



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Williams YMCA of Avery County 2020 Snow Camp + Holiday Camp Registration

The Williams YMCA of Avery County is excited to offer both Snow Camp and Holiday Camp for the 2020 – 2021 school year. Both Snow Camp and Holiday Camp will run 8:00 AM – 4:00 PM. This application is for both camps – please specify below which you are applying for. **Financial Assistance is available on a case-by-case basis.**

\_\_\_\_\_ **Snow Camp** – Mondays, Tuesdays, Thursdays, and Fridays from December 1<sup>st</sup>, 2020 to March 31<sup>st</sup>, 2020 when Avery County School closes for students and is an optional teacher work day.

Snow camp will be provided for \$300 for members (or \$75/month payments) and \$400 for non-members (or \$100/month payments). A 20% sibling discount will be applied.

\_\_\_\_\_ **Holiday Camp** – December 21 – 23, and December 28 – 31 + January 4<sup>th</sup> during the Christmas break.

Holiday Camp will be provided for \$25/day for members and \$30/day for non-members. A 20% sibling discount will be applied.

For information about Financial Assistance, please contact Katie Croland at [katiec@ymcaavery.org](mailto:katiec@ymcaavery.org)

Camper Full Name- First: \_\_\_\_\_ Last: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade/School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

(We would like to send updated schedules and camp information via email)

### EMERGENCY CONTACT INFORMATION:

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

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

### RELEASE OF MINORS:

All campers are released at the end of camp to their parent/guardian or one of the individuals listed on this form. NO EXCEPTIONS! The camp will release the camper to either parent/guardian listed on the application unless directed by a court to do otherwise.

**REMINDER: Photo Identification may be requested at time of pick up.** In addition to the above emergency contacts, my child may be released to the following individual (s).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents, please initial the following that you have read and agree to each item:

**AUTHORIZATION OF TREATMENT:** I hereby give my permission to the medical personnel selected by the camp director to order treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician to secure and administer treatment, including authorization for my child named above.

**RELEASE STATEMENT:** I acknowledge that there are natural hazards associated with camping and related activities in this setting. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of Williams YMCA of Avery County accepting my child and to the extent permitted and provided by State Law, I hereby release and forever discharge the State of North Carolina, the Williams YMCA, Avery County Schools and its units, agents and employees from all claim of liability for any damages or injuries which may be sustained while my child is at snow camp.

**PHOTO RELEASE:** I hereby give my permission for my child's picture to be used by Williams YMCA of Avery County and Avery County Schools publications or video programs.

**WATER ACTIVITIES:** I understand that the camps at Williams YMCA of Avery Co. include activities in or near water. I give my permission for my child to participate in all water activities included in the camps.

**TRAVEL:** I give my permission for my child to travel in the YMCA bus to field trip destinations which correlate to the camp program, if weather allows.

### HEALTH INFORMATION:

Childs Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Childs Family Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred hospital in case of emergency: \_\_\_\_\_

**Please indicate your child's known allergies, medications, or special circumstances. Check all that apply to your child, or check "N/A" for those that don't apply:**

Medication (type and schedule) \_\_\_\_\_  N/A

Allergies \_\_\_\_\_  N/A

Emotionally, behaviorally, intellectually or physical challenged (explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  N/A

Special circumstances / additional information to help us best serve your child \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  N/A

**Initial:** \_\_\_\_\_ In the event of an emergency, if I cannot be contacted, you have my permission to treat my child.

**Insurance Company** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

## PAYMENT POLICIES

For Snow Camp and Holiday Camp, there are two options for payment. You may either pay in full to secure your spot, or set up a monthly payment plan for Snow Camp. Your first payment must be made before admittance into the program.

I understand policies concerning payment, cancellation and refunds. I may not register my child for a new program until outstanding balances due on past programs at Williams YMCA of Avery County are paid.

1. Insufficient Funds – If my financial institution returns a draft or check, due to insufficient funds, I understand that I will be charged \$25 for a returned draft or a check payment that is returned. The YMCA will attempt to collect returned drafts on the YMCA's next draft date. YMCA drafts are on the first, ninth, seventeenth and twenty-fourth of each month. The YMCA will attempt to collect payment on each draft date until payment is successfully received; however, the returned payment fee is charged on the original attempt only. If I have two returned drafts or checks within a six-month period, I will no longer have the draft privilege and will be required to pay in full, in advance. When using a Credit or Debit Card if my scheduled payment is rejected, I understand it is my responsibility to contact my YMCA branch to resolve any inquiries or issues with my credit or debit card.
2. Cancellations – Two-week notice is required. Nonattendance, without written cancellation, does not relieve me of the responsibility to pay for the program. I will refer to the registration receipt for details on specific program cancellation policies.
3. Bank and Credit Draft Participants – If you sign up for the monthly payment plan for Snow Camp, your bank account will be drafted on the first of every month, which will cover your child's admittance to the program for that month. Failure to pay will result in your child not being admitted to the program. I understand that I must cancel, in writing, 30 days prior to date of bank or credit card draft in order to stop payments.
4. Refunds – I understand that nonattendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation or when YMCA programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the YMCA reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 30 days of cancellation. Program payment is not transferable from one YMCA program to another or from one YMCA branch to another.

