



# YMCA of Greater High Point

## Camp Pioneer—Hartley Drive Branch



PLEASE CHECK WEEKS FOR CAMP PIONEER AND ANY ADDITIONAL (OPTIONAL) EXCURSIONS

- ONE TIME—REGISTRATION FEE \$30
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Week 1 (June 14-18 \$120/150)     | <input type="checkbox"/> Field Trip Camp (\$15) | <input type="checkbox"/> Pioneer Adventures (\$20—Extreme Hiking; rising 4th graders and up)      |
| <input type="checkbox"/> Week 2 (June 21-25 \$120/150)     | <input type="checkbox"/> Field Trip Camp (\$15) | <input type="checkbox"/> Pioneer Adventures (\$30—Zipline; rising 4th graders and up)             |
| <input type="checkbox"/> Week 3 (June 28-July 2 \$120/150) | <input type="checkbox"/> Field Trip Camp (\$15) | <input type="checkbox"/> Pioneer Adventures (\$20—Mountain Biking; rising 4th graders and up)     |
| <input type="checkbox"/> Week 4 (July 5-9 \$120/150)       | <input type="checkbox"/> Field Trip Camp (\$15) | <input type="checkbox"/> Pioneer Adventures (\$50—Whitewater Rafting; rising 4th graders and up)  |
| <input type="checkbox"/> Week 5 (July 12-16 \$120/150)     | <input type="checkbox"/> Field Trip Camp (\$15) | <input type="checkbox"/> Pioneer Adventures (\$45—Sporting Clays rising 4th graders and up)       |
| <input type="checkbox"/> Week 6 (July 19-23 \$120/150)     | <input type="checkbox"/> Field Trip Camp (\$15) | <input type="checkbox"/> Pioneer Adventures (\$35—Horseback Riding; rising 4th graders and up)    |
| <input type="checkbox"/> Week 7 (July 26-30 \$120/150)     | <input type="checkbox"/> Field Trip Camp (\$15) | <input type="checkbox"/> Pioneer Adventures (\$50—High Ropes Course; rising 4th graders and up)   |
| <input type="checkbox"/> Week 8 (August 2-6 \$120/150)     | <input type="checkbox"/> Field Trip Camp (\$15) | <input type="checkbox"/> Pioneer Adventures (\$40—Paintball; rising 4th graders and up)           |
| <input type="checkbox"/> Week 9 (August 9-13 \$120/150)    | <input type="checkbox"/> Field Trip Camp (\$15) | <input type="checkbox"/> Pioneer Adventures (\$30—Sailing; rising 4th graders and up)             |
| <input type="checkbox"/> Week 10 (August 16-20 \$120/150)  | <input type="checkbox"/> Field Trip Camp (\$15) | <input type="checkbox"/> Pioneer Adventures (\$45—Whitewater Kayaking; rising 4th graders and up) |

One form must be completed for EACH child.

All HIGHLIGHTED boxes must be filled in.

Program Participant		First Name	MI	Last Name
HOME	Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date / /
	City		State	Zip
	School		Race—For United Way	Child Lives With?

PARENT or GUARDIAN	First Name		MI	Last Name
	Address			
	City		State	Zip
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race—For United Way	Birth Date / /	Home Phone
	Cell Phone		E-Mail	
	Company/School		Job Title	
	Address			Phone
	City	State	Zip	FAX Phone

PARENT or GUARDIAN	First Name		MI	Last Name
	Address			
	City		State	Zip
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race—For United Way	Birth Date / /	Home Phone
	Cell Phone		E-Mail	
	Company/School		Job Title	
	Address			Phone
	City	State	Zip	FAX Phone

**EMERGENCY CONTACT (other than parent/guardian)**—List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you and at least one person listed must be within one hour of the center/home and able to take responsibility for the child in case you cannot be contacted.

First Name	MI	Last Name	Relationship to Child
Phone		Cell Phone	

Is there anyone who CAN NOT pick-up your child?

