



PARTICIPANT CONFIDENTIAL MEDICAL CONSENT FORM

Child's Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Male Female School Attending: _____ Camper's grade next fall: _____

Parent/Guardian: _____ E-mail: _____

Employer: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Work Phone: _____ Cell: _____

Parent/Guardian: _____ E-mail: _____

Employer: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Work Phone: _____ Cell: _____

EMERGENCY CONTACTS/PERSONS AUTHORIZED TO PICK UP PARTICIPANT

Parent/Guardian will be contacted first in the event of an emergency.

Name: _____

Relationship: _____ Work Phone: _____ Cell: _____

Name: _____

Relationship: _____ Work Phone: _____ Cell: _____

Name: _____

Relationship: _____ Work Phone: _____ Cell: _____

PARTICIPANT'S MEDICAL HISTORY

This information is kept completely confidential.

Dates of the most current immunization for the following: Tetanus Booster: _____ Tuberculin Test: _____

Which of the following has your child had:

- Appendicitis Asthma Diabetes Measles
- Mumps Tonsillectomy Chicken Pox

Chronic/Recurring Illness: _____ Other: _____

List any allergies: _____ Operations: _____

Family doctor: _____ Phone: _____

Preferred hospital: _____ Medical Insurance: _____

Policy#: _____ Daily Medications: _____

Does child have a disability (physical, developmental or learning)? _____

Any other restrictions that might limit his/her ability to succeed in camp?

How does your child relate to his/her peers? Any problems that we should know about? Buddy preferences? _____

How many years has child attended camp? _____ How does he/she feel about attending? _____

Child's major interests or hobbies? _____

Are there any dietary restrictions that your child follows? _____

Do you have any other suggestions for your child's group leader that will help them work better with your child? _____

Signature: _____ Date: _____



MEDICATION DISBURSEMENT AUTHORIZATION

If your child is currently taking medication, please fill this section out. This would include aspirin, inhalers, cough syrup, and prescription medication. For the camper's protection, we can not allow staff to administer medication without this form. All medications must be in it's original container and be under the control of staff.

Camper's Name: _____ Camp Program: _____

Medical problem: _____ Medication: _____

Amount to be given: _____ When: _____

Comments or Instructions: _____

Photo Release: I hereby irrevocably consent to and authorize the use and reproduction by the YMCA, or anyone authorized by the YMCA, of any and all photographs which you have this day taken of my child, negative or positive, for any purpose whatsoever without compensation to me. All negatives and positives, together with the print shall constitute the YMCA's property, solely and completely.

Medical Release: I understand that the YMCA of San Francisco assumes no financial obligation for such treatment but, in the event that I cannot be reached for an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for and to order injections and emergency treatment for my child as named on this form.

I agree to and understand the following guidelines: If my child will not be attending the program, I will call the YMCA by 8:30 am and notify staff. I will sign my child in & out each day. I realize the on-site staff cannot accept payments at Summer Program Sites. Guardian's signature is required on the Photo Release and General Release of Liability in order for your child to participate in camp.

Signature: _____ Date: _____

MIDDLE SCHOOL PARENT CONSENT AGREEMENT

This section is for Middle School participants and their guardians only. The staff would like to advise the participants and their guardians of some rules to consider. Also, please indicate your wishes in regards to Middle School activities you would like your child involved with.

Independent Dismissal: As a part of the many Middle School progressive policies, some youth are allowed to sign themselves in and out of camp. We require parents' consent for this privilege.

- Yes, my child is able to sign him/herself in and out
- No, my child may not sign in or out

Movie Rating Authorization: In an effort to obtain maximum satisfaction from our campers, we will attend some feature films. All films viewed will have a rating no higher than PG-13. If you have concerns, please contact your child's camp director.

Discussion Consent: In the Middle School camp, time is spent discussing issues relevant to today's young people. We always hold these discussions in accordance with San Francisco Public Health Department guidelines. We do understand, however, that ultimately it is the guardian's choice as to whether their child should participate. Please contact camp director if you have concerns.

Independent Field Trip Supervision Consent: As a part of the Middle School progressive policies, youth are given the opportunity to break up into groups of four to explore what field trips have to offer independently of staff. Youth must adhere to strict check-ins with staff every 1 to 1½ hours or this privilege will be revoked.

- I have read the Independent Field Trip Consent and my child may participate in independent field trip supervision program while adhering to regular check-ins.

