



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HERE WHEN YOU NEED US

WINTER AND SPRING CAMP **Parent Handbook** **2011-2012**

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.

TABLE OF CONTENTS

Channel Islands Mission Statement	page 3
Financial Assistance	
Character Counts!	
40 Developmental Assets	
Food and Fun	
Licensing Information	
Child Care Staff	page 4
Babysitting	
Children with Special Needs	
Ratio	
Enrollment and Registration	
Fees and Payments	
Cancellations/Changes	
Arrival and Departure	
Late Pick-Up	
Daily Activities	page 5
Snack and Sack Lunches	
Injuries	
Illness	
Medication	
Lost and Found	page 6
Photo Release	
Emergency/Natural Disaster Plan	
Behavior and Discipline	
Sample Daily Schedule	page 7
Program Concerns and Questions	
Parent Involvement	
Winter and Spring Camp Dates/Rates	
Camp Location	
Thank You	
Registration Packet	pages 9-14

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.

FINANCIAL ASSISTANCE

The Channel Islands YMCA 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 Childcare 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.

CHARACTER COUNTS!

The Channel Islands YMCA promotes the Character Development Program designed by The Josephsen Institute. By implementing "Character Counts", we focus on Caring, Fairness, Respect, Responsibility, Trustworthiness, and Citizenship. The Child Care Staff will use these values in planning their curriculum. For more information visit charactercounts.org.

Trustworthiness: Being honest, dependable & loyal.

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

Responsibility: Being accountable, doing one's best.

Fairness: Playing by the rules, treating everyone fair & equal.

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

Citizenship: Respecting authority, obeying the rules, protecting the environment.

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 - "developmental assets" - that all youth and teens need to become healthy, contributing adults - assets like adult role model, high expectations, and safety. 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 20. **YMCA programs are designed to help fill the gap and give youth and teens the assets they need to succeed.** Search-institute.org.

FOOD AND FUN

"Food and Fun" is a curriculum provided by the Harvard Prevention Research Center for use in YMCA child care programs in order to educate children on nutrition and physical activity. It is a program designed to develop healthy habits out of school time. Through this program we aim to teach your children about effective healthy behaviors. For more information visit hsph.harvard.edu/prc.

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 ACAcamp.org

CHILD CARE STAFF

The child care program operates under direct supervision of the Childcare Program Director. Each camp will be overseen by a Camp Director, whose responsibility is the operation of that particular program, including but not limited to the supervision of children and staff, program planning and implementation, communication and parent relations. The Camp Directors are supported by additional staff based on the needs and size of the program.

The staff meet regulations set by the American Camping Association (ACA). 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 and 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!**

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 program director for directions in placing an assistant in our program to aide your child.

RATIO

Counselor to camper ratio is no larger than 1:6 in camps with children ages 4-6 years, 1:8 in camps with children 6-8 years, and 1:10 in camps with children 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.

ENROLLMENT AND REGISTRATION

Initial Registration: All registration forms must be complete in full prior to attendance. Registration forms can be returned to the Santa Barbara Family YMCA, 36 Hitchcock Way or one of our Afterschool Child Care sites at Hope or Monte Vista Elementary Schools. Space is limited and is available on a first come, first serve basis. **New registration forms are required, even if your child has been enrolled in another YMCA program.**

Updated Information: Providing updated information to the YMCA is the responsibility of the parent and must be made immediately at the time of change.

FEES AND PAYMENTS

All payments for camp must be made prior to the first day of camp. **If payment is not made your child may NOT be admitted to the program.**

CANCELLATIONS/CHANGES

A written notice is required to discontinue enrollment in the program or change in schedule.

ARRIVAL AND DEPARTURE

Each child must be signed in and out daily by a parent or authorized adult (YMCA staff) by 9:00 am. It is the parent's responsibility to provide the staff with a list of those authorized for pick-up. Only authorized persons may sign a child out.

