



We build strong kids, strong families, strong communities.

**Greater Kingsport Family YMCA  
1100 Franklin Square, Kingsport, TN 37664  
(423) 247-9622 Email: askus@ymcakpt.org**

## Registration & Fee Information

### Parent Checklist

You must provide all of the below before a child will be enrolled for any camp program. A separate registration form must be filled out for each child.

**Completed/signed registration form**

**\$30 registration fee (one time per child per summer/non-refundable/required at time of registration)**

### Camp Fees

Registration Fee	\$30 (non-refundable)
Day Camp (Rising 1 <sup>st</sup> -5 <sup>th</sup> )	\$105 YMCA member/\$120 non-member
Teen Camp (Rising 6 <sup>th</sup> -9 <sup>th</sup> )	\$105 YMCA member/\$120 non-member
Weeks of May 31 & July 5	\$93 YMCA member/\$108 non-member
	<i>Additional child discount -\$7.00 per week</i>
Summer Fling (Rising 1 <sup>st</sup> -5 <sup>th</sup> )	July 20 Week- \$88 YMCA member/\$100 non-member
	July 26 Week- \$66 YMCA member/\$75 non-member

**Financial assistance is available for qualified applicants and is based on financial need. A financial assistance application must be filled out. Bring two pay stubs and 2009 tax return with you. UETHDA is accepted.**

Registration is completed on a "first-come, first-served" basis by mail or in person. Register early so your child is guaranteed a spot. **Spaces will be limited.**

**Campers may register for specific weeks as needed throughout the entire summer.** Sessions may be switched or added as space permits. You are financially responsible for the number of sessions for which you register. All changes must be made through e-mail to [snuckles@ymcakpt.org](mailto:snuckles@ymcakpt.org) or by phone at 578-2377.

Camp packets will be distributed at parent orientation. After the Parent orientation, camp packets will be available at your child's Afterschool site or at the YMCA Facility. Camp T-shirts and tote bags will be given out the first week of camp at your child's camp location.

### Day Camp Parent Orientation\*

**Monday, May 17 @ 7:00 pm- Jackson Parents at Jackson, Johnson Parents at Johnson, and Rock Springs Parents at First Presbyterian, Church Circle**

### Teen Camp Parent Orientation\*

**Monday, May 17 @ 7:00 pm at Sevier Middle School**

**\*Children and Teens may attend to meet staff.**



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**Camper Information 2010**         **Facility Member**         **Non-Member**

**Camper Name** \_\_\_\_\_ Sex:  Male  Female    Date of Birth \_\_\_\_\_

Age at Camp \_\_\_\_\_    Grade Fall 2010 \_\_\_\_\_    School Name \_\_\_\_\_

**Please check if your child currently attends one of the following Kingsport City Schools:**

- Jackson    Jefferson    John Adams    Johnson    Kennedy    Lincoln    Roosevelt
- Robinson    Sevier    Washington

**My child currently attends the YMCA Afterschool:**    Yes    No

**Person responsible for Day Camp payment** \_\_\_\_\_

**My child needs financial assistance:**    Yes    No

*Financial assistance is available for qualified applicants and is based on financial need. A financial assistance application must be completed along with copies of two pay stubs and your 2009 tax return. UETHDA is accepted.*

**First Parent/Guardian** \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Business Address \_\_\_\_\_

**Second Parent/Guardian** \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Pager/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Business Address \_\_\_\_\_

**Emergency Contacts**

**Local persons to contact who are authorized to act for parent/guardian if they cannot be reached:**

Name	Relationship to Child	Address	Home Phone	Work Phone/Work Hrs.
------	-----------------------	---------	------------	----------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

**Persons authorized to visit or pick up my child** \_\_\_\_\_

**Persons NOT authorized to VISIT or PICK UP my child** \_\_\_\_\_

**\*\*NOTE:** If a parent is not allowed to visit or pick up a child, you must include copy of the court document.

**Swimming Ability**

Can your child swim?    Yes    No

If your child can swim, rate his/her ability on a scale of 1-10, with 10 being excellent: \_\_\_\_\_

My child has permission to go off the diving board:    Yes    No

**T-Shirt Size** (Please only check one)

Youth:    \_\_\_\_\_ 6-8                      \_\_\_\_\_ 10-12                      \_\_\_\_\_ 14-16

Adult:    \_\_\_\_\_ Small                      \_\_\_\_\_ Medium                      \_\_\_\_\_ Large                      \_\_\_\_\_ Extra Large

# Developmental Health History 2010

**Camper's Name** (as appears on insurance card) \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy# \_\_\_\_\_ Phone \_\_\_\_\_

## Physical Health

What health problems has your child had in the past? \_\_\_\_\_

What health problems does your child have now? \_\_\_\_\_

Other than what you have listed above:

Does your child have any allergies? If so, what? \_\_\_\_\_

How severe? \_\_\_\_\_ How do you deal with your child's allergies? \_\_\_\_\_

Does your child take medication regularly? If so, what? \_\_\_\_\_

Has your child ever been hospitalized? If so, when and why? \_\_\_\_\_

Does your child have any recurring chronic illness or health problems such as:

\_\_\_\_\_ asthma      \_\_\_\_\_ cerebral palsy      \_\_\_\_\_ developmental delay

\_\_\_\_\_ diabetes      \_\_\_\_\_ frequent earaches      \_\_\_\_\_ hemophilia

\_\_\_\_\_ seizures      other \_\_\_\_\_

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem? \_\_\_\_\_

Do you have any other concerns about your child's health? \_\_\_\_\_

## Development (compared to other children this age)

Does your child have any problems with speech? Please explain. \_\_\_\_\_

Does your child have any problems with walking, running or moving? Please explain. \_\_\_\_\_