### OTHER AUTHORIZED PICK-UP

AUTHORIZED	First Name		Last Name
	Phone		Cell Phone
	Relationship to Child		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
PICK-UP	First Name		Last Name
	Phone		Cell Phone
	Relationship to Child		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

AUTHORIZED	First Name		Last Name
	Phone		Cell Phone
	Relationship to Child		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
PICK-UP	First Name		Last Name
	Phone		Cell Phone
	Relationship to Child		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

D O C T O R	First Name	MI	Last Name
	Address		
	City	State	Zip
	Phone	FAX	

D E N T I S T	First Name	MI	Last Name
	Address		
	City	State	Zip
	Phone	FAX	

Preferred Hospital or Medical Center:

Does your child have a special health or medical condition? (check one)

No  
 Yes—Please explain

Does the special health or medical condition require child care staff to perform a procedure, monitor your child for symptoms or administer medication during child care hours? (check one)

No  
 Yes—Please request a form for the administration of medication.

Does your child have any food, medication or environmental allergies?

No  
 Yes (check all that apply)       Food       Medication       Environment

Please list and explain reaction:

Does your child's allergy/allergies require child care staff to monitor for symptoms, take action is a reaction occurs or give emergency medication to your child? (check one)

No  
 Yes—Please request a form for the administration of medication.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)

No  
 Yes—Please explain

Does this dietary restriction require a modified diet the eliminates all types of fluid milk or an entire food group?

No  
 Yes—Written instructions must be provided.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (check one)

No  
 Yes—Please explain

If yes, does this medication, food supplement or medical food need to be administered at the child care center? (check one)

No  
 Yes—Please request a form for the administration of medication.

### AUTHORIZATION

The above information is correct and complete to the best of my knowledge, and the Hartley Drive Family Branch YMCA participant described has my permission to participate in all program activities except as noted by me and/or the examining physician. I hereby give permission to the medical personnel selected by the Hartley Drive Family Branch director to provide and/or order medical treatment, x-rays and/or routine medical tests and to provide or arrange necessary related transportation for the participant named above. In the event I cannot be reached in an emergency, I hereby give permission to the Hartley Drive Branch YMCA director to secure, and to act as my agent in consenting to, medical and/or surgical treatment, including hospitalization, anesthesia or surgery, and to release to any physician and/or treatment facility or hospital relating to any pertinent insurance coverage, for the participant named above.

This form, after being signed by the parent/guardian, must be reviewed for completeness and signed by the director/designee prior to the child receiving care. The director/designee shall have the parent/guardian review and initial the form when any changes/updates are made. **By signing below I acknowledge have received, read and will comply with the YMCA Member/Participant Code of Conduct and Hartley Drive Camp Pioneer Program/Payment Policies.**

I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by my children or me. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

Signature of Parent/Guardian	Relationship to Child	Date
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OFFICE USE ONLY Date:    /    /	YMCA Staff Member receiving form	Payment Method <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card	Initial Payment Method <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash Amount: \$ _____
	Form filled out completely? <input type="checkbox"/> Yes <input type="checkbox"/> No		
YMCA Scholarship Renewal Date /    /	Scholarship % and Dollar amount _____ %    \$ _____	Payment (Receipt) Number	



## YMCA of High Point Member/Participant Code of Conduct

The YMCA is committed to providing a safe and welcoming environment for all members, guests and participants. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs.

We expect persons using the YMCA to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our Member/Participant Code of Conduct outlines prohibited action, but the actions listed below are *not an all-inclusive list of behaviors considered inappropriate in our facilities or programs.*

Using or possessing alcohol or illegal chemicals on YMCA property, in YMCA vehicles, or at YMCA-sponsored programs  
Smoking on YMCA property - the YMCA and its property is a smoke-free environment  
Carrying or concealing a weapon or any device or object that may be used as a weapon  
Harassment or intimidation by words, gestures, body language, or any type of menacing behavior  
Physical contact with another person in an angry, aggressive, or threatening way  
Verbally abusive behavior, including angry or vulgar language, swearing, name-calling, or shouting  
Sexually explicit conversation or behavior; any sexual contact with another person  
Inappropriate, immodest, or sexually revealing attire  
Theft or behavior that results in the destruction or loss of property  
Loitering within or on the grounds of the YMCA

In addition, The YMCA reserves the right to deny access, participation or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages per the membership policy of the YMCA of High Point..

