

Camp AIM Registration Form

Parents, please complete this form if you are interested in registering your child(ren) for the Camp AIM. Once you complete the form, you will need to pay the \$50 deposit per kid. You can pay in person (cash/check), online, or via CashApp (\$yeainc2019). Once this registration form is completed, a AIM representative will reach out to you with details on how to proceed. Spaces are on a first come, first serve basis. In the event that all spots are taken, your child(ren) will be placed on a waiting list and you will be informed if and when spots open based on the order in which this form was received. If you have any immediate questions, please contact us at general@yea-inc.org.

* Required

1. Child Name *

Skip to question 2

Parent Contact Information

Please include the contact information for both parent/guardians, if possible.

2. Parent/Guardian #1 Name (First, Last) *

3. Parent/Guardian #1 Phone Number *

4. Parent/Guardian #1 Email Address *

5. Parent/Guardian #1 Home Address *

6. Parent/Guardian #2 Name (First, Last)

7. Parent/Guardian #2 Phone Number

8. Parent/Guardian #2 Email Address

9. Parent/Guardian #2 Home Address

(if different from Parent/Guardian #1)

Child Information

All fields are required!

10. Child's Name (First, Middle, Last) *

11. Nickname (if applicable)

12. Child's Date of Birth *

MM/DD/YYYY

13. Child's Gender *

Mark only one oval.

- Female
- Male
- Prefer not to say
- Other: _____

14. Child's Social Security Number *

###-##-####

15. Child's Grade *

Please select the grade that your child will be entering!

Mark only one oval.

- Kindergarten
- First Grade
- Second Grade
- Third Grade
- Fourth Grade
- Fifth Grade
- Sixth Grade
- Seventh Grade
- Eighth Grade

16. Child's School *

17. First Time Camper? *

Mark only one oval.

yes

No

18. Siblings Attending Camp

Please list any siblings that will also be attending Camp AIM this summer:

19. Camper Swimming Ability *

Mark only one oval.

Non-Swimmer

Beginner Swimmer (can swim on front 20ft with flotation)

Intermediate Swimmer (can swim on front 20ft without flotation)

Advanced Swimmer (can pass swim test)

20. T-Shirt Size *

Mark only one oval.

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

21. Do we have permission to transport your child? *

Permission is needed to transport your child. This includes walking, driving, or shuttling your child to field trips, the child's residence, or to any other site or location. If no, you will be responsible for transporting your child.

Mark only one oval.

Yes

No

Skip to question 22

For the Safety of your child, please be as descriptive as possible!

Medical Information

22. Physician Name *

Write N/A if not applicable.

23. Doctor's Office Name and Address *

Write N/A if not applicable.

24. Insurance Provider and Policy: *

Please include the name of your child's insurance provider, your child's policy number, and your child's group number (if applicable).

25. Does your child have any medical conditions that we should be aware of? *

Mark only one oval.

Yes

No

26. Please select any medical conditions that applies to your child! *

Please select all that apply:

Check all that apply.

None

Musculoskeletal Allergies

Food Allergies

Medicine Allergies

Topical Allergies (lotion, sunscreen, etc.)

Dizzy Spells and/or Fainting

Foot Problems

Back Problems

Seizure Disorders

Anaphylactic Shock

Balance Problems

Asthma

ADD or ADHD

Hypoglycemia

Heart or Circulation Problems

Pulmonary Edema

Hay Fever

Poison Oak/Poison Ivy Allergies

Type 1 Diabetes (previously insulin-dependent)

Type 2 Diabetes (previously non-insulin dependent)

Insect Bite Allergies (i.e. mosquitoes, bees, wasps, etc.)

Recent Surgery

Recent Broken Bones

Other: _____

27. Does your child have any allergies? *

Mark only one oval.

Yes

No

28. List all known allergies:

(food, plants, medications, animals, etc.)

29. Is your child currently prescribed to or taking any medications? *

Mark only one oval.

Yes

No

30. List all prescriptions and medications:

Please include detailed dosage information.

31. Will your child need to be administered any medication during the camp day? *

Mark only one oval.

Yes

No

32. Do you give permission for YEA staff to administer your child's prescribed medication to your child as directed by you? *

I understand that it is my responsibility as a caregiver to make sure that all instructions are clear and that the necessary dosage is adequately supplied for the duration of camp.

Mark only one oval.

Yes

No

33. Does your child have any dietary restrictions? *

Mark only one oval.

Yes

No

34. Please list all dietary restrictions here:

35. Are we permitted to administer over the counter medicine or treatments to your child if needed? *

Mark only one oval.

Yes

No

36. Please check any medications/treatments that we are NOT allowed to administer to your child. *

We will not administer any medication/treatment selected below.

Check all that apply.

- Dramamine or Motion Sickness Medication
- Sunblock/Sunscreen
- Insect Repellant
- Lip Balm
- Rash Ointment
- Tylenol or Advil
- Antiseptic Ointment
- Band-aids
- Anti-Itch Cream
- Hydrogen Peroxide
- Rubbing Alcohol
- Cough Syrup
- Cough Drops
- Decongestant
- Antihistamine
- Pepto Bismol
- None

Other: _____

37. Is your child up to date on health and immunization assessments? *

We will need a copy of your child's health assessment and immunization record at orientation, prior to your child starting program. For children grades k-5, we will need their kindergarten record. For children in grades 6-12, we will need their 6th grade record. Please email us at: general@yea-inc.org if you have any questions!

Mark only one oval.

- Yes
- No

38. Please provide any additional information that you think is important or may affect the camper's ability to fully participate in the camp program.