No child will be released to an unknown adult without the individual showing proper identification. **It is important to be prepared to show ID on a daily basis.** Should an adult appear to be under the influence of alcohol or drugs when attempting to pick up a child, staff will take the necessary emergency procedures as outlined by the YMCA for the protection of the child and the family.

It is very important to notify the YMCA when your child will not be attending camp. If a child is expected and does not arrive by a designated time, staff will follow procedures for a lost child. Please save the staff the time, energy and concern by notifying the YMCA when a child will not be attending.

LATE PICK-UP

Late pick-up fees will be charged for each child picked up after closing time. 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. 4

DAILY ACTIVITIES

Program operates from 7:30 am until 6:00 pm and consist of (not necessarily in this order):

Snack: The YMCA provides a light, healthy snack twice a day. (We do not offer alternatives so please send extra snack for hungry/picky eaters)

Kids' Gym play: An indoor play area for children ages 5-12 which includes a Sportwall, climbing structure, basketball, mats to build and play on, and more.

Swimming: As part of camp we offer swimming at least once a week to each camper. We swim in our YMCA pool with certified lifeguards and provide personal floatation devices if necessary.

Group Activities: The children participate daily in a staff directed activity ranging from active group games to group quiet games to crafts and other special activities.

Kids Choice. Activities during free time ranged from playing in the gym or outside, crafts, drawing, puzzles, board games, toys, etc..

Occasionally, we will take local **field trips**. Parents will be informed about the details of the trip at the beginning of the week. Walking field trips may also be taken occasionally. Field trip examples: Museums, Bowling, UCSB Marine Lab, Library, Beach, etc.

SNACK AND SACK LUNCHES

The YMCA will provide two snacks daily. **Each child must bring their own sack lunch to camp.** We ask parents to provide a nutritionally balanced lunch that does NOT require refrigeration or heating. Please do not send the following items in your child's lunch: candy, gum, soda, Lunchables ®, or fast food.

Food Allergies/Food Preferences: The YMCA will do its best to provide children with a variety of snacks that are both nutritious and that children will enjoy. Should your child have a food allergy, one of the following will occur: the YMCA may provide a substitute snack based on current inventory or you may send your child with a snack that meets their particular needs. In addition, should your family have specific food preferences for your child, we encourage you to send a snack with your child, as the YMCA is not able to meet individual food preferences. If your child brings his/her own snack, it may only be eaten at designated snack time and may not require refrigeration or preparation.

INJURIES

All injuries will be treated as needed, including washing, applying Band-Aids or ice packs. Parents/Guardians will be notified upon pick up, and given an "ouch report" explaining the details and aid given. Please note, in accordance with sanitation and state regulations, YMCA staff cannot administer any cream ointment or anti-bacterial solutions. Parents/Guardians will be contacted immediately in the case of more serious injuries, in which medical attention is needed.

ILLNESS

If your child is ill and will not attend camp please call the YMCA by 9:00 am and inform the YMCA 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. Parents or emergency contacts are required to pick up the ill child within one hour of being contacted.

The child care 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.

Children exhibiting the following symptoms may not attend the program:

- Severe pain
- Temperature over 100
- Diarrhea
- 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 a 24 hours
- Infected/untreated skin patches or rash lasting more than one day
- Evidence of head lice or nits

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 site staff.

LOST AND FOUND

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

PHOTO RELEASE

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

EMERGENCY/NATURAL DISASTER PLAN

In the event a natural disaster occurs, our goal is to keep children safe and calm. The staff will determine the safest plan of action. The Site Supervisor will always keep the children's emergency information with them at all times.

Our two designated area of safety in the event we need to evacuate the facility are (1) the grass field located on the YMCA's campus (2) Kids Gym. 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.

Child Care closure due to a natural disaster is at the discretion of the Program Director, or the Executive Director. If questionable situations arise, please call the Santa Barbara Family YMCA at 805.687.7720.

