



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

SUMMER FUN FOR EVERYONE!

**Summer Camp 2012
Parent Handbook and Registration Packet**

CHANNEL ISLANDS YMCA
serving Santa Barbara and Ventura counties

IT'S NOT JUST KIDS STUFF

The Y is a diverse organization of men, women and children joined together by a shared commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility.

We bring men, women, and children – just like you together – and our shared commitment to our communities ensures the opportunities to learn, grow, and thrive that we create for all are ones that endure.

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CHANNEL ISLANDS YMCA MISSION STATEMENT

The Channel Islands YMCA is a charitable organization providing programs based upon Christian principles to men, women, and children of all ages, races, religious beliefs, and economic status, to develop and enrich the spirit, mind, and body.

CAMP PROGRAM GOALS

The Channel Islands YMCA Camp Program is designed to allow your child the chance to become an integral part of a small group of children as they learn new skills, develop lasting friendships, and pursue the YMCA mission of healthy body, mind, and spirit. In particular, YMCA Summer Camps strive:

- To provide an emotionally and physically safe environment.
- To help children build and develop feelings of self worth and appreciation of other people, through Christian values.
- To allow children to experience activities in nature, contributing to constructive and enjoyable use of leisure time throughout life.
- To establish behavior guidelines and discipline acceptable to all campers and staff.
- To help children learn and develop physical fitness and team cooperation through exposure to various sports and games.
- To provide a forum for the exploration of creativity and imagination through participation in arts, crafts, and cultural activities.

FINANCIAL ASSISTANCE

Our programs and services are available to everyone regardless of ability to pay. OPEN DOORS, the Channel Islands YMCA financial assistance program, uses a sliding fee scale designed to meet financial needs of most families and individuals. People of all ages, backgrounds, abilities and incomes need assistance at different times in their lives; anyone can apply for OPEN DOORS Financial Assistance. If we can serve you or your family in this way please complete the Financial Assistance Application available online at ciymca.org or visit any of our local YMCA branches.

Financial assistance is available through the generous support of the William and Lottie Daniel Child Care Scholarship Fund, The Orfaea Fund of the Santa Barbara Foundation, The Wood-Claeysens Foundation and through contributions to our annual Campaign for Youth and Families.

FOUR CORE VALUES

The Four Core Values were introduced by the YMCA of the USA in the mid 1990's. These assets were put in place in order to teach children the difference between right and wrong. We stress the high importance of these values everyday in all of our camps.

Honesty: Being honest, dependable & loyal.

Respect: Living the Golden Rule, accepting others, showing courtesy and manners.

Responsibility: Being accountable, doing one's best.

Caring: Being kind, compassionate & understanding, showing love and charity to others.

40 DEVELOPMENTAL ASSETS

The YMCA uses the Search Institute's 40 Developmental Asset Model to measure the success of our youth and teen programs. Through extensive research The Search Institute of Minneapolis has identified 40 positive experiences and qualities, called "developmental assets", that all youth and teens need to become healthy, contributing adults - assets like having adult role models, be held to high expectations, and being safe. Ideally all youth and teens should experience at least 31 of the 40 developmental assets; however, current national studies show that most experience less than twenty. YMCA programs are designed to help fill the gap and give youth and teens the assets they need to succeed. For more info: Search-institute.org.

LETS MOVE! INITIATIVE

Positioning the YMCA as an important partner in preventing chronic disease throughout the nation, Y-USA garners the support of high-ranking government officials. In 2010, First Lady Michelle Obama chose the YMCA as the venue to launch the pillars of her "Let's Move" campaign against childhood obesity. The initiative is designed to help fight childhood obesity and educate the children and families of today. The goal is that all children born today will lead healthy lives and be able to pursue their dreams. For more information please visit the website at www.letsmove.gov.

MEMBERSHIP AT THE Y

The Y is a membership based organization. At the Santa Barbara Family YMCA there are two ways you can be a member of our community.

Facility Members: Become a member of the Santa Barbara Family YMCA today, get full facility access, child care while you work out, and take advantage of special member pricing on swim lessons, specialty classes, sports, and summer camps!!!

Program Members: As a Y-Program Member, you can sign up for a specific class or activity you choose at a designated fee. Y-Program Members can only participate in those activities for which they are enrolled and do not have facility use privileges except for on special occasions. Please visit the Welcome Center for program membership pricing.

ENROLLMENT AND REGISTRATION

Registration: All registration forms must be completed in full 2 weeks prior to the session/week in which you wish to enroll your child. Space is limited and is available on a first come, first serve basis. Children who are not registered and brought to camp **will not** be admitted to camp until all forms are complete and camp is paid in full.

