



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Natrona County Y-Venture Camp REGISTRATION FORM 2025

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS

CAMP CHECKLIST

- Review Parent Handbook
- Pay any unpaid balances 2 weeks prior to session
- Have logged into CAMPSPACE and viewed homepage of camp.
- Complete forms and return to camp prior to your camper's session.
 - Child Paperwork Packet
 - A copy of immunization records or the exemption of.
 - Authorized Pick-ups are put into your child's Daxko account.

CAMPER'S INFORMATION HERE

CAMPER INFORMATION: Male Female

First & Last Name: _____

How many years has camper attended camp at the YMCA? _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ Date of Birth: _____

Age at time of camp: _____ Grade entering this Fall: _____

List any Allergies, Medications, and Dietary Restrictions:

T-shirt Size: Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large

PARENT INFORMATION HERE

ACCOUNT HOLDER/PARENT #1/GUARDIAN: (all correspondence and invoices will be sent to this person)

First & Last Name: _____

Date of Birth _____ Employer: _____

Email Address: _____

Please be sure that your email address is valid. You will receive all correspondence to this email.



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Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
Relationship to Camper: Mother Father Guardian Custodial Parent? Yes No

PARENT #2/GUARDIAN #2/NON-CUSTODIAL PARENT: (NOTE: all correspondence and invoices will be sent to the "Account Holder" named above) Check this box if address and home phone are the same as Account Holder

First & Last Name: _____
Date of Birth: _____ Employer: _____
Email Address: _____
Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
Relationship to Camper: Mother Father Guardian Custodial Parent? Yes No
 Should be contacted in case of emergency and has permission to pick up a camper

EMERGENCY CONTACTS AND AUTHORIZED PICK-UP PERSONS: (In addition to parents/guardians)

*Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from camp or bus location at the end of a session if you are unable to do so. These contacts will be added to your authorized pickup list through DAXKO, if you wish to change or edit your authorized pickup list, you may via your YMCA account, which is accessible through the YMCA website.

Name: _____ Relationship to Camper: _____
Home Phone: _____ Cell/Work Phone: _____
Date of Birth: _____ Email Address: _____
Address: _____
City: _____ State: _____ Zip/Postal Code: _____

Name: _____ Relationship to Camper: _____
Home Phone: _____ Cell/Work Phone: _____
Date of Birth: _____ Email Address: _____
Address: _____
City: _____ State: _____ Zip/Postal Code: _____

Name: _____ Relationship to Camper: _____
Home Phone: _____ Cell/Work Phone: _____
Date of Birth: _____ Email Address: _____



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

PROGRAM OPTIONS:

Group Options:

- Caring Cubs (Age 5-6) Respectful Rabbits (Age 6-8)
- Honest Hawks (Age 8-9) Responsible Rhinos (Age 9-11)

Date Options:

- June 2nd-August 15th (MEMBER'S ONLY-HOUSEHOLD MEMBERSHIP)
- June 2nd- June 6th June 9th- June 13th June 16th-June 20th
- June 23rd-June 27th June 30th- July 4th July 7th – July 11th
- July 14th-July 18th July 21st- July 25th July 28th- August 1st
- Aug 4th- Aug 8th Aug 11th- Aug 15th

PAYMENT OPTIONS:

When registering for Camp there are no refunds.

Member:

Full cap options are available for Household Memberships only.

- \$1250.00 Full Camp (Kindergarten) \$1000.00 Full Camp
- \$125.00 Weekly (Kindergarten) \$100.00 Weekly

Non-Member:

- \$165.00 Weekly (Kindergarten) \$125.00 Weekly

PAYMENT METHOD:

I, _____, authorize YMCA of Natrona County to charge the outstanding balance on my family's YMCA of Natrona County Day Camp invoice to the credit card listed below on the Friday prior to the date services will be rendered.

TYPE OF PAYMENT:

Check Enclosed (Made payable to YMCA of Natrona County)
Credit Card: Visa MasterCard American Express Discover

Amount of payment: \$ _____

Card Number: _____ Exp. Date: _____



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YMCA OF NATRONA COUNTY-CHILD CARE PAYMENT POLICY

Please read, initial and sign to indicate that you agree to the YMCA Payment Policy:

_____ I understand that the YMCA offers financial assistance, if eligible. I will be required to apply for the Department of Family Services Child Care Subsidy and provide a denial letter before receiving additional YMCA financial assistance. I will provide complete and accurate information when applying for financial assistance, this includes disclosing ALL sources of income for my household.

_____ I understand that, in order to stay enrolled in childcare, I will provide debit card, credit card or bank draft information for automatic payments of all fees on the first day of the month. If receiving DFS subsidies my parent pay portion will be paid on the last day of the month.

_____ I understand that if I qualify for DFS subsidy, the Y must have received your current DFS authorization in the mail by the time you register for any of our childcare programs. The DFS portion will be applied to your account and you will be placed on automatic withdrawals for the parent portion. You will be billed and are responsible to pay for any amount DFS does not cover for any reason.

_____ I understand that, if processing my automatic payment is not successful, I am responsible to provide alternate payment within 24 hours, or my child will be withdrawn from child care.

_____ I understand that if I choose to withdraw from child care, I must notify the Director, in writing, one weeks before the month begins in order to avoid payment being taken from my account for the upcoming month of enrollment.

_____ I understand that child care fees will not be reduced based on my child's lack of attendance for illness, temporary closure or suspension from the program. If I withdraw from child care during the month, I will not receive a refund or credit.

_____ I understand that if I am late picking up my child, I will be charged \$2.00 per minute, per child. I understand that this balance must be paid before my child returns to child care. I understand that the YMCA may contact the local Police Department if my child is not picked up 30 minutes after child care ends.