### Read and Initial the following:

\_\_\_\_\_ I am an adult over 18 years of age and wish to participate in YMCA of Greater High Point (the "YMCA") membership/program activities, and if checked here wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

\_\_\_\_\_ I understand that the YMCA of Greater High Point is not responsible for personal property lost, damaged, or stolen while members and / or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

\_\_\_\_\_ I give my permission to the YMCA of Greater High Point to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

### **PAYMENT POLICIES: Terms and Conditions**

- Payments will be due the Wednesday BEFORE a child attends camp on Monday.
- If payment is not honored by your bank, a \$25 assessment will be charged.
- If you have an outstanding debt past Wednesday of the week attending, service will be terminated immediately and we will be forced to seek legal action to collect outstanding fees.
- It is the parent's responsibility to make sure that there is no outstanding balance.

## Hartley Drive Camp Pioneer Program Policies

### DROP OFF & PICK UP POLICIES AND PROCEDURES

Drop off begins as early as 7:30AM. Please pull through the front circle and a Camp Pioneer staff member will have you sign your child into camp. If you arrive after 8:45AM, please walk your child into the building and check them in at the member services desk. A Camp Pioneer staff member will come get them.

Pickup begins at 5:00PM and continues until 6:00PM. Enter at the second entrance on Hartley Drive and come to the front circle. After your picture ID has been checked, the counselor will then radio for your child to come to the pickup location. A YMCA counselor will escort your child to the car. For your safety as well as your child's, please remain inside your car during the pickup process.

If you need to pick up your child before 5:00PM, please go to the Member Services Desk and a Camp Pioneer staff member will be called to assist you.

### RELEASES

Unless specific releases are given in written form in advance, NO CHILD will be released to anyone whose name does not appear on the child's form; this is to insure the safety of the child. Telephone calls WILL NOT BE ACCEPTED to release a child to anyone but those listed on the form.

### WHAT TO BRING TO CAMP

Bag lunch daily  
Swimsuit and towel daily  
Change of clothes  
Tennis shoes & shoes that can get wet  
Sunscreen

**LATE PICKUP:** If at all possible, phone ahead when you may be running late. Any pickup made after 6pm will be charged a late fee beginning at 6:05pm. This will be \$10 for every 10 minutes after 6pm. If a parent picks their child up late 3 times in a given school year without phoning ahead, service may be discontinued immediately.

### DISCIPLINARY PROCEDURES

The YMCA's policy on discipline centers on "time out" & positive reinforcement programming. If a child's behavior is inappropriate or unacceptable, the YMCA staff will discipline a child by sitting a child out and away from the activities for a given amount of time determined by the nature of the offense. If time out is ineffective, or if the nature of the misbehavior is deemed severe, an Incident Report will be written and submitted to the Camp Pioneer Director. The first incident report serves as a warning and the second will result in a period of suspension. The Camp Pioneer Director reserves the right to dismiss any child from the program whose behavior remains consistently inept after several attempts to discipline. It is critical that all the children behave properly as to insure the safety for all children.

### WHAT NOT TO BRING TO CAMP

Cell phones  
MP3 players  
CD players  
Video game systems  
Anything you don't want to lose!

### MEMBERSHIP

**Join and Save!** By enrolling your child as a member of the YMCA, you could save up to \$300 during the summer. The annual youth membership is \$180 and the teen membership is \$240. The difference between the member and non member rate for Camp Pioneer is \$30. Not only will you save money on Camp Pioneer, but you can also receive the member rate for other programs such as sports and afterschool.

2/2010

### **Don't Forget!!**

Parent's Night Out - Every 4th Friday of the month  
Overnights - Every 2nd Friday of the month