NO CREDIT WILL BE GIVEN FOR ABSENCES DUE TO TRIPS, HOLIDAYS, VACATIONS, NATURAL DISASTERS/EMERGENCIES OR DAYS THAT WE ARE SCHEDULED TO BE CLOSED.

BEHAVIOR AND DISCIPLINE

It is the goal of our YMCA to provide a healthy, safe and secure environment for all Child Care participants. Children attending 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 before mentioned is the general outline of 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 before 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.

SAMPLE DAILY ACTIVITY SCHEUDLE

7:30 am – 9:00 am	Extended Care (drop off)
9:00 am – 9:30 am	Morning Celebration – intros, ice breakers, rules, etc
9:30 am – 10:00 am	Morning Snack
10:00 am – 12:00 pm	Group Rotations (Kids Gym, Art/Craft projects, sports, field games)
12:00 pm – 1:00 pm	LUNCH
1:00 pm – 2:00 pm	Swimming rotations
2:00 pm – 3:30 pm	Group Rotations
3:30 pm – 4:00 pm	Afternoon Snack
4:00 pm – 6:00 pm	Extended Care (pick up)

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 Child Care staff. Should they not be able to meet your needs, please contact Youth Care Program Coordinator at Santa Barbara Family YMCA. It is through your input that we are better able to meet the needs of the community and enhance the quality of our programs.

PARENT INVOLVEMENT

The YMCA recognizes that parents are the most important people in a child's life. Because 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. The YMCA allows for parent visitation at any time. In addition, parents are also encouraged to participate in our many volunteer opportunities. From advisory boards to campaigners, the YMCA recognizes the importance of volunteers. Contact the Program Director for more information on ways in which you can volunteer.

WINTER AND SPRING CAMP DATES/RATES

Camp	Dates	Rate/Week	Daily Rate
Winter Camp I	December 19-23	\$ 160	\$40
Winter Camp II	December 27-30	\$ 128	"
Spring Camp	March 26-30	\$ 160	"

CAMP LOCATION

The Santa Barbara Family YMCA operates the Winter and Spring Camp program out of one of our Afterschool Care sites.

CAMP LOCATION

Santa Barbara Family YMCA
36 Hitchcock Way
Santa Barbara, CA 93105

CONTACT: Janine Greenfield, Youth Care Program Coordinator
EMAIL: janine.greenfield@ciymca.org
PH: 805.687.7720 x256

THANK YOU!

We are happy that you have selected the Santa Barbara Family YMCA Holiday 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

Winter and Spring Camp Registration Form

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

Mother's Name: _____ Father's Name: _____

Please check off which camp you would like to enroll your child in:

Camp	Dates	Rate
<input type="checkbox"/> Winter Camp I	December 19-23, 2011	\$160
<input type="checkbox"/> Winter Camp II	December 27-30, 2011	\$128
<input type="checkbox"/> Spring Camp I	March 26-30, 2012	\$160
<input type="checkbox"/> Daily Rate*		\$40

*please list which days you will be sending your child: _____

\$_____ TOTAL DUE

Please read and initial below:

___ I understand that full payment is due prior to my child's attendance in camp

___ I understand that my child will not be admitted without payment and registration completed

___ All Camp days are held at: Santa Barbara Family YMCA

36 Hitchcock Way

Santa Barbara, CA 93105

___ Camp is held between 7:30 am and 6:00 pm.

Parent Signature

Date

For Office Use Only: Mem # _____ Payment: \$ _____ Date: ____/____/11 Initial: _____ Copy: _____ Letter: _____

EMERGENCY/HEALTH INFORMATION HISTORY FORM

General Information (Please print)

Child's Name: _____ Age _____ M ___ F ___ Grade in Sept 2011 _____

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: _____

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 Childcare 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

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



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

- Santa Barbara Family YMCA Montecito Family YMCA Lompoc Family YMCA
 Ventura Family YMCA Camarillo Family YMCA 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:

**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: _____

CHANNEL ISLANDS YMCA

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:

Parent or Legal Guardian's Signature

Date