

PARTICIPANT PROFILE:

Child's Full Name _____ Male Female D.O.B. ____/____/____ Grade Completed in 06/19 _____
 Address _____ Zip _____ Ph _____
 Child Cell _____ Child Email _____
 Parent/Guardian #1 _____ Relationship _____ Email _____
 Employer _____ Office Ph _____ Cell _____
 Parent/Guardian #2 _____ Relationship _____ Email _____
 Employer _____ Office Ph _____ Cell _____

EMERGENCY INFORMATION:

In the event of an emergency, YMCA staff will make every attempt to reach a parent/guardian. In the event that a parent/guardian cannot be reached, I authorize the following people to be contacted and act on my behalf:

Emergency Contact #1 _____ Relationship _____
 Employer _____ Office Ph _____ Cell _____
 Emergency Contact #2 _____ Relationship _____
 Employer _____ Office Ph _____ Cell _____

MEDICAL INFORMATION: (NYS Licensing regulations require the full name, address, & phone # for doctor. Hospital information is optional.)

The YMCA complies with applicable federal and state disability discrimination laws and will consider reasonable accommodations and/or modifications to its policies and procedures to allow children with disabilities an equal opportunity to participate in this program. Please contact the Camp Director at (315) 4562-6184 if your child requires accommodations. If you feel that an accommodation and/or enrollment request has been wrongfully denied based on disability, you may contact the Executive Director at Todd@csaymca.org to further discuss the matter.

Physician _____ Address _____ Ph _____
 Preferred Hospital (We will request the EMTs take your child here whenever possible.) _____

Medication child is presently taking _____ Dosage _____ Time of Administration _____ am pm
 Additional Medication _____ Dosage _____ Time of Administration _____ am pm

*** If medication is required during program hours, you must complete a NYS mandated Written Medication Consent form.**

Please list any allergies (Medication must be provided for all life threatening allergies.) _____
 If exposed to this known allergen, what action should be taken? _____

REQUIREMENTS OF THE ROLE:

- Be able to commit to a Monday-Friday.
- Must have completed the 7th grade and not yet be 16 years of age.
- Enjoy the outdoors.
- Possess the ability to work well with others.
- Possess organization skills.
- Enthusiastic about interacting with young children & assisting with all activities (including swim) in a summer day camp setting.
- Express interest in learning to set goals and lead camp activities as a major part of the leadership training.
- Possess the ability to act as a positive role model by demonstrating the YMCA core values of Caring, Honesty, Respect & Responsibility.

LIT AGREEMENT:

1. I agree to the LIT Responsibilities listed above.

LIT Name: _____ Signature: _____ Date: _____

PARENT AGREEMENTS:

1. I understand that I must provide at least 2 weeks written notice to withdraw from any camp session. I am responsible for full payment of any sessions not cancelled 2 weeks in advance.
2. In the event of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health & well-being of my child.
3. I have provided information on my child's special needs (allergies, diet, and/or medical) to the provider, as may be necessary to assist the facility in properly caring for my child in the case of an emergency. All information received by the YMCA will be treated as confidential.
4. I give consent for the School Age Administration Team at the Clifton Springs YMCA to release personal healthcare information to program staff and/or medical professionals, when necessary, so that they may provide quality treatment and/or services for my child.
5. I give consent for photographs and video footage of the above named child to be used to promote the YMCA Summer Camp programs. Such promotional efforts may include brochures, posters, flyers, showing a video tape of a camp event, etc. In addition, I give consent for photographs to be displayed on the YMCA Lobby PowerPoint, YMCA Website, YMCA Facebook page, and YMCA Twitter. Please strike out any social media that you do not agree to.

NAME: _____

Leaders In Training 2019

LITs must commit to M-F: 9-4:30pm for each session they register for. Please mark off which sessions you are interest in. As each LIT will be shadowing a counselor for there is a limited amount of registration accepted. Your sessions will be assigned on a first come, first serve basis.

Program fee: \$90 Y Member / \$100 Program Member per session
 Fees include 1 LIT shirt and field trip participation fees.

2019 Season	
Check off	Session
	Session 1: July 1-5 (No camp 7/4) <u>Aye, Aye, Captain</u> Special Event: Scavenger Hunt
	Session 2: July 8-12 <u>This Space is the Place</u> Field Trip: Roseland Bowl
	Session 3: July 15-19 <u>A Minute to Win It!</u> Special Event: Popular Game Shows at Camp
	Session 4: July 22-26 <u>Aqua-Awesome</u> Field Trip: Seneca Lake State Park
	Session 5: July 29-Aug 2 <u>Art Tastic Time</u> Field Trip: Kershaw Park
	Session 6: Aug 5-9 <u>Splash & Dash</u> Special Event: Camp Olympics
	Session 7: Aug 12-16 <u>Full STEAM Ahead</u> Special Event: Miniature Train Rides
	Session 8: Aug 19-23 <u>Fountain of Fun</u> Field Trip: Roseland Waterpark
	Session 9: Aug 26-30 <u>Aloha</u> Special Event: Luau

Email my confirmation to the below address:
 (Please print)
 _____@_____

# of Sessions	
Session Fee	
FEES PAID	
BALANCE DUE	