



Adventure Camp Registration Form

PARTICIPANT INFORMATION

Participant Name:		Grade:	K	1st	2nd	3rd	4th	5th
Birthdate:	Gender:	Parent/Guardian:				Cell Phone:		
Home Phone:		Place of Employment:				Work Phone:		
Address:		Parent/Guardian:				Cell Phone:		
City, State, Zip:		Place of Employment:				Work Phone:		
Email:								

HEALTH HISTORY

Describe any medical conditions or behaviors that we should be aware of:

Describe any medications that the child takes regularly:

Known Allergies:

Details of Above Allergy:

Any specific activities to be encouraged or restricted:

Suggestions from parents:

MEDICAL RELEASE

HOSPITAL TO TRANSPORT TO IN CASE OF EMERGENCY:

PARENTS AUTHORIZATION: This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child as named above.

I hereby authorize the Missouri Valley Family YMCA to secure emergency medical treatment for my child under the following conditions: An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of the child and reasonable attempts to contact me have failed. I understand that the Missouri Valley Family YMCA does not carry medical, dental or eyeglass insurance and that I will be responsible for any medical charges my child may incur. I hereby release the Missouri Valley Family YMCA from any liability.

PARENT / GUARDIAN SIGNATURE

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACTS / AUTHORIZATION TO RELEASE CHILD (OTHER THAN PARENTS)

Unless otherwise authorized by you in writing, no one the parents listed above may pick up your child. List below any others you wish to authorize for this purpose or as an emergency contact in case of an emergency and you cannot be reached.

Name:	Home Phone:	Cell Phone:	Work Phone:
Name:	Home Phone:	Cell Phone:	Work Phone:

PHOTO RELEASE

- I hereby give the Missouri Valley Family YMCA, Bismarck, North Dakota, the absolute right and permission to take, copyright, use and publish photographs of or concerning my child, in whole, in part, or in composite, for the purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission.
- I agree that the photograph becomes the property of the Missouri Valley Family YMCA, Bismarck, North Dakota, and I waive all rights thereto.
- I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied.

FIELD TRIP PERMISSION

I hereby give my permission for my child to travel with the Missouri Valley Family YMCA while they are enrolled in Adventure Camp. When transportation is provided, the YMCA Youth Development Center will take every precaution to ensure the safety and well-being of its students.

CANCELLATION POLICY

- Cancellations must be made 1 week prior to camp to receive an in-house credit or refund.

LATE PICK UP FEES

- The YDC closes at 6:00pm daily and 3:00pm on New Year's Eve. Any children not picked up by the respective closing time will be charged \$1/minute for each minute a child remains after closing time. The late pick up fee will be charged the next business day to your billing method on file.

PARENT / GUARDIAN SIGNATURE

Parent/Guardian Signature: _____ Date: _____

PLEASE SIGN REVERSE SIDE

WAIVER OF LIABILITY

• IN CONSIDERATION of being permitted to utilize the facilities, services and programs of 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 the YMCA, the undersigned, for himself or herself 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 into the YMCA 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.

• 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 THE YMCA. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

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

2. 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 in, upon or about the YMCA 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.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee 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 the YMCA.

4. 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 North Dakota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

PARENT / GUARDIAN SIGNATURE

Parent/Guardian Signature: _____ Date: _____

Important Notes about the Following Form: CACFP (food program) Enrollment Form

There is no charge for meals provided while at Adventure Camp. The YDC receives state reimbursement for all meals served. This form helps determine what level of reimbursement is received.

- **Steps 1 and 4** are **REQUIRED** for all participants.

- **Steps 2 and 3** are **OPTIONAL** if you feel your family may qualify for Free/Reduced Meals.

STEP 1 REQUIRED – The parent / guardian must complete Parts 1 and 4. List ALL Children who attend day care

CHILD's	Last Name, First Name	Date of Birth	Time of Care		Regular Days of Care							Meals Served During Care					
			Approx Arrival Time	Approx Leave Time	M	T	W	T	F	S	B	L	Snack				

Check all that apply

Foster Child	Migrant	Head Start

PARENTS OF INFANTS Your child care center must offer at least one brand of formula if your child is on formula. You have the option of declining that brand and supplying your own formula. Children must be served breast milk or iron-fortified infant formula until they are one year of age. All other food items must be provided by your center when age-appropriate, consistent with CACFP guidelines.

My Choice of CACFP Infant Participation is:

I choose to supply expressed breast milk to my child care provider to serve at meal time.

I choose to accept the iron-fortified infant formula (brand: Gerber Good Start Gentle) that my child care center has offered.

My child care center has offered the following brand, Gerber Good Start Gentle. I have chosen to decline this brand and provide the formula for my infant.

STEP 2 Optional - Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:	Write only one case number in this space.
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STEP 3 Optional – Parent / guardian should fill out household income to determine the amount of CACFP funds the center will be eligible to receive. This form will be placed in our confidential files.

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	How often?								
\$	<table border="1" style="font-size: x-small;"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>Monthly</td> <td>Bi-Monthly</td> </tr> <tr> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> </tr> </table>	Weekly	Bi-Weekly	Monthly	Bi-Monthly	○	○	○	○
Weekly	Bi-Weekly	Monthly	Bi-Monthly						
○	○	○	○						

B. All Other Household Members (Including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Household Members not listed in Step 1 (Last Name, First Name)	Earnings from Work					Welfare/Child Support/Alimony				Pensions/Retirement/Social Security/SSI/VA Benefits					
	Weekly	Bi-Weekly	Monthly	2x/Month	Weekly	Bi-Weekly	Monthly	2x/Month	Weekly	Bi-Weekly	Monthly	2x/Month			
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				
	\$					\$					\$				

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

X	X	X									
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Check if no SSN

STEP 4 REQUIRED - Sign and date the application. The form must be signed by the parent or guardian.

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form	Signature of Adult	Today's Date
Address	City	State
	Zip	Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.
This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?	Household size	Categorial Eligibility <input type="checkbox"/>	Eligibility																		
<input type="text"/>	<table border="1"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>Monthly</td> <td>2xMonth</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Weekly	Bi-Weekly	Monthly	2xMonth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>		<table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date																	