



**STATISTICAL INFORMATION (CONFIDENTIAL)** The following is for statistical purposes only and is completely voluntary.

Ethnicity:

- White/Caucasian
- Black/African American
- Native American/Alaska Native
- Asian
- Asian Indian
- Hispanic/Latino
- Hawaiian/Pacific Islander
- Other \_\_\_\_\_

Monthly Gross Income:

- \$0-\$500
- \$501-\$1000
- \$1001-\$1597
- \$1598-\$2000
- \$2001-\$2500
- \$2501-\$4021
- \$4022+

Household Status:

- Single Parent
- Dual Parent
- \_\_\_ # of people in household

**Please select** payment processing option:

- Electronic Automated Payment:** Charges will be processed on the first business day of the month. This includes all late fees, additional days, etc. Authorization Form must also be completed. Annual registration fee \$30.
- Monthly Payment:** Fees can be made by check, money order, credit card or cash and will be accepted at the YMCA only (payments cannot be accepted at off-site locations). Annual registration fee \$60.

**Your signature below acknowledges you have read and agree to these terms and conditions:**

**PRESCHOOL DROP OFF TIMES:** To keep disruption to a minimum during preschool programs, we ask that parents make all drop off for AM preschool by 9:05am and by 1:05pm for PM preschool.

**PRESCHOOL SWIMMING ACTIVITIES:** Parents should know that at times during the Preschool or Extended Care programs children will be swimming in the YMCA swimming pool, under the supervision of YMCA lifeguards.

**PRESCHOOL CAMPUS WALKING PLAN:** Parents should know that as a certified child care program we must share with parents how we move kids around the campus, since we use public sidewalks. Groups of children will walk to and from the YMCA Main Facility (522 West Sixth St.) and the Hoffbuhr House (219 N Oakdale). They shall be supervised by a minimum of two adults and the YMCA adult to child ratio will be maintained at all times. Adults will carry a first aid kit, roster, and children's contact information while traveling. When leaving the YMCA property, the group will turn right following the side walk around the building to Oakdale, turning left on sidewalks only. An adult shall remain in any motor vehicles driveways until all children have safely passed. Return trips will be made in reverse order.

**AFTERSCHOOL IS A COME AND GO PROGRAM:** Your child may come and go at any time before closure.

**PERSONAL TOYS & ELECTRONICS:** All personal toys and electronics are to be left at home unless brought for a specific activity such as sharing time.

**MONTHLY PAYMENTS:** Full payment is due by the 1<sup>st</sup> business day of each month. Failure to remit full payment by the 5<sup>th</sup> will result in a discontinuation of services (Program Lock-out). Refunds and/or credits will not be granted for days missed due to absences and/or vacations. A \$25.00 fee will be assessed for all returned payments.

**CHANGES/CANCELLATIONS:** In order to assure processing, 14 days notice is required for changes or cancellations and fees remain the same unless 2 week notice is given in writing to the YMCA. For changes or cancellations please contact the YMCA Office, 541-772-6295 ext.105, changes cannot be made at the program site.

**LATE PICK-UP:** Late fees will be charged for each child staying after the scheduled closing time. Failure to pay may result in termination. Late fees are as follows: \$15 per child for the first 15 minutes. Each minute following the first 15, is \$1 per minute per child. Chronically late pick-ups will be grounds for dismissal from the program. If no one can be reached by 1 hour after closing, the police will be called to escort your children to Protective Services for child abandonment.

**THIRD PARTY PAYMENTS:** The YMCA accepts third party payments, (i.e. DHS), once written verification is received from the third party. Fees accrued prior to the effective date, uncovered portions, and vouchers not signed in a timely manner, are the responsibility of the parent or guardian.

**CONFIRMATION:** I have read the policies, terms and conditions as stated above and agree. I hereby agree for myself, my child, our respective heirs and legal representatives, to release, indemnify, and hold the YMCA and its officers, directors, board members, employees, volunteers and agents ("releasees") harmless from any and all claims and causes of action of any nature, whether caused by the alleged negligence of the releasees or otherwise, which I or my child may now or hereafter have against the releasees which may at any time arise as a result of any act or thing occurring in or arising out of my or my child's participation.

**Primary Account Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**

Registration Fee \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
Total Paid at Registration \_\_\_\_\_ Date: \_\_\_\_\_

# YMCA Health Form

**FOR CAMP PROGRAMS:**

Please bring this completed form with you on your first day of camp.

Rogue Valley Family YMCA, 522 West Sixth Street, Medford, OR 97501

541-772-6295

www.rvymca.org

The information on this form is not part of the participant or staff acceptance process, but is gathered in an effort to assist us in identifying appropriate care, when needed. The YMCA Health Form must be filled out by the parents/guardians of minors or by adults themselves. An updated YMCA Health Form is required at the start of participation, annually and at the start of the summer camp season.