PAYMENT POLICY

A **non-refundable** deposit of \$20 is required for each week/session of camp you wish to register your child. Remaining fees (minus the deposit) are due two weeks prior to the start of each session. Failure to pay on time will result in loss of space and deposit.

CANCELLATIONS/CHANGE

A two week **written** notice is required to discontinue enrollment in the program or to make a schedule change. Deposits are non-refundable. We can accommodate schedule changes on a space availability basis. If no notice is received for a change or withdrawal, one week's camp fees will be charged.

CREDIT, REFUNDS, NON-SUFFICIENT CHECKS

Refunds, not including deposits, will be issued only with approval from the Associate Executive Director and when two weeks **written notice** is provided. Refunds are processed through our Association Office and usually take 4-6 weeks for processing.

There is a \$20 service fee applied on all checks returned for any reason. Cash or a replacement check and a \$20 service fee must be paid before your child may return to camp.

BILLING & Electronic Funds Transfer (EFT)

CALENDAR : CAMP 2012

Session/Dates	Due Date	EFT Date
1: 6/11-15	5/28	5/20
2: 6/18-22	6/4	5/20
3: 6/25-29	6/11	6/6
4: 7/2-7/6	6/18	6/6
5: 7/9-13	6/25	6/20
6: 7/16-20	7/2	6/20
7: 7/23-27	7/9	7/6
8: 7/30-8/3	7/16	7/6
9: 8/3-10	7/23	7/20
10: 8/13-17	7/30	7/20
11: 8/20-24	8/6	8/6

DAILY SCHEDULES

Day Camp

9:00 - 9:45 am	Celebration
9:45 am - 12:00 pm	Travel to fieldtrips or games, crafts, etc.
12:00-1:00 pm	Lunch
1:00 - 4:00 pm	Swim, camp games, or return from fieldtrips
4:00 - 5:00 pm	PM Snack/Celebration
5:00 - 6:00 pm	PM Extended Care

Sports Camp

9:00 - 9:30 am	AM Assembly
9:30 - 10:00 am	Warm Up
10:00-10:30 am	Snack
10:30 - 12:00 pm	Teaching Points
12:00 - 1:00 pm	Swimming
1:00 - 2:00 pm	Lunch
2:00 - 3:45 pm	Sports Activities
3:45 - 4:00 pm	Dismissal

Specialty Camp*

9:00 - 9:15 am	Intros/Announcements
9:15 - 11:00 am	Rotation of "Specialty"
11:00-11:30 am	Snack/outside play
11:30-1:00 pm	Rotation of "Specialty"
1:00 - 1:30 pm	Lunch/outside play
1:30 - 3:00 pm	Rotation of "Specialty"
3:00 pm	Dismissal

*Each Friday of Specialty Camp there will be a camp performance at 3:00 pm. parents/family members are invited.

EXTENDED CARE

*Extended care is from 7:00 - 9:00 am for a \$45/week charge.

5:00 - 6:00 pm is included in Day Camp.

*Care after 3:00pm for Specialty Camps is not available.

RATIO

Counselor to camper ratio is:

1:6	4-6 years
1:8	6-8 years
1:10	9-14 years

Campers will rotate among daily activities as small groups and participate in fieldtrips as a whole. A minimum of two staff members are required to be present in camp at all times.

SWIMMING

All Day and Sports campers will be given the opportunity to swim in the YMCA pool at least once a week (Specialty Camp does not swim). Day camps will be taking a weekly fieldtrip to local beaches. Take note of the weekly calendars to know when to send your child with their swimsuit and towel.

Each time a new session/week begins all new campers will be given a swim test. Only those who pass the swim test will be allowed in deep areas. All campers are allowed in the shallow end. Floatation devices will be provided at the YMCA pool for children who cannot demonstrate the ability to swim. Alternate activities will be provided for children who do not wish to swim. Floatation devices will be used by ALL children and staff in watercraft activities (i.e. boating or kayaking).

BEACH

We only visit beaches where lifeguards are on duty. At the beach, campers may go into the water up to their waist.

Campers may be permitted to bring boogie boards on beach days, but are responsible for the care of their belongings. Skim boards and surf boards will not be permitted at camp.

SUNSCREEN

Please apply sunscreen to your child prior to sending them to camp. By requiring families to apply sunscreen prior to camp the Channel Islands YMCA can avoid the possibility of an allergic reaction. In order to avoid a reaction we require that all children bring their own sunscreen to camp. The YMCA's sunscreen will only be used in emergencies.

FIELDTRIPS

Our Summer Camp Program includes fieldtrips that require either walking or bus transportation. The YMCA has been successfully taking children on fieldtrips for many years. Fieldtrips are carefully planned and at no time will any child be left unsupervised. Camp Directors keep all campers emergency information with them at all times.

