

# DAY CAMP REGISTRATION (Summer 2023)

Grades (**up-and-coming**) Kindergarten through Eighth Grade

To register for YMCA Summer Day Camp or Specialty/Sports Camp, submit the completed registration form and the deposit / registration fee:

**Greene County YMCA**  
 404 Y Street  
 Greeneville, TN 37745  
 423-639-6107  
[www.greencounty-ymca.org](http://www.greencounty-ymca.org)



**Email Addresses** (to receive important program information and updates)

<b>1<sup>st</sup></b>	
<b>2<sup>nd</sup></b>	

**Day Camp Participants** (must be siblings to register on the same registration form)

<b>1<sup>st</sup></b>	First Name	M.I.	Last Name	
	Gender M / F	Date of Birth		Age
			Grade in Fall 2023	
<b>2<sup>nd</sup></b>	First Name	M.I.	Last Name	
	Gender M / F	Date of Birth		Age
			Grade in Fall 2023	

**Parent / Guardian**

<b>1<sup>st</sup></b>	First Name	Relationship to child		
	Address	City	State	Zip
	Home Phone	Wireless Phone	Work Phone	
	Employer		Work Hours	
<b>2<sup>nd</sup></b>	Name	Relationship to child		
	Address	City	State	Zip
	Home Phone	Wireless Phone	Work Phone	
	Employer		Work Hours	

**Emergency Contact / Authorized Pick-Up** (Anyone picking up your child must be at least 18 years of age or older. A picture ID is required at pick-up)

<b>1<sup>st</sup></b>	Name	Relationship to child		
	Home Phone	Wireless Phone	Work Phone	
<b>2<sup>nd</sup></b>	Name	Relationship to child		
	Home Phone	Wireless Phone	Work Phone	

**Persons NOT Authorized to pick up my child** (biological parents **CANNOT** be listed unless the appropriate legal / custody papers are provided)

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<b>1<sup>st</sup></b>	Full Name of Child	
Primary Care Physician	Phone	
Dentist	Phone	
Does your child have any allergies to food, medications, or insect bites? If so, what are the allergies and what are the treatments for them?		
Please indicate any other pertinent information about your child's medical history, chronic physical problems, pertinent developmental information and/or special needs:		

<b>2<sup>nd</sup></b>	Full Name of Child	
Primary Care Physician	Phone	
Dentist	Phone	
Does your child have any allergies to food, medications, or insect bites? If so, what are the allergies and what are the treatments for them?		
Please indicate any other pertinent information about your child's medical history, chronic physical problems, pertinent developmental information and/or special needs:		

**DAY CAMP SESSIONS ATTENDING**

**All YMCA Day Camp and Specialty/Sports Camp fees are due in advance by the Friday before the week your child will be attending. All fees for field trips, transportation and special activities are included in the weekly cost of YMCA Summer Day Camp.**

**X** - NO Camp on May 29<sup>th</sup> (Memorial Day), July 4<sup>th</sup> (Independence Day)

**Camper:**

<b>1<sup>st</sup></b>	Name
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Week	Attending (yes/no)	Fees Due By
		Date of registration
<b>X</b> May29-June2		Friday (5/26)
June 5-9		Friday (6/2)
June 12-16		Friday (6/9)
June 19-23		Friday (6/16)
June 26-30		Friday (6/23)
<b>X</b> July 3-7		Friday (6/30)
July 10-14		Friday (7/7)
July 17-21		Friday (7/14)
July 24-28		Friday (7/21)

**Camper:**

<b>2<sup>nd</sup></b>	Name
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WEEK	Attending (yes/no)	Fees Due By
		Date of registration
<b>X</b> May29-June 2		Friday (5/26)
June 5-9		Friday (6/2)
June 12-16		Friday (6/9)
June 19-23		Friday (6/16)
June 26-30		Friday (6/23)
<b>X</b> July 3-7		Friday (6/30)
July 10-14		Friday (7/7)
July 17-21		Friday (7/14)
July 24-28		Friday (7/21)