**Participant's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

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

**Participant's School:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Primary Account Holder\*:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\*Account Holder must be 18 years or older and can make changes to any information and is financially responsible for this participant

**Authorized User to Modify Account Information\*\*:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\*\*This person can make changes to this participant's information/account, but is **not** financially responsible.

**Authorized Pick-Up(s):** Authorized Pick-ups are in addition to the above listed adults. Must be 16 years or older and authorized to pick-up.

**Pick-up 1:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Pick-up 2:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Pick-up 3:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Pick-up 4:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Pick-up 5:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Pick-up 6:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Pick-up 7:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Pick-up 8:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Allergies:** Please be specific (i.e. Pick-up, airborne, ingested) and describe reaction (i.e. swelling, rash, death)

Has your child ever been stung by a bee?  YES  NO

Food (please specify): \_\_\_\_\_

Poison Oak: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

**Dietary Restrictions:** Please be as specific as possible so we can offer alternatives when possible. If alternatives are hard to determine then parents/guardians may be asked to furnish required foods.

No red meat  No poultry  No seafood  No dairy products

No eggs  No pork  Other: \_\_\_\_\_

**Insurance Information:** If you carry family insurance, please complete this section. The Rogue Valley Family YMCA does not provide insurance.

**Name of Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Participant's Medical Professionals:**

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Helpful Information:** Provide any additional information about the participant's behavior, physical, emotional, or mental health.

\_\_\_\_\_  
\_\_\_\_\_

**Health History:** Check all applicable boxes and provide dates of condition(s). Attach extra sheets with additional information and/or protocols for treatments as needed. The intent for collecting the information below is to provide the YMCA personnel with a background needed to provide appropriate care. Please keep a copy of this form for your records. Please provide complete information so the YMCA personal will be aware of your needs.

- |   |  |
|---|--|
| <input type="checkbox"/> Heart defect/disease _____           | <input type="checkbox"/> Convulsions/seizures _____                |
| <input type="checkbox"/> Therapy/Counseling _____             | <input type="checkbox"/> Chicken pox _____                         |
| <input type="checkbox"/> Asthma _____                         | <input type="checkbox"/> Psychiatric treatment _____               |
| <input type="checkbox"/> ADD/ADHD _____                       | <input type="checkbox"/> Ear infections _____                      |
| <input type="checkbox"/> Diabetes _____                       | <input type="checkbox"/> Hypertension/high blood pressure _____    |
| <input type="checkbox"/> Mumps _____                          | <input type="checkbox"/> Measles _____                             |
| <input type="checkbox"/> Bedwetting _____                     | <input type="checkbox"/> Skin conditions _____                     |
| <input type="checkbox"/> Sleepwalking _____                   | <input type="checkbox"/> Frequent headaches _____                  |
| <input type="checkbox"/> Back problems _____                  | <input type="checkbox"/> Unconsciousness/passed out _____          |
| <input type="checkbox"/> Chronic or recurring illnesses _____ | <input type="checkbox"/> Chest pain during or after exercise _____ |
| <input type="checkbox"/> Wears glasses/Pick-ups _____         | <input type="checkbox"/> Hepatitis A, B or C _____                 |
| <input type="checkbox"/> Head injuries _____                  | <input type="checkbox"/> Eating disorder _____                     |
| <input type="checkbox"/> Uses orthodontic appliance _____     | <input type="checkbox"/> Surgeries or recent illnesses _____       |
| <input type="checkbox"/> Recent head lice _____               | <input type="checkbox"/> Other (explain below) _____               |

**Immunizations:** Are all immunizations up to date?  Yes  No Date of last tetanus shot (if known): \_\_\_\_\_

**Physical limitations:** Please list any limitations and reasons for all listed limitations.

**Non-prescription medications:** Which of the following over-the-counter medications is the YMCA authorized to use as needed. In State Certified Child Care programs only sunscreen may be used.

- Acetaminophen (i.e. Tylenol)   
 Ibuprofen (i.e. Advil)   
 Antihistamine (i.e. Benadryl)  
 Hydrocortizone cream   
 Sunscreen   
 Calamine/Caladryl Lotion (for insect bites, poison oak)

**Medications:** Please list all medications (including over-the counter or nonprescription drugs taken on a routine basis) that you are sending with your child. Medications must be in **ORIGINAL CONTAINERS** (if a prescription medication, child's name must be listed on the bottle) with specific instructions for proper dispensing. Send enough medication to last the entire length of the program. Over-the-counter and nonprescription drugs need to be labeled with child's name. Any medications sent to the program without written instructions will not be administered. Attach additional pages as needed.