Day campers will go on two fieldtrips a week. One will be to a local beach or park, the other to a local attraction: Zodo's, Boomers, water parks, and more. Specialty and Sports Camps will be taking minimal fieldtrips based on weekly activities. Check the weekly calendars for more details.

There is no alternative child care provided for children who do not wish to participate in trips.

TRANSPORTATION

We use school buses provided by Santa Barbara Transportation, which provides experienced, state-licensed drivers. At no time are YMCA staff members permitted to transport children in personal vehicles.

Walking fieldtrips: Campers will be expected to abide by all traffic rules and stay in a straight line while in route, with counselors dispersed throughout.

BUS BEHAVIOR

All campers are expected to follow these rules:

- Always listen to the bus driver
- Campers must remain seated and facing forward until a counselor excuses them
- Keep hands to yourself and feet on the floor, not in the aisles or window
- Use quiet voices on bus
- No eating or drinking on the bus

Campers who do not follow the bus rules may be denied the privilege of attending fieldtrips.

LUNCH AND SNACKS

The YMCA will provide campers with a healthy afternoon snack. This snack is not a meal. Our typical snacks include: granola bars, fruit, cheese, crackers, yogurt, etc. An occasional dessert may be served as a special treat.

Campers must bring a morning snack and lunch every day to camp. **Do not send food that needs to be refrigerated or heated.** Avoid sending perishable food unless precautions are taken (blue ice, frozen drinks). Extra fruit and drink are recommended in hot weather. Water will always be available to campers.

If your child comes to camp with an unacceptable item it will be left in their lunchbox to be taken home.

ABSENTEEISM

Campers are to be signed in to camp by 9:00 am each morning. If your child will be absent from camp please contact the appropriate Camp Director to inform them of the absence by 9:00 am. Camp personnel will attempt to contact parents, guardians or emergency contacts if child is not signed in as expected.

LATE PICK UP

Late pick-up fees will be charged for each child picked up after closing time.

Specialty Camps	3:00 PM
Sports Camps	4:00 PM
Day Camps	6:00 PM

Payment must be received upon pick up. Late fees are charged at a rate of \$5 for every five minutes or portion thereof. Chronic late pick-ups will be grounds for dismissal.

PARENT RESPONSIBILITIES

The YMCA recognizes that parents are the most important people in a child's life. We believe parents are #1 in importance, they are also #1 in the ability to influence and motivate their children. We welcome your advice, participation and support. If you have an issue, concern or question please speak with the Camp Director. If they are unable to meet your needs, please contact the Program Director.

Your Responsibilities:

- You are responsible for your child upon arrival to camp until he/she has been signed in and acknowledged by a staff member. **Your child may not be signed in before the start of camp.**
- All campers must be signed in/out each day with a full legal signature from an adult (at least 18 yrs of age). Campers will only be released to persons listed on the registration form. To ensure safety, all adults must show valid **photo I.D.** when dropping off and picking up children.
- California's law requires children age 8 or under who are less than 4'9" in height to be secured in a rear seat in a child passenger restraint system. If you are seen taking a child that requires the use of a car seat, but do not have one, you or the person picking up your child will not be allowed to take him/her home.
- Payment for camp is **due two weeks prior to start date of session.** Failure to do so will result in a loss of registration and/or deposit.
- Review the camp "Code of Conduct" and transportation rules with your child.
- **Updated personal information:** Providing updated information to the Y is the responsibility of the parent and must be made immediately at the time of change.

Parents are also encouraged to participate in our many volunteer opportunities. From advisory boards to campaigners, the YMCA depends on the support of its volunteers. Contact the Camp Director for more information on ways in which you can volunteer.

PARKING

Drop-off/pick-up for Summer Camp is at the gate to the right of the YMCA parking lot (by the preschool playground). At drop-off/pick-up times the parking lot can be highly concentrated, as many members are making use of our facility as well. **Please park in designated stalls.** Vehicles that do not park in appropriate spots are subject to towing and will be responsible for any fees incurred. Remember to set a good example for our children.

WHAT TO SEND WITH YOUR CHILD

Campers should wear comfortable, closed-toe shoes (**not crocs**), and play clothes. Sandals are permitted only at the beach. On fieldtrips, campers must wear their **2012 Y Camp t-shirt**. We encourage children to bring an additional shirt for beach days that can be worn to avoid sunburn. One free camp t-shirt will be given to each child enrolled in Day Camp or Sports Camps. Additional shirts may be purchased for \$10 each.

