian Association may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Tri-Town Young Men's Christian Association's employees, volunteers, and program participants and their families.

____ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation in programming at Tri-Town Young Men's Christian Association. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Tri-Town Young Men's Christian Association, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Tri-Town Young Men's Christian Association, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Tri-Town Young Men's Christian Association's programming.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS In the event that I file a lawsuit, I agree to do so in the state where Tri-Town Young Men's Christian Association is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ INITIALS By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

____ INITIALS If I have signed a separate general waiver of liability connected to my participation at Tri-Town Young Men's Christian Association's programming, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS I agree that I will practice safe social distancing and clean hygiene during my participation at Tri-Town Young Men's Christian Association.

Signature _____ Print Name _____

Address _____ City/State/Zip Code _____

Telephone _____ Date _____

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

I have read and understand the above and Tri-Town YMCA's General Registration and Refund Policies.

Participant or Parent/Guardian Signature

Date

Summer Camp Registration Checklist

- ____ I have enclosed my child's completed registration form with emergency contacts.
- ____ I will upload into my online account or send a copy of my child's birth certificate prior to the first day of care.
- ____ I will upload into my online account or send a copy of my child's medical records prior to the first day of care.
- ____ If applicable, I will send my child's diabetes, asthma, and/or allergy action plan to Tri-Town YMCA.
- ____ I have completed the enclosed credit card authorization form.



TRI-TOWN YMCA CREDIT CARD AUTHORIZATION FORM

Directions: Please legibly print and complete all components on this form as required and return to:

ATTN: Tri-Town YMCA Program Registration, 105 W. Maple Street, Lombard, IL 60148

Should you need assistance or have questions, please call 630.629.9622.

I WISH TO AUTHORIZE TRI-TOWN YMCA TO CHARGE MY CARD FOR A REOCCURING PAYMENT PLAN

I, _____ authorize Tri-Town YMCA to charge the full amount due for the weekly session(s) I have enrolled my child(ren)/ward(s) for participation to my **American Express** **Discover** **MasterCard** **Visa**. I understand that my credit card will be charged on the Friday prior to the start of the session and that if the charge does not go through that I will be assessed additional fees as described in Tri-Town YMCA's general registration information. I understand that if I wish to change the card on-file that I must complete this form and resubmit it to Tri-Town YMCA.

Name on Card		Card Number
Card Expiration Date	Security Code	Date Authorized to Charge Through
Authorized Signature		Date