## MEDICAL TREATMENT POLICIES

5. Accident Insurance – Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.
6. Medication – The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. Medications must be in original containers with written instructions for dispensing. Do not send medications with your child. A parent or guardian must give the medication to program staff. Notice: With respect to giving EpiPen and/or Glucagon injections to children participating in its programs, the YMCA will comply fully with the requirements of the Americans with Disabilities Act. For those children who may require EpiPen and/or Glucagon injections, or who have other special medical needs, the YMCA will meet with the parent(s) or guardian(s) of such children and, through dialogue, strive to develop a mutually acceptable plan designed to address the medical circumstances of each individual child. The YMCA will not administer, or be responsible for administering, medications that have to be inserted into body cavities.

7. Blood Borne Pathogen Exposure – I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane (e.g. splashing in mouth or eye) from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and provide the name of the attending physician of the source child to parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member. I have read and agree with the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or to any staff member who experiences such an exposure from my child.
8. Emergency – In the event of an emergency in which the parent/guardian or listed emergency contacts cannot be reached, the YMCA will contact emergency medical personnel and, pending their arrival, take those actions that are in the YMCA's judgment to be in the best interests of the child.

## **BEHAVIOR EXPECTATIONS AND DISCIPLINE POLICIES**

**It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.**

**The YMCA does not condone and will not permit:**

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

**A child's behavior is expected to be consistent with the following:**

5. Use appropriate language at all times.
6. Cooperate with staff and follow directions.
7. Respect other children and staff, equipment and facilities, and yourself.
8. Maintain a positive attitude.
9. Stay in program areas—running away is not acceptable.
10. Participate successfully within the YMCA staff-child ratios specific for each program.

**YMCA Discipline Policy:**

11. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s)/guardian will be notified.
12. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the parent(s)/guardian and the program director.
13. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
14. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.

**Behaviors which may result in immediate suspension or dismissal include, but are not limited to:**

15. Any action that could threaten or pose a direct threat to the physical/ emotional safety of the child, other children or staff. Prohibited conduct may include, but is not limited to, abusive jokes, insults, slurs, threats, name calling, bullying or intimidation.
16. Fighting
17. Possession of a weapon of any kind
18. Vandalism, destruction, or theft of YMCA property or property of others
19. Sexual misconduct
20. Possession of or use of alcohol. Possession of or use of controlled substances unless under the prescription of a doctor.
21. Running away
22. Biting

**COVID-19 POLICIES**

At the Williams YMCA of Avery County, we are taking all necessary precautions to keep your children and our staff member safe. Both staff members and children are required to take a temperature screening before entrance, and masks are worn by staff and children at all time. We participate in frequent hand washing and our groups are separate as much as possible. We promote social distancing as much as possible while in Snow Camp and Holiday Camp.

We ask that you wait until your child has taken their temperature check before leaving campus. If your child has a temperature of 100.4 degrees or greater, you will be notified and asked to take your child home for the safety of themselves and others.

**I have read, understand and agree with all policies and procedures as stated in this document and have discussed the expectations of behavior with my child. I understand that the YMCA has the authority to revoke my child's right to participate in YMCA programs for behavior which is not in keeping with the mission of the YMCA or for failing to follow the policies/procedures of the YMCA. My signature below indicates that I agree to adhere to all policies, procedures and the mission of the YMCA.**

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Parent/legal guardian

Date

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Parent/legal guardian

Date

## What to bring to SNOW CAMP!

**\*\*Please have your child bring the following items each time he/she attends Snow Camp.**

- 1. Packed lunch**
- 2. Outdoor clothing (jacket, hat, gloves, etc.)**
- 3. Tennis Shoes**
- 4. Extra socks**
- 5. Water bottle**
- 6. Swimsuit/towel**
- 7. Any homework that needs to be completed**

## What NOT to bring to SNOW CAMP!!

- 1. Cell Phones**
- 2. Video Games**
- 3. iPods/mp3's**

**The same guidelines apply to Holiday Camp, with the exception of no homework is needed during Holiday Camp 😊**