Send your child with the following **labeled** items daily

Healthy morning snack and sack lunch
Backpack
Sunscreen
Swimsuit and towel (on beach/swim days)
Hat
Reusable water bottle

The following items are **NOT** permitted at camp:

Fast Food or Soda
Candy (including chocolate) or gum
Toys/Electronics (iPod, cellphone, PSP, etc)
Trading cards (i.e. Pokemon)

If brought to camp these items will be kept in the Program Director's office until parents pick them up.

SUMMER CAMP STAFF

The Summer Camp Program operates under direct supervision of the Associate Executive Director. Each camp is led by a Camp Director, whose responsibility is the operation of that particular program, including but not limited to the supervision of children and counselors, program planning and implementation, communication and parent relations.

Most of our staff are college students with sports, recreation, or education backgrounds. All have cleared fingerprint clearance and are certified in CPR, AED, First-Aid, and Child Abuse Prevention. They have had a successful experience working with children, have been trained by YMCA Directors and are looking forward to getting to know your family.

BABYSITTING

YMCA staff shall not socialize with children enrolled in YMCA programs outside of approved YMCA activities, **including babysitting or transporting children.** Immediate disciplinary action will be taken by the YMCA toward YMCA staff if a violation is discovered. **PLEASE DO NOT ASK STAFF TO BABYSIT!**

HEALTH AND SAFETY

The Emergency Health/Information History Form must be completed on each camper and returned prior to the start date of a session/week. We are currently accredited through the American Camping Association. **Dates for immunizations are now required.** (If for religious reasons, you cannot provide this information, contact the camp for a waiver. This must be signed before attending camp). Both pages of the Emergency/Health Information History Form will need to be completed in full in order for your child to attend Camp at the Channel Islands YMCA.

Safety is our primary concern. We strongly enforce safety rules for all campers. We believe in the positive reinforcement approach and work very hard with campers to teach safety at all times. All Camp staff is CPR, AED, and First-Aid Certified and asked to only give care within the scope of their training.

If your child is injured or ill at camp, we will take whatever steps are necessary to provide appropriate care. These steps may include but are not limited to:

- A. Attempting to contact parents.
- B. Attempting to contact persons named as emergency contacts on the Emergency/Health Information History Form.
- C. Summoning 911/emergency care
- D. Assigning a counselor or a designated person to go with the child to the hospital or medical facilities, if a child is sent.

Special needs, allergies, or behavioral concerns should be reported to the camp director prior to the start date at camp so that adequate and appropriate preparation and care can be provided for each camper.

MEDICATION

A Medication Authorization Form must be completed and signed by the parent or guardian in order for any medication to be administered. Medication must be brought to staff in its original prescription labeled container. The label must clearly identify the child's name, doctor, date, prescription name and dosage. Children are NOT allowed to dose medication themselves—all medicine (including inhalers) must be given to the camp staff. **Please note:** The Channel Islands YMCA does not provide medical or hospital insurance for medical costs incurred by the individual or immediate family as a member of the YMCA or a participant of any of its activities. Therefore, any costs incurred for such treatment will be the responsibility of the individual family.

ILLNESS

If your child is ill and will not attend the Summer Camp Program, please call the appropriate Camp Director by 9:00 am to inform us of the absence. If your child becomes ill while in our care, a parent will be contacted and asked to pick up their child immediately. The child will be isolated, within sight and hearing of staff, until the parent arrives. If the parent cannot be reached, the staff will phone the emergency contact person(s) listed on the child's enrollment form. The YMCA is not licensed to provide care for sick children.

Camp Staff have the authority to ask a parent to remove their child from the program, if that child appears ill or their health is judged to be detrimental to the other children and staff. Parents or emergency contacts are required to pick up the ill child within one hour of being contacted.

Children exhibiting the following symptoms may not attend the program:

- Severe pain
- Temperature over 100 degrees
- Diarrhea or blood in urine
- Swollen joints
- Jaundiced skin, yellow eyes or red eyes with discharge
- Visibly enlarged lymph nodes
- 2 or more episodes of vomiting in 24 hours
- Infected/untreated skin patches or rash lasting more than one day
- Evidence of head lice or nits

INJURIES

Injuries will be treated as needed: washing, applying Band-Aids or ice packs. Parents will be notified upon pick up, and given an "Ouch Report" explaining the details. In accordance with sanitation and state regulations, YMCA staff cannot administer any cream ointment or anti-bacterial solutions. Parents will be contacted immediately in the case of more serious injuries, in which medical attention is needed.

CHILDREN WITH SPECIAL NEEDS

Channel Islands YMCA will accept children with special needs into our programs and makes a reasonable effort to accommodate the child without fundamentally altering the child care program. The Channel Islands YMCA provides group child care and is not able to provide personal assistants for children with special needs. If a child needs an aide please contact the Camp Director for directions in placing an assistant in our program to aide your child.

