



# 2022 Camp Wethonkitha Summer Day Camp Registration Form

Cole Center Family YMCA • 700 Garden Street, Kendallville, IN 46755 • 260.347.9622 • [www.coleymca.net](http://www.coleymca.net)

Kendallville Park & Recreation Department • 211 Iddings Street, Kendallville, IN 46755 • 260.347.1064 • [www.kendallville-in.org](http://www.kendallville-in.org)

**Child's Information:** Please print clearly with complete information. School: \_\_\_\_\_ Grade Fall '22: \_\_\_\_\_

Child's Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_ Shirt Size (Adult/Youth): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Home#: \_\_\_\_\_ Day#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred method of contact:  day  cell  home  email Email: \_\_\_\_\_

Child(ren) lives with  Both  Other \_\_\_\_\_ Payment/Enrollment Contact: \_\_\_\_\_

## Emergency Contact & Release (other than parent/guardian):

Please list the full name, complete address, and phone number(s) of those to whom Camp Wethonkitha may release your child for pick up and emergency purposes.

**You must list at least 2 contacts. Include any friends who may be used in a carpool situation and babysitters/nannies who may pick up.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### The following may NOT pick up my child(ren):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

**Important:** Has this participant been exposed to any communicable disease during the three weeks prior to program attendance?

\_\_\_\_ Yes \_\_\_\_ No (If yes, state type of exposure: \_\_\_\_\_)

**HEALTH HISTORY:** (Check, giving approximate dates)  Ear Infections  Allergies  Diseases  Rheumatic Fever  Convulsion

Diabetes  Asthma  Hay Fever  Ivy Poisoning  Lice/nits  Chicken Pox  Measles  Mumps  Behavioral Concerns

Dates: \_\_\_\_\_

Other Contagious Illnesses: \_\_\_\_\_

Other Past Illnesses: \_\_\_\_\_

Operations or Serious Injuries (Dates): \_\_\_\_\_

Chronic or Recurring Illness: \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Conditions that require activity to be restricted? \_\_\_\_\_

Permissions for all program activities unless otherwise noted by Doctor: \_\_\_\_\_

Swim Ability: \_\_\_\_\_

Drug/Food Allergies: \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_ If so, please indicate:

Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Appliance(s) worn (glasses, contacts, mouth guard etc.): \_\_\_\_\_

Medication taken: \_\_\_\_\_

Other Suggestions from Parent/Guardian: \_\_\_\_\_

**All medications to be given during camp day must be submitted to Camp Director in ORIGINAL container and the child must be able to take them on their own when administered. If you have any questions concerning this please contact Assistant Camp Director (Carissa Prater) or the Camp Director (Dawn McGahen).**

**Please read carefully each of the following authorization and permission statements; initial & sign in the spaces below to indicate your acknowledgement and acceptance of the outlined terms and conditions.**

**RELEASE AUTHORIZATION:** I authorize Camp Wethonkitha Staff (Cole Center Family YMCA/Kendallville Park and Recreation Department) to release my child(ren) to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child(ren) that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. I understand that camp staff and volunteers are not allowed to babysit children at any time outside of Camp Wethonkitha or transport children in their own vehicles. The Camp Wethonkitha (Cole Center Family YMCA/Kendallville Park and Recreation Department) will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

**PARENT AUTHORIZATION:** I hereby do declare my child(ren) to be physically sound, having medical approval to participate in the activities of Camp Wethonkitha. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither Camp Wethonkitha (Cole Center Family YMCA/Kendallville Park and Recreation Department) nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child(ren) is/are amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the registration information and understand the contents thereof. If your child requires any special accommodations in order to participate, please contact Dawn L McGahen at 347-1064. She will arrange a meeting time with you and the Cole Center Family YMCA or the City of Kendallville's ADA Compliance Officer.

**SPECIAL ACTIVITY AND TRANSPORTATION AUTHORIZATION:** I hereby give permission for my child(ren) to participate in special activities and to travel by bus with the Camp Wethonkitha Staff & Volunteers. I understand that only licensed and qualified personnel will operate any vehicle & that there will be at least one staff member present at all times. I agree to release Camp Wethonkitha (Cole Center Family YMCA/Kendallville Park and Recreation Department), its officers and directors, and the Camp Staff from any and all claims of damages, demands or liabilities which may arise as a result of my child(ren)'s participation in special activities and bus trips.

**EMERGENCY AUTHORIZATION:** I understand that Camp Wethonkitha Staff are trained in the basics of first aid and CPR and give consent to have my child receive first aid from Camp Staff. I authorize the Camp Wethonkitha (Cole Center Family YMCA/Kendallville Park and Recreation Department) to secure emergency medical treatment for my child, if necessary, provided that every effort to reach me is made as the nature of the emergency permits. I hereby give permission to the medical personnel selected by the program director to order X-rays, routine tests and treatment for me or my child(ren), and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child(ren) as named above. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child, even if not covered by insurance. I also agree to waive any claims against the Cole Center Family YMCA or City of Kendallville, its staff, and volunteers for injuries or damages that may result from the conduct of other persons including participants in Camp Wethonkitha Programs. I understand the camp does not cover health and medical expenses and I agree to pay any that may occur.

**PARENT OR GUARDIAN PERMISSION:** My signature below indicates that I have the legal authority to register the child(ren) named on this form and that to the best of my knowledge the information on this registration form is complete and accurate. I further understand that I must complete payment(s) by the deadlines of said program(s) as contained in the brochure and that, furthermore, all necessary health, security and waiver forms must be signed and on file with the Y prior to my child(ren) attending the program(s). Failure to comply with the above could result in the loss of the program space and/or late fee service charges.

**Parent/Guardian Signature:** \_\_\_\_\_

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

**PARENT STATEMENT OF UNDERSTANDING: I have read and understand the policies listed below:**

- I understand that, when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a Camp Wethonkitha Staff Person.
- I grant permission for my child(ren) to participate in all planned program activities including, trips by motor vehicle, away from the Camp Wethonkitha program site.
- I give permission to photocopy all forms.
- I have read and understand Camp Wethonkitha's parent handbook.
- I also give my permission to the Camp Wethonkitha/Kendallville Park and Recreation Department and Cole Center Family YMCA to use all photos, videos, voice, and images taken of the applicant for purposes, which the camp may deem appropriate.  
\_\_\_ Check here if you do not want your child's image used in promotional material
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines including parent manuals when one exists. If I fail to meet my obligation to the program policies, Camp Wethonkitha reserves the right to suspend my child(ren)'s participation in the program.
- I understand Camp Wethonkitha Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the Camp Wethonkitha staff is not responsible for lost, damaged, or stolen articles.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party, or disruptive behavior may not be made up, credited, or refunded.

**Parent/Guardian Signature:** \_\_\_\_\_

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