



## 2022 Summer Camp | Registration

Camper Name: \_\_\_\_\_ Camper DOB: \_\_\_\_\_

Camper Grade Fall 2022: \_\_\_\_\_ Parent/Caregiver Email: \_\_\_\_\_

### HOW TO REGISTER

Registration for our summer camp programs has never been easier. You may register in-person or online following the easy steps below:

#### ONLINE

1. Please visit our website at [campbucks.org](http://campbucks.org)
2. Navigate to the location of your choice.
3. Navigate to online registration at bottom of page.
4. Click to select the program(s) of your choice.
5. Login to your account or create an online login. Important: If you already have a membership account, please log into that youth, teen or family account. Do not create a new account. **Need support?** Please call our Call Center (215) 999-9622 or visit the Welcome Center of the branch closest to your home.
6. Kindly read the Summer Camp Handbook.
7. Kindly read weekly camp emails which contain important information about camp. **These emails are our main form of communication.** If you unsubscribe to these emails, please understand that you may not receive important information.

#### IN-PERSON

1. Please visit your local YMCA of Bucks County branch.
2. Bring this registration packet with you or complete it at the branch. We have plenty of pens and seating available for you to make yourself at home.
3. One of our Member Engagement Representatives will gladly accept your packet, and register your camper/s at our Welcome Center.
4. Kindly read the Summer Camp Handbook.
5. Kindly read weekly camp emails which contain important information about camp. **These emails are our main form of communication.** If you unsubscribe to these emails, please understand that you may not receive important information.

**Required the Wednesday before your camper's first day of camp in order for your registration to be complete:**

- This registration packet, completed in full.
- A copy of your child's health assessment and record of immunizations.

You may drop-off your required paperwork at your home branch or e-mail to your camp email address. You can find your camp email address on our [Camp Bucks home page!](#)



## 2022 Summer Camp | Financial Terms & Conditions

- I understand that camp registrations will not be accepted after 11:59 PM the Wednesday before the start of a camp week.
- I understand that deposits made for camp registrations are non-refundable.
- I understand that all change/cancellation requests must be made online or submitted to the camp email at least **14 days prior** to the first day of the requested camp.
- I understand that for the safety of all campers, midweek camp changes cannot be made.
- I understand that if I need to cancel a camp registration and did not make a deposit due to the camp promotion, a \$25 deposit fee will be charged to my billing method on file.
- I understand that I will be charged a \$10 change fee in the event I need to make a change to my camp registration. These fees will be charged per request, per camper. This fee will be collected at the time the change is processed.
- I understand that credit requests due to illness require a note from a physician within one week of the request. Deposits are non-refundable.
- I understand the Y does not credit nor refund for events considered outside of our control which cause closure of camp and services (weather, power outage, Act of God, COVID forced closure, etc.). As the impact of the COVID-19 variant continues to change, please refer back to our website for our most updated camp safety protocols by June 1, 2022.
- I understand that if I do not pay in-full for camp(s), that I hereby give authority to YMCA OF BUCKS COUNTY to use the information provided or currently on file, to charge my bank account for camp on the published due date (7 days prior to Monday of each camp week). Payments will be drafted from my account on the due date for each week I am registered for. I will be responsible for all payments from my account and will notify YMCA OF BUCKS COUNTY of any changes to my account. Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus subject to any late or overdraft charges applied by the YMCA OF BUCKS COUNTY. The current return draft fee is \$30.00. This is in addition to any service fee my bank may charge.**

**I have read and agree to the financial terms and conditions of Camp:**

\_\_\_\_\_

**Camper Name**

\_\_\_\_\_

**Parent/Guardian signature**

\_\_\_\_\_

**Date**



## 2022 Summer Camp | Parent Statement of Understanding

The following information is important for the safety and protection of your child:

- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.
- I understand the request of YMCA of Bucks County to not use social media as means to vent potential concerns and or frustrations with camp, as this negatively impacts the morale of camp staff and families. Instead, I will reach out to my camp director and together we will foster a solution.
- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- I understand no camp changes may be made mid-week.
- I understand that I am not to leave my young child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience.
- I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I must send my child with a lunch and water bottle when he/she attends from at least 9 AM – 4 PM. If I do not, my account will be charged for one.
- I understand that if my child brings medication to camp (including inhalers and epi-pens), that I must sign it in with a camp supervisor.
- I understand that my child may be dismissed from the camp program if his/her actions are contrary to the core values of the YMCA. No refunds or credits will be given.
- I have received a copy of the YMCA Camp Handbook and will keep it for future reference.
- I hereby grant permission for photographs and videos taken by YMCA OF BUCKS COUNTY staff and volunteers to be used for YMCA OF BUCKS COUNTY publicity purposes. I/we, the undersigned, have read, understand and agreed to the above.