Emergency
Contact
Information

Please provide the contact information for individuals we can contact in case of an emergency or in the event that we cannot get a hold of you, the parents or guardians.

39. Emergency Contact #1 Name (First, Last): *

40. Emergency Contact #1 Relation to Child: *

41. Emergency Contact #1 Phone Number: *

42. Emergency Contact #1 Email Address: *

43. Emergency Contact #1 Home Address: *

44. Emergency Contact #2 Name (First, Last): *

45. Emergency Contact #2 Relation to Child: *

46. Emergency Contact #2 Phone Number: *

47. Emergency Contact #2 Email Address: *

48. Emergency Contact #2 Home Address: *

Skip to question 49

**Arrival &
Dismissal
Information**

We want to make sure that your child arrives and departs safely from camp! Please review and respond accurately to the following questions regarding drop-off and pick-up.

49. How will your child arrive to camp? *

Please select all that apply:

Check all that apply.

Car Drop-Off

Walking

Public Transportation (i.e. bus, taxi)

Rideshare Program (i.e. Uber, Lyft, Z-Trip)

Other: _____

50. Who will primarily responsible for your child's arrival to camp? *

51. How will your child depart from camp? *

Please select all that apply:

Check all that apply.

- Car Drop-Off
- Walking
- Public Transportation (i.e. bus, taxi)
- Rideshare Program (i.e. Uber, Lyft, Z-Trip)

Other: _____

52. Who will primarily responsible for your child's departure from camp? *

53. List ALL individuals who have permission to retrieve and check-out your child from camp. *

Please Include: First/Last Name, Relation, and Phone Number. (Jane Doe, grandmother, ###-##-####). Please note that individuals who are listed below will be the only individuals permitted to retrieve and check out your child. The individual must show a valid photo ID. There will be no exceptions.

Skip to question 54

**Medical
Release and
Authorization**

Medical Release and Authorization

As Parent and/or Guardian of the named child, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Youth Enrichment Association and its affiliates including Directors, Counselors, Staff, Volunteer Staff and Activity Partners to provide the needed emergency treatment prior to the child's admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

54. I agree to, accept, and acknowledge the medical release statement above. *

Check all that apply.

I agree

I disagree

Skip to question 55

Informed Consent and Acknowledgement

Informed Consent and Acknowledgement

I hereby give my approval for my child's participation in any and all activities prepared by during the selected camp. In exchange for the acceptance of said child's candidacy by the Youth Enrichment Association, Inc. , I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless the Youth Enrichment Association, Inc. and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against the Youth Enrichment Association, Inc. including all Directors, Counselors, Staff, Volunteer Staff, Activity Partners, Affiliates, all Participants, Sponsoring Agencies, Advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Failure to agree to these terms will result to your child being withheld or prevented from participating in any and all activities that involve any risk.

55. I agree to, accept, and acknowledge the informed consent statement above. *

Check all that apply.

I agree

I disagree

Skip to question 56

Photograph and Video Release

We, at the Youth Enrichment Association, Inc., would be from time to time taking photos of program participants during their activities within the premises and off-site. In this regard, we seek your consent for the publishing or use of photos which your child may be included.

The photos will be used for bulletin boards, marketing or advertising, and/or marketing updates posted via social media platforms, website, newsletters, and/or within the walls of the camp and office premises.

For protection of privacy of the child, we guarantee that names will not be included.

56. I agree to, accept, and acknowledge the photograph and video release statement above. *

Check all that apply.

I agree

I disagree

Terms &
Conditions

By submitting this form, the registrant and his/her guardian understand and accept the following terms and conditions of the Camp herein provided:

1. Parents must be aware that camp will be on a first come first served basis.
2. The payment of the deposit or full payment enrolls the camper to the selected period of the camp program.
3. Withdrawal of enrollment prior the start of the camp shall deduct 20% from the full amount provided to be returned to the child or guardian.
4. Should the camper withdraw anytime within the period of the scheduled camp which the camper enrolled, he/she shall not receive any refund.
5. All medical conditions of the camper must be stated on the application form in a concise and clear manner.
6. Campers when in camping activity must bring the recommended gear for the specific trip that shall be required by the camp master or the counselor.
7. The camper should bring his own rain gear, swim gear, trip funds, and sun block cream upon admission to the camp. The rest shall be provided by the Camp.
8. Any activity outside or not part of the camp's program shall not hold the Camp's employees responsible for anything that might happen to the campers.
9. The camp shall not accept responsibility for the loss or damage to any property belonging to the campers.
10. The camp reserves the right to cancel part of/or the entire program.
11. Mobile Phones are prohibited in camp and it is best to leave camper's valuables and communication devices left at home.
12. Cameras are permitted provided that it does not contain any communication feature via internet or mobile phone services. Photographs and videos are allowed to be taken as long as it will not disturb the activity for the benefit of other campers.
13. The camp's staff may take photos or videos while in the camp's activities and may use such photos or videos for promotional purposes. However, if you do not wish images of your camper to be used by us. Please inform us anytime.
14. The guardian authorizes the Camp to seek medical treatment in the event of an accident or sickness. It is likewise the Camp's responsibility to inform the parents/guardians of the camper in case such event arises at the earliest time possible for the Camp's staff to inform the parents or guardians.
15. The schedule of activities are subject to change depending on weather conditions, program schedule and other arrangements by which the Camp reserves the right to cancel, amend or alter activities accordingly in the event of unanticipated situations.

57. I agree to, accept, and acknowledge all of the terms and conditions stated above. *

Check all that apply.

I agree

I disagree

This content is neither created nor endorsed by Google.