

## YMCA Camp Hanes 2021 Day Camp Registration Form

Camper lives with:  
 Both Parents  
 Father  
 Mother  
 Guardian

Camper's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at Camp \_\_\_\_\_  Male  Female  
 Camper's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Previous number of years at Camp Hanes \_\_\_\_\_  
 School attending in Fall 2021 \_\_\_\_\_ Grade in fall of 2021 \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Family E-mail Address \_\_\_\_\_ Are you a member of your local YMCA? \_\_\_\_\_ Branch: \_\_\_\_\_  
 Emergency Contact (other than listed above) **REQUIRED** \_\_\_\_\_ Phone Number \_\_\_\_\_  
 How did you hear about Camp Hanes? \_\_\_\_\_  
 Family: Did you attend Camp Hanes as a camper or staff?  Yes  No If yes what years? \_\_\_\_\_  
 Does the camper have any special needs?  Yes  No. Please describe: \_\_\_\_\_

### HOW TO REGISTER

Check all sessions that you wish to attend. Complete both sides of the registration form and mail, scan or fax it to the Camp Hanes Office.

A \$50.00 non- refundable deposit (except for accident, illness of if Camp Hanes must cancel the program to follow health and safety guidelines) **per** session, which is part of the total camp fee, is required for this registration form to be processed and your child's spot reserved. Verification from a physician must accompany cancellations.

If Camp Hanes cancels the session we will work with our families on our refund

If you have any questions feel free to give us call during regular business hours (8:00am-5:00pm Monday-Friday)

### SESSION DATES

			Member/Non- member
<input type="checkbox"/>	Session 1	June 14-18	\$267/\$297
<input type="checkbox"/>	Session 2	June 21-25	\$267/\$297
<input type="checkbox"/>	Session 3	June 28-Jul 2	\$267/\$297
<input type="checkbox"/>	Session 4	July 5-9	\$267/\$297
<input type="checkbox"/>	Session 5	July 12-16	\$267/\$297
<input type="checkbox"/>	Session 6	July 19-23	\$267/\$297
<input type="checkbox"/>	Session 7	July 26-30	\$267/\$297
<input type="checkbox"/>	Session 8	Aug 2-6	\$267/\$297
<input type="checkbox"/>	Session 9	Aug 9-13	\$267/\$297

### Teen Leadership Program (13-15 years of age)

Camper's may choose one three week session.

<input type="checkbox"/>	Session 1	Sessions 1-3	\$367/\$397
<input type="checkbox"/>	Session 2	Sessions 4-6	\$367/\$397
<input type="checkbox"/>	Session 3	Sessions 7-9	\$367/\$397

### Pick Up Policy

I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file at the Branch that indicates otherwise. Code word and valid id are required when picking up camper.

**Authorization to Release Custody of Child to another individual:** I hereby authorize the Branch to allow the following individual(s) to pick up my child:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Persons NOT authorized to VISIT and/or PICK UP my child:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Bus Stops</u>	<u>Pick Up Time</u>	<u>Drop off Time</u>
<input type="checkbox"/> William G White YMCA	6:45-7:00 am	5:30-6:00pm
<input type="checkbox"/> Robinhood YMCA	6:50-7:05 am	5:30-6:00 pm
<input type="checkbox"/> Fulton Family YMCA	6:50-7:20 am	5:20-6:00 pm

**Code Word for Pickup:** \_\_\_\_\_

**PARENT / GUARDIAN AGREEMENT – Please read and sign**

The Program Director reserves the right to decline the application of any child, or send home any child who, according to the Director’s discretion, is not a desirable associate for the other campers, or puts him/herself or others at risk.

Photographs will occasionally be taken of the children during the Program. I, the undersigned, consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to my child or me.

I, the undersigned, give my permission for my child to leave the Camp Grounds with authorized Branch staff for scheduled trips and outings.

**Acknowledgement of Risk of Injury/Release and Waiver.** I acknowledge and understand that there may be a risk of injury involved in the activities, which my child will engage in during the program. In consideration of the Branch allowing my child to participate in the Program and various field trips which may be taken from time to time, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of respective officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA activities, field trips or the above described Program; and do hereby expressly assume the risk of injury associated with participation in said Program.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.

**Certification of Ability to Participate and Medical Authorization.** I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the Program activities for which he or she has been registered.

I, the undersigned, understand that in the case of illness or injury of my child the Branch will try to notify me or the emergency contact listed on the Program Registration form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials or my child’s caregiver, as applicable, to obtain necessary medical care and/or treatment, including but not limited to first aid, X-Ray, examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

I agree to have my child examined by a physician within 24 months prior to their participation in the Program.

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

Print Parent/Guardian Name: \_\_\_\_\_

Payment Method			
Check (Please make payable to YMCA Camp Hanes)			
Master Card	Visa	Discover	
Card #			
Name on Card			
Amount to be charged		\$	Exp. Date / /
Security Code			
Signature			
Computation Area			
Number of Session(s) chosen			
Number of Session(s) x cost of weeks or program.		\$	
Send a Child to Camp Donation		\$	
Total Fee		\$	
Payment Enclosed (Must be all deposits for chosen sessions)		\$	
Balance Due		\$	

Our Parent Pack will be mailed to you once this registration form has been received. It will contain: Camper Confidential Form, Camper Health History Form, Family Handbook (What to bring etc), directions to camp, and more. **ALL FORMS AVAILABLE ONLINE!**

Please fill these forms out completely and return them to our office as soon as possible.

**You must have your child examined by a physician within 24 months prior to their participation in our programs.**

Call for information on setting up a Payment Plan for your registration fees at (336) 983-3131.

**Send registration form to:**

YMCA Camp Hanes  
1225 Camp Hanes Rd.  
King, NC 27021  
P 336-983-3131  
F 336-983-4624