BEHAVIOR AND DISCIPLINE

It is the goal of our YMCA to provide a healthy, safe and secure environment for all Summer Camp participants. Children attending Summer Camp are expected to exhibit Character Counts values, follow basic behavior guidelines and to interact appropriately in a group setting.

Discipline is viewed by our staff as a teaching opportunity. Our goal is to teach children the kind of self-control that results in appropriate, cooperative behavior.

Redirection is the first logical step to behavior management. Should a problem persist, natural consequences and removal from the activity will be used as a form of discipline. In the event that chronic behavior problems develop, incidents will be documented and communicated to the parent.

The following behaviors are unacceptable and may result in the immediate suspension of a child for the remainder of the current day and/or further time period:

- Endangering or threatening to endanger the health and safety of others, self, children, staff or volunteers.
- Stealing or damaging YMCA, host site, or personal property.
- Leaving the program or boundaries as set by staff without permission.
- Continuous disruption of the program
- Refusal to follow the behavior guidelines of the program.
- Using profanity, vulgarity or obscenities
- Acting in a lewd manner

While the fore mentioned is the general outline of our behavior procedures, the YMCA reserves the right to ask parents to find alternative arrangements for their child without prior notification, as deemed necessary for the safety of staff and/or program participants, not limited to the fore mentioned behaviors.

Immediate expulsion may occur if a child is in possession of and/or using tobacco, alcohol, illegal drugs, firearms, knives, explosives or any other weapon.

At no time will swearing, abusive language or physical violence be allowed by children, staff, volunteers or parents. In addition, the YMCA strictly enforces all rules and regulations set by the local school or host sites.

EMERGENCY/NATURAL DISASTER PLAN

In the event a natural disaster occurs, our goal is to keep children safe and calm. The Camp Staff will determine the safest plan of action. The Camp Director will always keep the campers emergency information with them at all times.

Our designated area of safety for Camp in the event we need to evacuate the facility is the grass field in our back lot, located by Hope Avenue

You may want to consider making arrangements for a friend or relative who works or lives close to the YMCA to pick up your child in case of a disaster. Their names must be included on the emergency contact list on your Emergency/Health Information Form. Remember, they must have a Photo ID and they must be at least 18 years old. It is also a good idea to have an out of state contact to call in case of a natural disaster. Often out of state phone lines are still active in the event of a local disaster. Remember, making plans prior to emergencies can expedite the safe release of your child

Camp closure due to a natural disaster is at the discretion of the Associate Executive Director, or the Executive Director. If questionable situations arrive, please call the Santa Barbara Family YMCA at 805.687.7720.

No credits will be given for absences due to trips, holidays, vacations, disasters, emergencies, or days we are scheduled to be closed.

AGE GROUPS

Campers will be divided into the following groups based on the grade they are entering in Fall 2012.

Day Camp

Pioneers	1 st – 3 rd gr
Explorer	4 th – 6 th gr
Jr. High	7 th – 9 th gr

Specialty Camp

2nd – 8th gr

Sports Camp

Rookies	1 st – 3 rd gr
Champs	4 th – 6 th gr
Winners	7 th – 8 th gr

LOST AND FOUND

The Channel Islands YMCA assumes no responsibility for lost or stolen items. Please label all belongings with permanent marker. If something is misplaced, check the camps lost and found area. Please leave all toys and games at home. Unclaimed and found articles will be discarded at the end of each week.

FAMILY NIGHTS

Special family nights are scheduled during the summer to provide the whole family with the opportunity to visit our program. We encourage all parents to attend to meet the staff, their children's new friends, enjoy the potluck dinner, and participate in family activities. Details will be provided at the parent table.

PHOTO RELEASE

The Channel Islands YMCA may take photos, videos or sound recordings of your children in our child care programs. We often use them for crafts or projects. The YMCA is not required to contact you regarding using photos.

AMERICAN CAMPING ASSOCIATION (ACA) ACCREDITATION

The Channel Islands YMCA Camps are all ACA Accredited Programs. ACA-Accredited® camps meeting up to 300 standards for health, safety, and program quality. The American Camp Association is a community of camp professionals who, for nearly 100 years, have joined together to share our knowledge and experience and to ensure the quality of camp programs.

As a leading authority in child development, ACA works to preserve, promote, and improve the camp experience. Our association is committed to helping our members and all camps provide:

- A commitment to a safe and nurturing environment
- Caring, competent adult role models
- Healthy, developmentally-appropriate experiences
- Service to the community and the natural world
- Opportunities for leadership and personal growth
- Discovery, experiential education, and learning opportunities
- Excellence and continuous self-improvement

For more information visit ACAamps.org



WEEKLY CALENDARS

Activity calendars for day and specialty camps will be available for each session of camp and passed out on the first day of each session. The calendars include pertinent information for the week: contact info, fieldtrip destinations, swimming days, special events, etc. Calendars are typically available two weeks prior to camp online at ciymca.org.

