



YMCA OF THE TWIN TIERS - **Olean** YMCA

SUMMER DAY CAMP REGISTRATION FORM

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Address: **Olean YMCA, 1101 Wayne Street, Olean, NY 14760**

1. CAMPER INFORMATION

CAMPERS NAME: / / DATE OF BIRTH: GRADE IN SEPT 2025:

ADDRESS: CITY/TOWN: STATE/ZIP CODE:
ARE YOU A YMCA MEMBER: YES NO

2. HOUSEHOLD/FAMILY INFORMATION *(please fill out everything)*

PARENT/GUARDIAN #1: / / DATE OF BIRTH: PHONE NO.:

ADDRESS: CITY/TOWN: STATE/ZIP CODE:

EMPLOYER: EMAIL: WORK PHONE NO.:

PARENT/GUARDIAN #2: / / DATE OF BIRTH: PHONE NO.:

ADDRESS: CITY/TOWN: STATE/ZIP CODE:

EMPLOYER: EMAIL: WORK PHONE NO.:

ARE THERE COURT DOCUMENTS FOR CUSTODY: YES NO (if so, please submit along with the registration form)

3. EMERGENCY CONTACT/AUTHORIZED PICK-UP INFORMATION *(in addition to the above names)*

CONTACT #1: RELATIONSHIP: PHONE NO.:

CONTACT #2: RELATIONSHIP: PHONE NO.:

CONTACT #3: RELATIONSHIP: PHONE NO.:

CONTACT #4: RELATIONSHIP: PHONE NO.:

4. MEDICAL ATTENTION

PLEASE LIST BELOW ALLERGIES, ILLNESSES, OR OTHER MEDICAL DIAGNOSIS THAT WE NEED TO BE MADE AWARE OF:

DOES YOUR CHILD HAVE BEHAVIORAL OR SPECIAL ISSUES? YES NO (if yes, please provide documentation)

FAMILY DOCTOR: ADDRESS: PHONE NO.:

FAMILY DENTIST: ADDRESS: PHONE NO.:

PLEASE PROVIDE ANY INFORMATION THAT WOULD BE IMPORTANT FOR US TO KNOW ABOUT YOUR CHILD:

5. WAIVER OF LIABILITY

THE **OLEAN** YMCA RECOMMENDS THAT ALL YOUTH HAVE AN EXAMINATION BY A LICENSED PHYSICIAN BEFORE ATTENDING ANY YMCA PROGRAM. THIS IS TO ENSURE THE HEALTH AND SAFETY OF THE CHILD AS IT WOULD BE DANGEROUS TO PARTAKE IN A STRENOUS ACTIVITY AND ALSO TO PROTECT OTHER PARTICIPANTS FROM COMMUNICABLE DISEASE.

I HEREBY GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL YMCA PROGRAMS, AND, TO THE BEST OF MY KNOWLEDGE, MY CHILD HAS NO PHYSICAL CONDITIONS WHICH WOULD MAKE IT DIFFICULT FOR THEM TO PARTICIPATE IN PROGRAM ACTIVITIES. IN CONSIDERATION OF ADMITTANCE, I AUTHORIZE THE **OLEAN** YMCA TO ACT ON MY BEHALF IF I CANNOT BE REACHED DURING A MEDICAL EMERGENCY AND TO USE THEIR BEST JUDGEMENT. I ALSO AUTHORIZE ALL EMT'S, DOCTORS, NURSES, AND HOSPITAL STAFF TO MEDICALLY TREAT MY CHILD UNTIL I CAN BE CONTACTED.

I HEREBY GRANT___ DO NOT GRANT___ PERMISSION FOR THE **OLEAN** YMCA TO PHOTOGRAPH MY CHILD FOR ESTABLISHMENT USE AND UNITED WAY USE.

I HEREBY GRANT___ DO NOT GRANT___ PERMISSION FOR THE **OLEAN** YMCA TO PHOTOGRAPH MY CHILD FOR NEWSPAPER PROMOTIONAL USE.

PARENT/GUARDIAN SIGNATURE:

DATE:

6. ENROLLMENT AGREEMENT

INITIAL I REVIEWED THE REGISTRATION FORM AND UNDERSTAND THE PAYMENTS AND WHEN MY ACCOUNT WILL BE CHARGED. I UNDERSTAND THAT IF MY ACCOUNT IS MORE THAN TWO (2) WEEKS PAST DUE, MY CHILD'S ENROLLMENT FOR CAMP WILL BE TERMINATED.

INITIAL I UNDERSTAND THAT MY RATE CANNOT BE PRO-RATED FOR NON-ATTENDANCE SUCH AS ILLNESS OR VACATION.

INITIAL I UNDERSTAND THAT IF I GET DSS, I AM TO PAY MY FAMILY SHARE PORTION ON A WEEKLY BASIS AND TO MAKE SURE THAT ALL FORMS OF PAYMENT ARE AVAILABLE TO THE **OLEAN** YMCA.

INITIAL I UNDERSTAND THAT ONLY THOSE ON THE AUTHORIZED LISTS CAN PICK UP MY CHILD FROM **THE CAMP** PROGRAM WITH MY PERMISSION.

INITIAL I GIVE MY PERMISSION TO THE **OLEAN** YMCA TO ALLOW MY CHILD(REN) TO GO INTO THE POOL/**SPLASH PAD** AND I WILL PROVIDE THEM WITH THE APPROPRIATE SWIMMING ATTIRE.

INITIAL I GIVE PERMISSION FOR MY CHILD TO RIDE ON A DOT APPROVED VEHICLE TO ATTEND FIELD TRIPS, ACTIVITIES, AND (IF NECESSARY) AN EMERGENCY SITUATION.

