



MDI YMCA

Camp & Childcare

Contact Information

Participant Information

Child's Name: _____ Male Female MDI Y Member? Y N

Birthdate: _____ Age: _____ Grade Level Fall '08: _____ Permanent Mail Address: _____
 _____ City: _____ State: _____ Zip: _____

Guardians Living at Participant's Address

Guardian #1 Name: _____ Relationship to Child: _____

Employer: _____ Guardian #1 email: _____

List phone numbers in the order you prefer them to be called: 1. _____ 2. _____ 3. _____
circle one: Home / Work / Cell Home / Work / Cell Home / Work / Cell

Guardian #2 Name _____ Relationship to Child: _____
 (living at camper's address):

Employer: _____ Guardian #2 email: _____

List phone numbers in the order you prefer them to be called: 1. _____ 2. _____ 3. _____
circle one: Home / Work / Cell Home / Work / Cell Home / Work / Cell

Guardian or Person Responsible for Making Payments Living at Different Address

Name: _____ Relationship to Child: _____ email: _____

Address: _____ City: _____ State: _____ Zip: _____

List phone numbers in the order you prefer them to be called: 1. _____ 2. _____ 3. _____
circle one: Home / Work / Cell Home / Work / Cell Home / Work / Cell

Emergency Information

Person to contact if you or those listed above are unavailable in an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Who else may take/transport child from the program, other than those listed above?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Camper Allergies: _____ Medications: _____ Prone to Seizures? _____

Is there anything that we should know about your child? (Health or behavioral issues, other medical problems): _____



Mount Desert Island YMCA Childcare and Camping Services - Waiver and Release of Liability Agreement

Name of Participant(s): _____

IN CONSIDERATION FOR THE ABOVE NAMED MINOR(s) (OR THE PERSON SO INDICATED IN THE PARTS OF THIS FORM) BEING PERMITTED TO PARTICIPATE IN CHILDCARE/CAMP ACTIVITIES THAT MAY BE CONSIDERED TO HAVE A HIGHER THAN NORMAL ELEMENT OF RISK, I AGREE TO THE FOLLOWING WAIVER, RELEASE AND INDEMNIFICATION.

I/we am/are the parent(s) and legal guardian(s) of the applicant named above. The health history presented to the camp/childcare department is correct to the best of our/my knowledge, and the applicant described on the admissions application has our/my permission to engage in any or all of the sports/activities at Mount Desert Island YMCA childcare/camp(s) such as:

1. Gymnastics, gym sports and games, field sports and/or similar activities
2. Water sports including swimming, and/or similar activities
3. Hiking and walking trips, playground activities
4. Climbing on natural rocks, outdoor exploration and/or similar activities
5. Biking, golf, bowling, roller skating, in-line skating*
6. Climbing on climbing walls and/or similar activities*
7. Springboard diving, sailing, boating or similar boating activities*
8. Winter childcare activities including ice skating, tubing, sledding, snow games**

**Beehive campers & Preschoolers excluded from activities marked with asterisk. **Winter childcare and vacation camp activities.*

I understand that these activities may expose him/her to greater-than-normal risk due to the characteristics of the activity and uncontrollable nature of surrounding elements. These risks may include equipment malfunction, loss of control, collisions, and obstacles, variation of terrain, and unexpected actions by animals or by other people. I understand that participants may act in a negligent manner that can contribute to injury of themselves or others, such as failing to maintain control, not acting within his or her abilities, or not following rules and instructions. These risks can result in injury or death.

THE UNDERSIGNED PARENT, GUARDIAN, OR CUSTODIAN OF THE ABOVE MINOR(s) HEREBY JOINS IN THE FOREGOING WAIVER AND RELEASE AND HERBY RELEASES, DISCHARGES AND COVENANTS FOREVER NOT TO SUE THE YMCA, THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS, FOR LIABILITY FROM ANY AND ALL LOSS OR DAMAGE, PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH WHETHER CAUSED BY ANY NEGLIGENCE, EITHER ACTIVE OR PASSIVE OF THE YMCA OR OTHERWISE.

Further, I represent that the above minor has no health or physical condition other than what is listed below, that will interfere with any of the above-listed activities or cause him/her to be more susceptible to injury than the average person. If any health or physical conditions are present, they are listed below. Health or physical condition limitations may include recent injuries or surgeries, medications, diagnosed or undiagnosed behavioral conditions, and mental or physical limitations. *(Please list any health or physical limitations or conditions below):*

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT. I HAVE READ AND EXPLAINED THIS FORM TO THE ABOVE-NAMED MINOR(s).

RELEASE OF LIABILITY

By signing this form, parent/legal guardian acknowledges that they have read and understood the above information and are signing this form to assure Mount Desert Island YMCA that parent/legal guardian assumes all risks during the program. Guardians who do not wish to accept the risks described above should not sign this permission form.

I hereby give my consent:

1. For my child(ren) to participate in Mount Desert Island YMCA programs.
2. For my child(ren) to receive emergency medical care which may become reasonably necessary in the course of such activities or travel.