**Camper:**

1<sup>st</sup>- NAME \_\_\_\_\_

**Camper:**

2<sup>nd</sup> NAME \_\_\_\_\_

Session	Attending	Deposit	Session	Attending	Deposit
(week)	(y/n)	(fee)	(week)	(y/n)	(fee)
<b>Creativity Camp</b> 6/5-6/9 8:45-11:45 Kris Britt (The Painted Turtle and Craft Co.) <b>26 Spots Available</b> K-8 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>	<b>Creativity Camp</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Soccer Camp</b> 6/12-6/16 8:45-11:45 Vanessa Fyffe (Tusculum University Head Coach) K-8 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>	<b>Soccer Camp</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cheer Camp</b> 6/26-6/30 8:45-11:45 Tessa Carter ( Former GMS Coach) K- 8 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cheer Camp</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basketball Camp</b> 7/17-7/21 8:45-11:45 James Buchanan (North Greene Girls Head Basketball Coach) K-8 <sup>th</sup> grade	<input type="checkbox"/>	<input type="checkbox"/>	<b>Basketball Camp</b>	<input type="checkbox"/>	<input type="checkbox"/>

**Weekly Day Camp Fees** (due in advance by the Friday before the week your child will be attending)

Greene County YMCA Members: \$85.00

Non-Members: \$115.00

Sibling Discount: \$10.00 (same week of camp)

**Weekly Fees** (Specialty/Sports Camp Attendees)

Greene County YMCA members-\$85.00

Non-members - \$115.00

Sibling Discount - \$10.00 (same week of camp)

**Weekly Fees** (Day Camp Participants staying when Specialty/Sports Camp ends) \$20.00 in addition to regular Day Camp Weekly Fee

(No sibling Discount)

**PARENT STATEMENT OF UNDERSTANDING**

The following information is important for the safety and protection of your child. Please read this information and sign below.

- I understand that all fees are due in advance by the Friday before the week your child will be attending.
- I understand cancellations should be made in writing (email is fine) at least one week in advance of session start date.
- I understand registration fees and deposits are non-refundable and non-transferrable to other Y programs.
- I understand that my child must be picked up when the program is over at 6:00 p.m. I will be charged \$10.00 for each 15-minute interval past the closing of the program for each child.
- I understand that I may not leave my child at the Y or program site unless a Y Camp staff member or adult volunteer is there to receive my child.
- I understand that it is my responsibility to sign my child in upon arrival in the morning and sign my child out before leaving in the afternoon. Sign-In / Sign-Out sheets are available as you enter the program. There must be an exchange of responsibility from one adult to another, not from a child to staff. All persons signing children in or out must be at least 18 years of age. The Y cannot release minors to minors.
- 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 must be listed on this form. Authorization by telephone will not be accepted.
- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the Y facilities and program.
- I understand that by state law, the Y is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that the Y will notify me of any illness my child has and I am to pick up my child as soon as possible.
- I understand the Y does not provide Accident / Medical Insurance for program participants.
- I authorize the Y to provide emergency treatment in the event that I cannot be contacted.
- I am an adult 18 years or older and wish my child(ren) to participate in the Greene County YMCA Summer Day Camp Programs. I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the Y, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my child's participation in activities at or sponsored by the Y. I further agree to indemnify and save harmless the Y from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action, or inaction of the Greene County YMCA, its staff, directors, members and guests. I have read, understand and am voluntarily signing this authorization and release.
- I have read and understand **ALL** the statements above regarding Y policies and procedures. I understand that failure to sign all necessary documentation and agreements as well as a failure to comply with all Y policies will result in my child not being able to participate in this program.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

[www.greencounty-ymca.org](http://www.greencounty-ymca.org) / [Jenniferr@greencounty-ymca.org](mailto:Jenniferr@greencounty-ymca.org)

**INITIAL DEPOSIT:**

Amount Paid	Receipt Number	Date	Staff

# CONFIRMATION RECEIPT OF PARENT HANDBOOK

Please fill out this sheet and turn it in (along with the Day Camp Registration Form) to the Front Desk Staff at the time of registration.

**1<sup>st</sup> Participant's Name** (print) \_\_\_\_\_

**2<sup>nd</sup> Participant's Name** (print) \_\_\_\_\_

**I acknowledge receipt of the Greene County YMCA's Summer Day Camp Program Parent Handbook. I confirm that I will read and become familiar with the policies and procedures of the Greene County YMCA's Summer Day Camp Program. I understand the procedures outlined in the handbook were developed to make certain the safety and well-being of all children and to make parents / guardians aware of important payment deadlines and policies.**

**Parent/Guardian Name** (print) \_\_\_\_\_

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

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