Participant takes **NO** medications on a routine basis **AND NO** medications have been sent with this person.

Participant takes medications as follows:

Medication 1: \_\_\_\_\_ Used for: \_\_\_\_\_  
Amount/dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Medication 2: \_\_\_\_\_ Used for: \_\_\_\_\_  
Amount/dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Please identify any medications taken during the school year that child does not take during the summer:

**RELEASE, WAIVER AND INDEMNITY AGREEMENT:** I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation. I give permission to the medical service provider selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by me or my insurance. I hereby agree for myself, my child, our respective heirs, assigns and legal representatives, to release, indemnify, and hold the YMCA and its officers, directors, board members, employees, volunteers and agents ("releasees") harmless from any and all claims and causes of action of any nature, whether caused by the alleged negligence of the releasees or otherwise, which I or my child may now or hereafter have against the releasees which may at any time arise as a result of any act or thing occurring in or arising out of my or my child's participation. I authorize the YMCA staff, volunteers or their designee to render first aid services or call an ambulance or provide emergency transport services to my child or myself. I authorize the YMCA to have and use photographs, audio, and/or video of the applicant as may be needed for its public relations programs. **I have read and understand this waiver.**

Check here if you do not want your child's image used in promotional materials

Primary Account Holder / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Overnight Camp Additional Information Form

Rogue Valley Family YMCA, 522 West Sixth Street, Medford, OR 97501 541-772-6295 www.rvymca.org

**Treatment:** Below is a list of basic over-the-counter medications that upon parent/guardian approval may be used to treat these minor health issues. We stock the below items (not all items available when away from stationary location) and you need not send them with your child to camp. When available we use the generic form of the name brands listed. Please indicate if your child may receive the recommended dosage for his/her age by **placing a check mark** in the box located before the medication. Persistent conditions or those needing a physician's care will be referred to the parent/guardian.

- |  |  |
|--|--|
| <input type="checkbox"/> Sunburn relief spray/cream (Solarcaine, Bactine, Aloe Vera) | <input type="checkbox"/> Ibuprofen (Advil)                           |
| <input type="checkbox"/> Antiseptic ointments (Bacitricin, Neosporin)                | <input type="checkbox"/> Acetaminophen (Tylenol)                     |
| <input type="checkbox"/> Ear drops (for water in ears, wax build-up)                 | <input type="checkbox"/> Cough Drops (Vicks, Chloraseptic)           |
| <input type="checkbox"/> Cough syrup (Robitussin, Vicks, Dimetapp)                   | <input type="checkbox"/> Decongestant (Sudafed)                      |
| <input type="checkbox"/> Anti-emesis (controls vomiting)                             | <input type="checkbox"/> Antihistamine (Benadryl)                    |
| <input type="checkbox"/> Sore throat spray (Chloraseptic)                            | <input type="checkbox"/> Burn Gel (Aloe Vera)                        |
| <input type="checkbox"/> Milk of Magnesia (for constipation)                         | <input type="checkbox"/> Antacids (Tums, Maalox)                     |
| <input type="checkbox"/> Anti-Diarrheal (Kaopectate, Imodium AD)                     | <input type="checkbox"/> Sting-Ease (for insect bites)               |
| <input type="checkbox"/> Calamine Lotion (for insect bites, poison oak reactions)    | <input type="checkbox"/> Anti-fungal powder, spray, cream (Tinactin) |
| <input type="checkbox"/> Glucose (for diabetic emergency)                            | <input type="checkbox"/> Tampons (female campers only)               |

**Female Campers Only:** If your camper has not started menstruating and begins at camp, what is your preference for explaining, teaching, and talking with your daughter?

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**Additional Medications:** These are in addition to those listed above.

Medication 3: \_\_\_\_\_ Used for: \_\_\_\_\_

Amount/dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Medication 4: \_\_\_\_\_ Used for: \_\_\_\_\_

Amount/dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Medication 5: \_\_\_\_\_ Used for: \_\_\_\_\_

Amount/dosage: \_\_\_\_\_ Time Taken: \_\_\_\_\_

## Staff Notes at Check-in:

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**RELEASE, WAIVER AND INDEMNITY AGREEMENT:** I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation. I give permission to the medical service provider selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by me or my insurance. I hereby agree for myself, my child, our respective heirs, assigns and legal representatives, to release, indemnify, and hold the YMCA and its officers, directors, board members, employees, volunteers and agents ("releasees") harmless from any and all claims and causes of action of any nature, whether caused by the alleged negligence of the releasees or otherwise, which I or my child may now or hereafter have against the releasees which may at any time arise as a result of any act or thing occurring in or arising out of my or my child's participation. **I have read and understand this waiver.**

Primary Account Holder / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_