I further agree not to hold Mount Desert Island YMCA or anyone acting in its behalf, responsible for any injury occurring to the named participant(s) during Mount Desert Island YMCA programs, activities or travel.

Sign Here → _____
Signature of Parent/Legal Guardian Date

AUTHORIZATION OF PHOTO RELEASE

I permit the use of photos, slides, moving pictures of my child(ren) and/or myself for purposes of YMCA records, public relations and /or other advertising. I understand that there will be no identifying information accompanying the image(s).

Sign Here → _____
Signature of Parent/Legal Guardian Date

TRANSPORTATION WAIVER

I give permission for the Mount Desert Island YMCA to transport my child(ren) when necessary for off premises field trips and other YMCA activities.

Sign Here → _____
Signature of Parent/Legal Guardian Date



MDI YMCA Childcare Payment Policies

1. First and last week's fees are due upon registration for **ALL** MDI YMCA Childcare Programs.
2. You must give two weeks written notice if you are canceling out of the program, or deposit (last week's payment) is forfeited.
3. Payment is due the Friday prior to the week attending.
4. Tuition is expected for days enrolled regardless of snow days, sick days, workshop days, holidays, and early dismissal days.
5. The After School Program's weekly fee is a "blended fee". This means that the fee includes extended YMCA care on many days that school is not in session (as long as the dates fall on the day of the week the child normally receives YMCA care). Participants may or may not choose to utilize care on these days, however the fee remains fixed and is *non-negotiable*.
6. Vacation camp is not part of the blended fee but is provided at the regular full camp rate. Please contact the YMCA for registration and fee information on camp programs.

After School Program Participant Parents: Please indicate which school your child will be coming from:

By signing this form I have read and agree to the payment policies:

Parent Signature

Date

2008
MDI YMCA AUTOMATIC BANKDRAFT/CREDIT CARD ENROLLMENT
PRESCHOOL

The MDI YMCA offers bank-drafting service for members who would like **Childcare** payments to be made automatically on the due dates of the childcare weeks. This service can be provided with any bank. For automatic credit card payments - we accept Visa or MasterCard.

5 day program (M-F) \$144/wk 3 day program (M,W,F) \$120/wk 2 day program (T,Th) \$84/wk
(please circle the correct option)

Name of Participant _____

Name on Account _____ Address _____

Completely fill out one line below

Account Type	Routing Number	Account Number	Expiration Date	Bank Name	Bank Address
Checking					
Savings					
Visa					
MasterCard					

- I authorize the MDI YMCA to automatically deduct said amount from the above account on a weekly basis. MDI YMCA, 21 Park St, Bar Harbor, ME 04609 207-288-3511
- I understand that in the event of my bank returning payment for any reason, I will also be charged a \$10.00 service fee.
- I authorize the MDI YMCA to re-draft my account if payment is returned.

Signature _____ Date _____



Attach voided check here.

**2008 MDI YMCA
Camp/Childcare Health Record**

Child's Name: _____

Birthdate: _____ Date of Last Tetanus Shot: _____

Important: Please notify the Child Care Director if child is exposed to any communicable diseases during the 3 weeks prior to attendance.

Operations or Serious Injuries (include dates): _____

Chronic or Recurring Illness or Medical Condition, including Allergies: _____

Dietary or Nutritional Restrictions/Concerns: _____

Mental/Emotional/Behavioral Issues: _____

*Current Medications: _____

**If it is necessary for MDI YMCA staff to dispense medication during program hours, medication must be given to the Childcare Director in the original container. Medication should be clearly labeled with proper dosage and time, and the child's and physician's names. Staff cannot give injections or advanced medical care for medical conditions.*

Can Child Take Part in All Program Activities? _____

Child's Dentist/Orthodontist: _____ Tel#: _____

Child's Physician: _____ Tel#: _____

Medical Insurance Carrier: _____

Insurance Group #: _____ Insurance Policy #: _____

Check all that apply. Give approximate dates	
Health History	
Frequent Ear Infections:	_____
Heart Defect/Disease:	_____
Convulsions:	_____
Diabetes:	_____
Bleeding/Clotting Disorders:	_____
Hypertension:	_____
Mononucleosis:	_____
Asthma:	_____
Other:	_____
Diseases	
Chicken Pox:	_____
Measles:	_____
German Measles:	_____
Mumps:	_____
Other:	_____
Allergies	
Food:	_____
Hay Fever:	_____
Ivy Poisoning, etc.:	_____
Insect Stings:	_____
Penicillin:	_____
Other (Specify):	_____

Children not enrolled in public school must submit immunization record.

**MDI YMCA
21 Park Street
Bar Harbor, ME 04609
207-288-3511 Fax: 207-288-3019
info@mdiyymca.org
www.mdiymca.org**



Parent/Legal Guardian's Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all program activities except as noted. I hereby give permission to the physician selected by the Child Care Director to order x-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Child Care Director to hospitalize, secure proper treatment for and to order injection, anesthesia and/or surgery for my child as named above. I accept responsibility for medical/surgical treatment charges that may be incurred on my child's behalf.

Signature of Parent/Legal Guardian

Date