Does your child have any problems with vision? Please explain. \_\_\_\_\_

Does your child have any problems with hearing? Please explain. \_\_\_\_\_

## Daily Living

What is your child's typical eating pattern? Food likes and dislikes. \_\_\_\_\_

Is your child on any special diet? Please describe. \_\_\_\_\_

Does your child have any allergies to food or food products? Please explain. \_\_\_\_\_

## School/Social Relationships

What grade will your child be in school (Fall 2010)? \_\_\_\_\_

Is your child having any difficulties in school? Please explain. \_\_\_\_\_

Does your child receive any special education services at school? Please explain. \_\_\_\_\_

Does your child have trouble making new friends? \_\_\_\_\_

How does your child get along with peers/friends? \_\_\_\_\_

Is your child involved in any sports/hobbies? Please explain. \_\_\_\_\_

Is there any other information that you wish to share that would assist in meeting your child's needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## YMCA Summer Camp Parent/Guardian Agreement 2010

Camper's health history is complete and accurate, and camper has permission to engage in all activities unless otherwise specified in writing to the camp director.

I hereby grant permission to the **Greater Kingsport Family YMCA** staff and/or medical personnel to give my child basic first aid. In the event I cannot be reached in an emergency, I give permission to medical personnel selected by the YMCA staff to secure and administer treatment (including hospitalization) and provide necessary transportation for my child as named on this application. The YMCA staff will make every effort to notify me whenever my child becomes ill or injured, and if required I agree to pick up my child as soon as possible.

**I understand the YMCA does not provide accident insurance for campers.**

I hereby authorize and give permission for my child to attend and participate in all activities including water activities and field trips with YMCA transportation.

I give permission to the Greater Kingsport Family YMCA, without limitation or obligation, to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs. I release YMCA from any claim of liability for that use.  **Yes**  **No**

This completed form may be photo copied. The above information is correct. I have read and understand the above information and agree to that which is set forth. My child agrees to abide by Camp Rules and Regulations and the Guidance provided by the YMCA staff while attending the program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Parent or Guardian*

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# Greater Kingsport Family YMCA Summer Camp Registration 2010

## Day Camp - "Backpacking Across the U.S." (Please only mark weeks attending)

- \_\_\_\_\_ Jackson Location (Rising 1<sup>st</sup>-5<sup>th</sup> grade) \*Starts Monday, May 24/Ends Friday, July 16  
 \_\_\_\_\_ Johnson Location (Rising 1<sup>st</sup>-5<sup>th</sup> grade) \*Starts Monday, May 24/Ends Friday July 16  
 \_\_\_\_\_ Rock Springs Location (Rising 1<sup>st</sup>-5<sup>th</sup> grade) \*Starts Wednesday, June 2/Ends Friday, July 30

- |  |  |
|--|--|
| <input type="checkbox"/> <u>Session 1:</u> (May 24-28) *Jackson/Johnson Only | <input type="checkbox"/> <u>Session 6:</u> (June 28-July 2)                |
| <input type="checkbox"/> <u>Session 2:</u> (June 1-June 4) *Closed May 31    | <input type="checkbox"/> <u>Session 7:</u> (July 6-9) *Closed July 5th     |
| <input type="checkbox"/> <u>Session 3:</u> (June 7-11)                       | <input type="checkbox"/> <u>Session 8:</u> (July 12-16)                    |
| <input type="checkbox"/> <u>Session 4:</u> (June 14-18)                      | <input type="checkbox"/> <u>Session 9:</u> (July 19-23) *Rock Springs Only |
| <input type="checkbox"/> <u>Session 5:</u> (June 21-25)                      |  |

## Summer Fling- "Hike-O-Rama"

Warriors Path State Park – Recreation Building, Duck Island (Rising 1st-5th grade)

- Session 9: (July 20-23) \*Must be registered for two other weeks in order to register for this one. \*Kingsport City locations only/Note four days only.
- Session 10: (July 26-28) \*Must be registered for two other weeks in order to register for this one. \*Note three days only.

## Xtreme Teen Camp (Please only mark weeks attending)

Sevier Middle School (Rising 6<sup>th</sup>-9<sup>th</sup> grade)

- |  |  |
|--|--|
| <input type="checkbox"/> <u>Session 1:</u> (May 24-28)                 | <input type="checkbox"/> <u>Session 6:</u> (June 28-July 2)            |
| <input type="checkbox"/> <u>Session 2:</u> (June 1-4) *Closed May 31st | <input type="checkbox"/> <u>Session 7:</u> (July 6-9) *Closed July 5th |
| <input type="checkbox"/> <u>Session 3:</u> (June 7-11)                 | <input type="checkbox"/> <u>Session 8:</u> (July 12-16)                |
| <input type="checkbox"/> <u>Session 4:</u> (June 14-18)                |  |
| <input type="checkbox"/> <u>Session 5:</u> (June 21-25)                |  |

### Fee Agreement

I understand that my child is enrolled for \_\_\_\_\_ session weeks. I understand that I am responsible for payment for all sessions for which my child is registered. My child will not be allowed to attend any YMCA camp if my payment is not made at the camp site by 9:00 am on the first day of each session. **NO EXCEPTIONS!** There are no refunds or credits for absences or sickness. Payments are to be made at the YMCA Facility or paid to the Camp Site Director or his/her designee. All cash payments must be made at the YMCA Facility. Sites will accept checks and money orders only.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only (check when entered)

- Procure
- Payment sheet- Excel
- Swimming Abilities- Excel
- T-shirt size- Excel
- Wk. Enrollment combined- Excel