\_\_\_\_\_  
**Camper Name**

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Date**

### YMCA AGREEMENT – PLEASE READ CAREFULLY

I understand that payments are due based on my registration choice. I agree to make those payments. I understand and agree to the terms of the camp financial terms & conditions. I give permission for my child to participate in ALL Camp activities including field trips, swimming and special events. I consent to photographs being taken of my child. The photographs will become the property of the Y and may be reproduced and published as the Y desires, free of any claim on my part. In case of illness or emergency regarding my child, I authorize the Camp Director, or assigned personnel, to secure the services of a doctor if deemed to be necessary by the Y. I understand that I am responsible for the financial costs related to medical services. I understand that medical information and personal data will be used only in Camp, when necessary to protect my child's well-being.

### WAIVER AND RELEASE

In consideration of my/our participation in the activities of the YMCA OF BUCKS COUNTY, I/we do hereby hold free from any liability YMCA OF BUCKS COUNTY, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of YMCA OF BUCKS COUNTY it's facilities, equipment or program activities. Furthermore, I hereby grant permission for photographs and videos taken by YMCA OF BUCKS COUNTY staff and volunteers to be used for YMCA OF BUCKS COUNTY publicity purposes. I/we, the undersigned, have read, understand and agreed to the above.

\_\_\_\_\_  
**Camper Name**

\_\_\_\_\_  
**Parent/Guardian signature**

\_\_\_\_\_  
**Date**



# YMCA OF BUCKS COUNTY | EMERGENCY CONTACT/PARENT CONSENT FORM

## CAMPER INFORMATION

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School District: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

## PARENT/LEGAL GUARDIAN INFORMATION

### Guardian #1: Who we will call first in times of emergency, also authorized pick up:

Name #1: \_\_\_\_\_ Best phone # to reach you: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Work# \_\_\_\_\_

### Guardian #2: Who we will call second after not having reached Guardian #1 in times of emergency, also authorized pick up:

Name #1: \_\_\_\_\_ Best phone # to reach you: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Work# \_\_\_\_\_

*\*For more emergency contacts and authorized pick up persons; see next page*

## RESTRICTIONS, DISABILITIES OR OTHER ACCOMMODATIONS

Are there any medical or dietary considerations that staff should be aware of? (Put N/A if none)  
\_\_\_\_\_  
Are there any allergies that staff should be aware of? (Put N/A if none)  
\_\_\_\_\_  
Are there any accommodations made in the school setting that can be carried over in the camp setting? (Put N/A if none)  
\_\_\_\_\_  
Does your child have an IEP or formal behavior plan that you are willing to share with staff? (Put N/A if none)  
\_\_\_\_\_

## HEALTH INSURANCE AND MEDICATION INFORMATION

<b>Health Insurance Information</b>		
Health Insurance Provider _____		Policy/ID # _____
Physician – Name of child’s physician practice: _____		
Physician’s Name _____		Phone # _____
<b>Medications</b> - List all medications your child is presently taking, including over the counter medication.		
Medication Name: _____	Medication Name: _____	Medication Name: _____
Dosage amount: _____	Dosage amount: _____	Dosage amount: _____
Time Taken: _____	Time Taken: _____	Time Taken: _____
How often: _____	How often: _____	How often: _____
Reason: _____	Reason: _____	Reason: _____



## 2022 Summer Camp | Emergency Contacts

**Emergency Contacts- Names and phone numbers of persons to be contacted in the event Guardian #1 or #2 are not available. Your child will only be released to the guardian's listed at the top of the sheet and those authorized as a pick-up person below. A photo ID is required.**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Consent - Parent's initial in box is required for each item below to indicate parental consent:**

- Obtaining emergency medical care
- Administer minor first aid
- Walks and trips
- Transportation by the YMCA
- Medications listed above
- Swimming and/or wading

AGREEMENT - To the best of my knowledge all of the information provided above is true. I believe my child to be in good health, and he/she has my permission to participate in all activities, unless otherwise specified. I hereby indemnify and hold harmless the YMCA OF BUCKS COUNTY, its staff and volunteers from all losses, claims or actions that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in any reasonable and normal activity sponsored by the YMCA.