_____ I understand that if I am on YMCA financial assistance the discount is valid for one year and I will need to reapply the month before it ends.

_____ Shared custody/split payment arrangements can be made. It is the parents' responsibility to determine the payment schedule and ensure proper billing methods are on file. The primary adult on the account will be responsible for any unpaid balances, regardless of your personal payment agreements.

_____ I understand that these policies are subject to change due to unforeseen circumstances. I will be notified in writing of any changes and required to sign a new form. By signing below, I am taking on ALL duties as the sole responsible party and will adhere to ALL payment rules set forth by the YMCA.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature _____ Date _____



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DAY CAMP CODE OF CONDUCT - Basic Behaviors expected of all Campers

Demonstrate Caring by:

- Being attentive while another person is speaking.
- Encouraging others rather than putting them down.
- Keeping negative comments/thoughts to yourself when they are hurtful to others.
- Being a good sport and following rules to all games and activities.
- Refraining from the use of abusive language and profanity.
- Respecting one another's personal space and belongings.
- Keeping hands to yourself.

Demonstrate Respect by:

- Asking permission before leaving the group.
- Trusting the camp staff to make good decisions.
- Being honest when confronted by camp staff.
- Following all directions promptly.

Demonstrate Responsibility by:

- Always using equipment and supplies properly.
- Always putting equipment and supplies back as you found them.
- Reporting any broken equipment promptly so it can be fixed or replaced.
- Leaving all areas as clean or cleaner than before your arrival.
- Cleaning up after yourself at lunch time.

Demonstrate Honesty by:

- Always telling the truth.
- Refraining from making up false stories to impress or deceive others.

We are here to have fun! We must work together and follow the Code of Conduct so that everyone has the most fun possible.

I find the above Code of Conduct acceptable and reasonable. I will support and encourage my child to abide by it.

Parent/Guardian Signature _____ Date _____

Camper's Name/Signature _____



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Day Camp Waiver and Liability Form

Participant Information: Name: _____ Age: _____
Parent/Guardian Name: _____
Address: _____
Phone Number: _____ Email: _____

Medication Authorization Form

Leave blank if medication is not needed at this time

Participant Information:
Child's Name: _____ Age: _____
Parent/Guardian Name: _____
Phone Number: _____
Emergency Contact Name: _____
Emergency Contact Phone: _____
Medication Information:
Medication Name: _____
Dosage: _____
Time(s) to be Administered: _____
Reason for Medication: _____
Possible Side Effects: _____
Storage Instructions: _____

Administration Authorization:

I understand that all medications must be provided in their original container with proper labeling. I authorize YMCA camp staff to supervise the self-administration of my child's medication as directed above. I acknowledge that camp staff are not authorized to administer non-emergency medication but may assist my child in taking their prescribed medication.

In case of emergency, I authorize YMCA staff to administer emergency medication (such as an EpiPen or inhaler) as needed and to seek medical attention if necessary. I understand that it is my responsibility to provide any necessary emergency medication and clear instructions for its use.

Parent/Guardian Authorization:

I, the undersigned, give permission for the YMCA staff to supervise my child's self-administration of the above medication. I understand that the YMCA is not responsible for any adverse reactions or complications that may result from my child taking this medication.

Parent/Guardian Signature: _____ Date: _____



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Acknowledgment of Risk and Assumption of Responsibility

I, the undersigned, acknowledge that participation in Y-Venture Camp involves physical activities that may include, but are not limited to, sports, swimming, hiking, arts and crafts, and other outdoor and recreational activities. I understand that these activities may involve inherent risks of injury, illness, or harm, including but not limited to sprains, fractures, allergic reactions, insect bites, exposure to weather elements, and other unforeseen risks.

I voluntarily assume full responsibility for any risk of loss, personal injury, property damage, or any other consequence arising from my child's participation in the Camp.

Sunscreen Authorization

I understand that outdoor activities are a significant part of the camp program, and I give permission for camp staff to assist my child in applying spray sunscreen as needed throughout the day. I will provide sunscreen labeled with my child's name. If no sunscreen is provided, I consent to the camp using a generic sunscreen for my child. I acknowledge that it is my responsibility to apply sunscreen prior to camp drop-off.

Medical Authorization In the event of an emergency, I authorize the Camp staff to seek medical treatment for my child, including but not limited to emergency medical services, hospitalization, or other necessary care. I understand that all medical expenses incurred are my responsibility.

Release of Liability In consideration of my child's participation in the Camp, I hereby release, discharge, and hold harmless Y-Venture camp, its owners, employees, volunteers, agents, and affiliates from any and all liability, claims, demands, actions, or rights of action related to any injury, illness, or loss that may occur while attending or participating in Camp activities.

Additional Permissions and Acknowledgments

_____ I give permission for the YMCA to transport my child in organization-owned vehicles with YMCA authorized drivers.

_____ I give my child permission to participate in field trips, swimming, and other activities planned by the YMCA staff.

_____ I give permission for the YMCA to use my child's photograph or video on YMCA websites, social media, TV, and printed promotional materials.

_____ I give permission for my child to receive first aid and CPR by qualified YMCA staff as necessary until emergency personnel arrive.

_____ I give consent for my child to be taken to the hospital to be treated by a physician and agree to assume all financial responsibility for the treatment.

_____ I give permission for my child to be transported by emergency personnel.

_____ I understand payment must be made in full by the last day of the previous week.

_____ I understand that no reduction in cost will be made for missed attendance, late arrivals, or early departures.

_____ I understand that no refunds will be issued for any reason.

_____ I have received, read, and understand the YMCA Summer Camp Parent Handbook.

Acknowledgment and Agreement I have read and understand this Waiver and Release of Liability.

Printed Name: _____

Signature: _____ Date: _____