INITIAL I GIVE PERMISSION FOR MY CHILD TO WALK ON WALKING FIELD TRIPS, TO AND FROM A PARK OR RECREATIONAL AREA, OR A LOCATION THAT IS WITHIN WALKING DISTANCE OF THE **OLEAN YMCA**.

INITIAL I **HAVE** REVIEWED, THOROUGHLY READ, UNDERSTOOD, AND SIGNED THE BEHAVIORAL POLICY IN CASE AN ISSUE SHOULD ARISE.

CHILD'S NAME:

DATE:

PARENT/GUARDIAN NAME:

DATE:

PARENT/GUARDIAN SIGNATURE:

DATE:

7. BEHAVIORAL POLICY

WHEN AN ISSUE WITH BEHAVIOR HAPPENS, DEPENDING ON THE SEVERITY OF THE INFRACTION, A WRITE-UP WILL BE ISSUED BY THE STAFF IN CHARGE OF THAT GROUP. THE LEAD SITE STAFF, OR CLOSEST DIRECTOR, WILL MAKE THE DECISION ON THE AMOUNT OF TIME THE CHILD NEEDS TO BE EXCUSED FROM THE PROGRAM.

IF THE INCIDENT IS SEVERE, A DIRECTOR WILL MAKE THE SOLE DECISION TO REMOVE THE CHILD FROM PROGRAM AND **THE CHILD** WILL NOT BE ABLE TO **RETURN TO A YMCA OF THE TWIN TIERS LICENSED PROGRAM UNTIL THE FOLLOWING SCHOOL YEAR.**

DISCIPLINE & DISCHARGE

ALL CHILDREN ARE ENTITLED TO A SAFE AND HARMONIOUS ENVIRONMENT. THE SAFETY RULES AND STRUCTURES OF THE PROGRAM ARE IN PLACE TO PROVIDE A SAFE AND CONSISTENT PROGRAM.

WE BELIEVE THAT GUIDANCE IS SOMETHING THAT SHOULD BE POSITIVE AND APPROACHED IN A FAIR AND CARING MANNER, CONSISTENT WITH THE DEVELOPMENTAL NEEDS OF INDIVIDUAL CHILDREN. CLEAR BEHAVIOR LIMITS ARE SET AND MODELED AND REASONABLE GUIDELINES ARE EXPLAINED.

PARTICIPANT AGREEMENT AND CODE OF CONDUCT

THE YMCA OF THE TWIN TIERS IS A YOUTH-SERVING COMMUNITY-BASED MEMBERSHIP ORGANIZATION DEDICATED TO PROVIDING PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL. PARTICIPATION IN THE ORGANIZATION'S PROGRAMS IS SUBJECT TO THE OBSERVANCE OF THE ORGANIZATIONS RULES AND PROCEDURES. SEVERE BEHAVIOR THAT COULD CAUSE INJURY TO THEMSELVES AND/OR OTHERS OF ANY FORM IS STRICTLY PROHIBITED. ANY PROGRAM MEMBER WHO VIOLATES THIS CODE IS SUBJECT TO DISCIPLINE UP TO AND INCLUDING REMOVAL FROM THE PROGRAM.

BY SIGNING THIS FORM, YOU AGREE TO THE TERMS AND CONDITIONS OF THE ENTIRE REGISTRATION FORM.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

8. WEEKLY REGISTRATION (*additional child discounts*)

YMCA MEMBER WEEKLY RATE: **\$196.00**

YMCA NON-MEMBER WEEKLY RATE: **\$245.00**

YMCA MEMBER DAILY RATE: \$44.00

YMCA NON-MEMBER DAILY RATE: \$55.00

YMCA MEMBER HOURLY RATE: **\$15.00**

YMCA NON-MEMBER HOURLY RATE: **\$20.00**

PLEASE MARK THE WEEKS YOUR CHILD IS GOING TO BE IN ATTENDANCE

_____ WEEK #1: 6/30 - 7/3

Summer Vibes ****Closed July 4th**

_____ WEEK #2: 7/7 - 7/11

Make it Messy

_____ WEEK #3: 7/14 - 7/18

Color Wars

_____ WEEK #4: 7/21 - 7/25

Get Your Game On

_____ WEEK #5: 7/28 - 8/1

Splash-tacular

_____ WEEK #6: 8/4 - 8/8

Re-treat Yourself

_____ WEEK #7: 8/11 - 8/15

Outdoor Adventure

_____ WEEK #8: 8/18/ - 8/22

Kids Choice

Farewell Summer (Last day of camp will be **Fri. Aug. 22nd**)

9. PAYMENT (*due the Friday before program week*)

BANK ACCOUNT (EFT):

BANK/CREDIT CARD INFO:

NAME: _____

NAME: _____

ACCOUNT #: _____

CARD #: _____

ROUTING #: _____

EXPIR.: _____

CVC: _____

VISA

MASTERCARD

ALL ACCOUNTS MUST REMAIN CURRENT. BALANCE TWO WEEKS DUE WILL RESULT IN TERMINATION FROM PROGRAM.

THOSE APPLYING FOR DSS WILL BE CHARGED A \$30.00 WEEKLY RATE UNTIL YOUR CASE HAS BEEN APPROVED.

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

FOR BILLING QUESTIONS: PLEASE CONTACT DEVIN AT 716.373.2400 OR DevinK@TwinTiersYMCA.org

YMCA STAFF USE ONLY:

DATE RECEIVED: _____

START DATE: _____