PROGRAM CONCERNS OR QUESTIONS

The YMCA encourages constant communication between parents, staff and children to assure everyone's needs are being met. If you should ever have a problem, concern or question, we encourage you to ask your Summer Camp staff. Should they not be able to meet your needs, please contact the Program Director at the main YMCA facility. It is through your input that we are better able to meet the needs of the community and enhance the quality of our programs.

CAMP LOCATIONS

Select Specialty Camps (Amazing Artists, Clay Construction, Amazing Accessories, Crafty Corner, and Extreme Science)

Hope Elementary YMCA
3970 La Colina, SB 93105
805.563.9912
DSS License # 426206158

Drop off is up the ramp at the end of the Hope Elementary School parking lot, past the black gate, and to the left side.

Sports Camp, Pioneer, Explorer, Jr. High Camp, and select Specialty Camps (Ballet, Hip Hop/Jazz, Cooking Creations, Splash Week, Baking Basics, and Dance-variety)

Santa Barbara Family YMCA
36 Hitchcock Way
805.687.7720

Drop off/pick up is to the right of the YMCA parking lot by the preschool playground (before 9:00 am & after 5:00 pm).

THANK YOU!

We are happy that you have selected the Santa Barbara Family YMCA Summer Camp Program for your child. We offer days filled with happiness, wonderful activities and educational fun. We thank you for sharing your child with us.



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

CHANNEL ISLANDS YMCA

serving Santa Barbara and Ventura counties

805.898.YMCA

CAMARILLO FAMILY YMCA	484.0423
LOMPOC FAMILY YMCA	736.3483
MONTECITO FAMILY YMCA	969.3288
SANTA BARBARA FAMILY YMCA	687.7720
STUART C. GILDRED FAMILY YMCA	686.2037
VENTURA FAMILY YMCA	642.2131

ciymca.org

SUMMER CAMP REGISTRATION PACKET

Child's Name: _____ Grade (Fall '12): _____ Parent's Name: _____

	CAMPS			
SESSION/DATES	DAY	SPORTS	SPECIALTY	EXT CARE
1: June 11-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2: June 18-22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3: June 25-29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4: July 2-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5: July 9-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6: July 16-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7: July 23-27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8: Jul 30 -Aug 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9: Aug 6-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10: Aug 13-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11: Aug 20-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*I understand that a \$20 deposit for each week of camp, and full payment for Extended Care is due upon registration. Final payments are due two weeks before each session's start date (see calendar in parent handbook). Failure to complete payment on time will result in a possible loss of registration and deposit.



 Parent Signature

 Date

For Office Use: Mem # _____ Payment:\$ _____ Date: __/__/12 Initial: _____ Copy: _____ Letter: _____
--

EMERGENCY/HEALTH INFORMATION HISTORY FORM

General Information (Please print)

Child's Name: _____ Age _____ M ___ F ___ Grade in Sept 2012 _____

Address: _____ City _____ Zip _____

Home Phone: _____ School: _____ Birthday: ____/____/____

Father's Name: _____ Father's Birthday: ____/____/____

Father's Work Phone: _____ Father's Cell Phone _____

Father's E-Mail Address: _____

Mother's Name: _____ Mother's Birthday: ____/____/____

Mother's Work Phone _____ Mother's Cell Phone : _____

Mother's E-Mail Address: _____

Child lives with _____ Relationship _____

Please attach copies of any legal documentation regarding non-custodial parents

Health Information

Has your child had any serious or severe illnesses or accidents in the last 3 years? Yes No

If yes, explain _____

Does the child take any medication during the day? Yes No

If yes, **Medication Release Form is required*** Please list medications: _____

Allergies? Yes No If yes, list: _____

Special needs or fears? Yes No If yes, explain: _____

Physician: _____ Phone: _____

Dentist : _____ Phone: _____

Insurance Co: _____ Group #: _____

*Medication Release Form can be found at the Welcome Center

Emergency Contacts/ Authorized Pick-Up (In addition to Parents)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I hereby give permission to Channel Islands YMCA and it's employees and volunteers to release any and all of the above health history to any medical personnel rendering emergency medical aid or treatment to my child.