Camper Name	Parent/Guardian signature	Date
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## 2022 Summer Camp | Photo and Video Release

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by YMCA of Bucks County, I hereby give my permission and consent, now and for all time, to YMCA of Bucks County, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of Bucks County and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Bucks County, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the YMCA of Bucks County, I authorize, according to this Release, shall belong to YMCA of Bucks County, YMCA of the USA and third parties collaborating with YMCA of Bucks County and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; at YMCA of Bucks County.
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience, YMCA of Bucks County will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of Bucks County, YMCA of the USA and third parties collaborating with YMCA of Bucks County and/or YMCA of the USA;
- YMCA of Bucks County, YMCA of the USA and third parties collaborating with YMCA of Bucks County and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Bucks County.
- YMCA of Bucks County, YMCA of the USA and third parties collaborating with YMCA of Bucks County and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Bucks County for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of Bucks County, YMCA of the USA and third parties collaborating with YMCA of Bucks County and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of Bucks County as described herein. Note: Photos and videos could be included on Facebook, Twitter, in our e-blasts, e-newsletters, in our program guide, on our web site, and in promotional literature.

Parent/Guardian Signature: \_\_\_\_\_ Camper Printed Name: \_\_\_\_\_

Camper Age: \_\_\_\_\_ Camper Address: \_\_\_\_\_

I am the Mother/Father/Legal Guardian of \_\_\_\_\_ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Please indicate **with initials** below if you do or do not wish to allow you or your child to be photographed or videotaped.

\_\_\_\_\_ Yes, I or my child may be included in ALL pictures or videos.

\_\_\_\_\_ No, I do not allow pictures to be taken of myself/my child.

Camper Name	Parent/Guardian signature	Date
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Subject: Nondiscrimination in Services  
To: Parents/Guardians  
From: YMCA of Bucks County, Camp Leadership Staff

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among methods.

Any parent/guardian/student who believes they have been discriminated against, may file a complaint of discrimination with:

YMCA of Bucks County, Doylestown Branch  
2500 Lower State Road, Doylestown, PA 18901

YMCA of Bucks County, Fairless Hills Branch  
601 S. Oxford Valley Road, Fairless Hills, PA 19030

YMCA of Bucks County, Holland Campsite  
Mail to: Newtown Branch, 190 S. Sycamore Street, Newtown, PA 18940

YMCA of Bucks County, New Hope-Solebury  
2712 N. Sungan Road, New Hope, PA 18938

YMCA of Bucks County, Quakertown  
401 Fairview Avenue, Quakertown, PA 18951

YMCA of Bucks County, Warminster  
624 York Road, Warminster, PA 18974

Department of Human Services  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105

PA Human Relations Commission  
Philadelphia Regional Office  
110 N. 8th Street  
Suite 501  
Philadelphia, PA 19107

U. S. Department of Health and Human  
Services Office for Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania  
DHS Bureau of Equal Opportunity  
Southeast Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107



**2022 Summer Camp and Child Care  
Release & Waiver of Liability and Indemnity Agreement  
Addendum due to COVID-19**

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF BUCKS COUNTY FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.**

**Understanding of Information**

I acknowledge and agree to comply with the Summer Camp Safety Protocols and/or the Child Care Safety Protocols (based on my child's enrollment) as shared on the website of YMCA of Bucks County. I also acknowledge and agree to comply with the Child Care and Camp Safe Reopening Handbook; also shared on the website of YMCA of Bucks County. \*\*As the impact of the COVID-19 variant continues to change, please refer back to our website for our updated camp safety protocols by June 1, 2022.

**Assumption of Risk**

I acknowledge and agree that any use of YMCA of Bucks County facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Bucks County programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

**Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that YMCA of Bucks County, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Participant Name (Print clearly)**

\_\_\_\_\_  
**Date**



# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**

**This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.**

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:                      DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.