Middle School participants will be immediately expelled for the following reasons:

- | | | |
|-----------------------------------|-----------------------------|-----------------------------|
| Drinking/Possession of alcohol | Shoplifting/Stealing | Tobacco use |
| Failure to observe of set rules | Sexual Activities | Illegal Drugs |
| Lack of respect for camp property | Lack of respect for campers | Abusive or obscene language |

Signature: _____ Date: _____



AUTOMATIC PAYMENT AUTHORIZATION (OPTIONAL)

Summer can be a hectic time, would you like one less thing to have to remember? As a convenience for camp parents/guardians we are offering an automatic payment service for camp sessions.

TO ENROLL IN AUTO PAY:

- Simply complete and sign this form to securely place your credit card information on file
- Pay the deposit for each camp session when you enroll your child
- Make as many additional partial payments as you prefer in the months before camp
- Your credit card will be charged automatically for any outstanding balance for camp sessions per the schedule below:

Session	Start Date	Charged Between
Session 1	May 31	May 9–May 13
Session 2	June 6	May 16–May 20
Session 3	June 13	May 23–May 27
Session 4	June 20	May 30–June 3
Session 5	June 27	June 6–June 10
Session 6	July 5	June 13–June 17

Session	Start Date	Charged Between
Session 7	July 11	June 20–June 24
Session 8	July 18	June 27–July 1
Session 9	July 25	July 5–July 8
Session 10	August 1	July 11–July 15
Session 11	August 8	July 18–July 24

New! For your additional convenience we are offering an Advance Payment option to complement our Automatic Payment option. The Advance Payment service provides you the opportunity to prepay your camp sessions so that you can spread your camp payments over a longer period of time.

TO MAKE ADDITIONAL ADVANCE PAYMENTS:

- Simply indicate the amount you would like to pay according to the schedule below
- Any remaining balance will be charged using the automatic payment schedule above

Amount To Charge My Credit Card	Credit Card Will Be Charged Between
\$	March 7–March 11
\$	March 21–March 25
\$	April 4–April 8
\$	April 18–April 22
\$	May 2–May 6

I authorize the Embarcadero YMCA to charge my credit card for camp sessions that my child is enrolled in and have an outstanding balance as of the scheduled payment date (listed above). I acknowledge that it is my responsibility to cancel camp sessions in accordance with the Embarcadero YMCA's cancellation policy.

Printed Name: _____

Signature: _____ Date: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Parent/Guardian Name: _____ Camper Name: _____

Name On Credit Card: _____

Type Of Card (Check One): Visa MC AMEX

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____ Zip Code: _____



CANCELLATION FORM

For the cancellation and/or refund to be processed, you must read and initial ALL of the following:

I understand that refunds/credits cannot be considered unless submitted in writing.

THIS FORM MAY BE SUBMITTED VIA

- Email to Katie Keers at ckeers@ymcasf.org
- U.S. Mail to:
Embarcadero YMCA Summer Camp
169 Stuart Street, San Francisco CA 94105
- Fax to 415 957 1260

_____ I understand that the refund or credit amount is determined by the date this form is received at the branch. The postmark, email date or fax "timestamp" serve as the refund request date:

- When a request is received **four or more** weeks before the requested day(s) of cancellation, a refund for 100% of the daily camp fee(s) will be issued (minus the \$40 non-refundable deposit)
- When a request is received **three week** before the requested day(s) of cancellation, a refund for 50% of the daily camp fee(s) will be issued; you must pay the entire remaining outstanding balance (minus the \$40 non-refundable deposit)
- When a request is received **less than three week** before the requested day(s) of cancellation, **no refund can be issued; you must pay the entire remaining outstanding balance**

_____ I understand that refund requests due to medical reasons must be accompanied by physician documentation

_____ I understand that, if approved, my refund will be processed within 10 business days. If I paid by credit card the refund will be applied to my credit card otherwise I will receive a check

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Parent/Guardian Name: _____

Camper Name: _____

Facility Program Member # _____

Program (Check One): Pioneers (K-1) Adventurers (2-3) Specialty Camp (6-8) indicate amount: _____

Explorers (4-5) Middle School (6-8)

Session Date(s): _____

Cancellation Reason: _____

I would like a: Refund Credit Applied To My YMCA Account

Credit Card #: _____ Exp Date: _____

OFFICE USE ONLY				
Date Received:				
Approved By:	Received Via:	Email	U.S. Mail	Fax
Credit/Refund%	Credit/Refund Amount: \$			
Credit/Refund Issue Date				