Parent's or Legal Guardian's Signature:  _____ Date: _____

Restrictions: (The following restrictions apply to this individual)

Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs Other

Please Describe: _____

Explain any restrictions to activity (i.e., what cannot be done, what adaptations or limitations are necessary) _____

General Questions: (Explain "yes" answers below)

Has/does the participant:

- | | | | |
|--|--|---|--|
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Ever had problems with joints (i.e. knees, ankles)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have an orthodontic appliance being bought to camp? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems (i.e., itching, rash, acne)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have frequent headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Have Diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Ever had a head injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Have Asthma? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Ever been knocked unconscious? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 22. Have mononucleosis in the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Wear glasses, contacts or protective eye wear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Have problems with diarrhea or constipation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Ever had frequent ear infections? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 24. Have problems with sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Ever passed out during or after exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 25. If female, have an abnormal menstrual history? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Ever been dizzy during or after exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 26. Have a history of bed wetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Ever had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 27. Ever had an eating disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Ever had chest pain during or after exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 28. Ever had emotional difficulties for which professional help was sought? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Ever had high blood pressure? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 15. Ever been diagnosed with a heart murmur? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please explain any "yes" answers, noting the number of the question(s): _____

Which of the following has the participant had?

- Measles
- Chicken Pox
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C


Please give all dates of immunization for:

Vaccine:	Dates	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		___	___	___	___	___
TD (tetanus/diphtheria)		___	___	___	___	___
Tetanus		___	___	___	___	___
Polio		___	___			
MMR		___	___			
or Measles		___	___			
or Mumps		___	___			
or Rubella		___	___			
Haemophilus Influenza B		___	___	___	___	___
Hepatitis B		___	___	___		
Hepatitis A		___	___	___		
Varicella (Chicken Pox)		___	___			

TB Mantoux Test
 Date of last test _____
 Result: Positive Negative

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware: _____

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person herein described Has permission to engage in all camp activities except as noted. I hereby give permission to Channel Islands YMCA and it's employees and volunteers to release any and all of the above health history to any medical personnel rendering emergency medical aid or treatment to my child.

Signature of parent or guardian: 

If, for religious reasons, you cannot provide this information, contact camp for a waiver which must be signed before camp.

Walking Fieldtrip permission, Consent to Treatment and Release, Child's Health Statement, Photographic Release, and Insurance Disclaimer

Child's Name (Please Print) _____

PERMISSION FOR FIELDTRIPS, WALKING FIELDTRIPS, WALKING EXCURSIONS, AND USE OF PUBLIC PARK FACILITIES

I hereby give consent to the Channel Islands YMCA and its designated leaders to take the above named child on walking trips in the neighborhood, public park facilities, special excursions to places of interest in YMCA vans, buses, commercial vehicles, public transportation, or rented vans or buses, with the understanding that such trips are under supervision of authorized personnel of the YMCA and that all possible precautions are taken to insure the health and safety of my child.

Initial _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent [], domestic partner [], or authorized representative [], I hereby give consent to Channel Islands YMCA to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D) Osteopath (D.O.) or Dentist (D.D.S.) for the child named above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of a child named above.

Initial _____

CHILD'S HEALTH STATEMENT

I, the undersigned parent/legal guardian, understand that at a YMCA Camp Program and Child Care Program, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed on the Emergency/Health Information Form) from strenuous physical activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the Channel Islands YMCA of any restrictions on my child's activities.

Initial _____

PHOTOGRAPHIC RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give Channel Islands YMCA, its volunteers, employees and any other person and entity acting with its permission the right to take, copyright, use, and publish any photographs or video of the above named child for the purpose of any YMCA advertising, promotion, or other purpose consistent with the YMCA mission.

I agree that any such photograph or video is the property of the Channel Islands YMCA, and I hereby waive all rights thereto. I further waive any right to inspect or approve any printed or electronic material that may be used in conjunction with the photographs or video, or to approve the use to which the photographs or video may be applied.

Initial _____

INSURANCE DISCLAIMER

The Channel Islands YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participant's parents or guardians.

Initial _____

PARTICIPANT SWIM ABILITY ASSESSMENT FOR MINOR :

The YMCA program may include aquatic activities at a pool, beach or other location with water. Your initial below authorizes your child to participate in swimming activities.

Please check the box below with the description that most closely fits the participant.

- Type 1: Does not know how to swim or is uncomfortable or nervous around water. Cannot put their face in the water, hold their breath, right themselves or float.
- Type 2: Can hold their breath, fully submerge their head under water, right themselves, float unsupported for five (5) seconds, flutter kick and can turn over from front and back. Is uncomfortable in water over their head and is unable to propel themselves beyond ten (10) yards.
- Type 3: Comfortable in deep water, can demonstrate basic swimming stroke techniques with controlled breathing, can propel themselves twenty five (25) meters and tread water for two minutes.
- Type 4: Comfortable in deep water, can demonstrate advanced swimming stroke techniques with controlled breathing, can continuously propel themselves for a minimum of 100 meters, tread water for four (4) minutes and swim fifteen (15) meters under water.

Initial: _____

PERMISSION FOR AUTHORIZING USE OF SUNSCREEN:

I understand that providers now must have written permission from parents authorizing use of sunscreen and identifying the Sunscreen Brand and Sun Protection Factor (SPF) to be used on children. The Channel Islands YMCA is trying to avoid the possibility of an allergic reaction.

I hereby give consent to the Channel Islands YMCA and its designated leaders to apply sunscreen, which I have provided for my child during the YMCA program. The staff may use the brand provided by the Channel Islands YMCA in the event my child does not have their own sunscreen.

Sunscreen provided by parent: (brand) _____ SPF: _____

Sunscreen provided by YMCA: (brand) Rocky Mountain Sunscreen SPF: 35

I understand that I am required to provide my sunscreen for my child and I authorize the YMCA Staff to directly apply the sunscreen to my child.

Initial: _____

CODE OF CONDUCT FOR ALL PARTICIPANTS:

By Submitting this application, you, for yourself or on behalf of your minor child, agree to abide by the policies and conditions of the Channel Islands YMCA Association "Code of Conduct." The "Code of Conduct" can be found at the front service center of your local YMCA.

Initial: _____

MANDATED REPORTING:

I understand that the YMCA staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Initial: _____

I HAVE READ AND AGREE TO THE ABOVE INFORMATION:

 _____

Parent or Legal Guardian's Signature

Date

Printed Name

CHANNEL ISLANDS YMCA

Branches:

**Camarillo – Lompoc – Montecito – Santa Barbara
Stuart C. Gildred – Ventura – Youth & Family Services**

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the YMCA.

I understand that YMCA staff are not allowed to babysit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.

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 either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have received a copy of the YMCA Handbook. I have read and understand the statements above and in the YMCA Handbook:

(Please check one)

**Preschool
Handbook**

**Afterschool
Handbook**

**Camp
Handbook**



Parent or Legal Guardian's Signature

Date

**CHANNEL ISLANDS YMCA
MEMBER/CHILDREN
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the premises, facilities, services and programs of the Channel Islands YMCA, YMCA, (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry onto the YMCA's facilities for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof; its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about YMCA's premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED' HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____

Print Name: _____

Signature of Applicant/Parent:  _____

Signature of other Adult: _____

Name of Child in Program: _____

Name of Child in Program: _____

Name of Child in Program: _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

EFT AUTHORIZATION FORM

MEMBERSHIP - PROGRAM - CAMP - CHILD CARE - DONATIONS

ACCOUNT HOLDER		
First Name	Last Name	Member Number

- | | | |
|--|--|--|
| <input type="checkbox"/> Santa Barbara Family YMCA | <input type="checkbox"/> Montecito Family YMCA | <input type="checkbox"/> Lompoc Family YMCA |
| <input type="checkbox"/> Ventura Family YMCA | <input type="checkbox"/> Camarillo Family YMCA | <input type="checkbox"/> Stuart C. Gildred Family YMCA |

BANK ACCOUNT OPTION	PLEASE CHECK ONE:	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
Routing Number (9 digits)	Account Number		

CREDIT CARD ACCOUNT OPTION	PLEASE CHECK ONE:	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER
Account Number	Expiration Date (MM/YYYY)				
Card Issuer / Bank					

Preferred day of monthly draft: 6th 20th

I hereby authorize the Channel Islands YMCA to initiate debits to the bank account/credit cards listed on this form. The YMCA processes payments to the bank on the 6th and 20th of every month (or next business day). If we are unable to debit your account for any reason, we will automatically redraft on our next scheduled draft date. Should electronic transfer of funds be denied, account holder will be charged a processing fee of \$20. Your Individual YMCA membership will automatically be adjusted at these specific ages: 19 and 66 years old. (Teen will auto upgrade to Adult, and Adult will upgrade to Senior). Please update the YMCA about any credit cards reported lost or stolen, expiration date changes and address changes. Updates must be received 10 days prior to the month of the draft to allow for processing time. The YMCA reserves the right to cancel/terminate any membership/program if a payment cannot be collected. Membership dues are collected within the current month of activity.

I acknowledge that there is a 30-day notice period before a cancellation is put into effect. Therefore I must provide 30 days' notice of cancellation by signing the appropriate cancellation form in person. I understand it is my responsibility to check my account for YMCA transactions. I will notify the YMCA within 60 days of the transaction date of any transaction that appears to be in error. The transaction will be investigated and corrected if necessary. I understand that I am agreeing to the terms listed in the cancellation policy of the Channel Islands YMCA.

Account Holder's Signature	Date
----------------------------	------

FOR OFFICE USE ONLY		
Date:	Activity:	Entered by: