INTRODUCING
PRE-K EXPLORER CAMP

YMCA Mission: “To put Christian principles into practice through programs that build healthy spirit, mind and body for all”.
2019 Explorer Camp Information

Day Camp Dates & Times
May 23 – July 31
7:30 a.m. – 6:30 p.m.
Early Drop Off is available from 6:00 -7:30 a.m. for an additional fee

<table>
<thead>
<tr>
<th>Weekly Cost</th>
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<tbody>
<tr>
<td><strong>Explorer Camp ONLY:</strong></td>
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<tr>
<td>Members: $110/week</td>
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<tr>
<td>Non-members: $130/week</td>
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<tr>
<td>Early Drop Off: $15/week</td>
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</table>

- A one-time $30 registration fee is due at the time of registration
- A $20 deposit is due at the time of registration for each week selected
- No deposit is required if the automatic draft option is selected

We offer automatic bank or credit card drafts for summer camp payments. If you select the draft option, the payment would be deducted on the Friday before the week attending. A deposit at the time of registration would not be required for all draft participants. Please complete the Payment Agreement Form attached (one form per family please).

Financial assistance is available for those who qualify. Scholarship applications available at the YMCA welcome center.

Site
Winder-Barrow Brad Akins YMCA
50 Brad Akins Drive
Winder, GA 30680
(770) 868-2917

Day Camp Activities
Arts & Crafts  Swimming  Songs  Character Development  Snacks are provided
Sports   Games   Devotions   Explore Nature

Field trips will be offered this summer. Dates, times and locations of field trips will be available at the Parent Orientation and back door beginning the first week of camp.

Day Camp Grade (we register based on grade completed) Groups & Ratios
PreK grades  Explorers  Kindergarten Apache  1-2 grades  Cherokees
3-4 grades  Mohicans  5-8 grades  Yakima  8-10 grades  LIT program

During summer day camp, we try to maintain a 1:18 staff to child ratio.

Mission
The mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. The goal of our Summer Day Camp program is to provide each camper with a safe environment to grow, learn and explore. We encourage our campers to express their individuality, develop their social skills, build self-esteem and learn respect for their environment and community. We work on character development throughout the summer by focusing our teaching efforts on the five character values of Honesty, Caring, Respect, Responsibility and Faith.
BRAD AKINS YMCA
2019 Explorer Camp Registration

Child’s Information: (Please, only one child per registration form.)
Child’s Name____________________________________ Birth Date__________
Male ___ Female ___ Age ___ Hair Color ___________ Eye Color __________ Height __________ Weight __________
Grade Completed _________________

Parent/Guardian’s Information:
Child lives with:  □ Mother  □ Father  □ Both  □ Other ________________________________

Mother/Guardian’s Information:
Mother/ Guardian Name:__________________________ Birth Date:__________ Home Phone: ________________
Address:__________________________ City:__________________________ State: __________ Zip: __________
Mother’s Employer:__________________________ Work Phone: ________________ Cell Phone: __________________
Employer Address:__________________________ City:__________________________ State: __________ Zip: __________
Email:______________________________________________

Father/Guardian’s Information:
Father/ Guardian Name:__________________________ Birth Date:__________ Home Phone: ________________
Address:__________________________ City:__________________________ State: __________ Zip: __________
Father’s Employer:__________________________ Work Phone: ________________ Cell Phone: __________________
Employer Address:__________________________ City:__________________________ State: __________ Zip: __________
Email:______________________________________________

Pick Up Information:
LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:
#1 Name:__________________________ Relationship:__________ Phone #: ______________
Address:__________________________ City:__________________________ State: __ Zip: __________
#2 Name:__________________________ Relationship:__________ Phone #: ______________
Address:__________________________ City:__________________________ State: __ Zip: __________

I QUALIFY FOR FOLLOWING SUBSIDY:
□ SCHOLARSHIP
□ CAPS
□ AKINS
□ OTHER

Para asistencia traducción española, consulte una de Servicios para Miembros personal de la YMCA
Pick Up Information: (cont.)

LIST NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

#3 Name: ___________________________ Relationship: ________ Phone #: ___________________________
Address: ___________________________ City: ___________________________ State: __________ Zip: __________

LIST ANYONE NOT AUTHORIZED TO PICK UP YOUR CHILD: (Please Explain)

Name: ___________________________
(If the person is a legal parent/guardian you must have legal documents from the court stating this person is not allowed to pick up your child.)

Medical Information:

Physician / Clinic / Hospital Contact:
Name: ___________________________ Phone: ___________________________
Address: ___________________________ City: ___________________________ State: __________ Zip: __________

Special Accommodations:
My child has special needs □ YES □ NO If Yes, please explain: ___________________________
My child has allergies (food, medication, immunizations, insects, etc...) □ YES □ NO If Yes, please explain: ___________________________
My child has hearing/speech problems □ YES □ NO If Yes, please explain: ___________________________
My child is on the following medications for long-term continuous use: ___________________________
My child has the following pre-existing illness or health concerns: ___________________________
My child has the following special needs not indicated above: ___________________________

My signature below indicates that this registration form is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities except those noted by me. I have read the rules and policies of the YMCA Camp program and understand the YMCA adheres to these rules. I agree to follow the policies of the YMCA. I understand that my failure to do so may result in our being discharged from the program. I understand that payment is expected in advance and that there will be a late fee assessment should I neglect to pay on time. I understand that the YMCA is mandated by law to report any suspected child abuse or neglect to the appropriate authorities for investigation.

Parent/Guardian Signature: ___________________________ Date: ___________________________

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, or the presence of medical condition or handicap. However, the YMCA does reserve the right to refuse admission to any child who may require a level of attention beyond that which the YMCA programs are designed to accommodate or who may require specialized training that may prevent the YMCA staff from adequately meeting the needs of the child.
Camper Full Name:

___________________________________________________________________________________________________________________________________

First   Middle   Last   Nickname

I understand that my child will not be released to any person that has not been designated on the program registration form as “authorized to pick up”. I understand that additions to the “authorized to pick up” list must be made in writing and faxed or delivered to the Camp Director prior to the time this person is scheduled to pick up the camper. I also understand that should an authorized person arrive to pick up my child that exhibits behavior as if under the influence of drugs or alcohol, the YMCA reserves the right to not release your child to that individual. If we believe your child could be placed in possible danger and another alternative is not reached, we reserve the right to contact police and/or the Department of Family and Children Services.

Permission to Photograph: The above referenced camper has my permission to be photographed by YMCA staff or their representatives and used in marketing materials.

Permission to Participate in Chapel: I understand that the YMCA is a Christian organization and that each day will begin with a devotion and prayer. The above referenced camper has my permission to participate in Chapel activities.

Permission to Transport: I understand that my child may be transported by bus to various activities, field trips, etc. I understand that by signing this form, I am giving my permission for my child to be transported by bus. The above referenced camper has my permission to go on all scheduled field trips.

Permission to Participate in Water Activities: The above referenced camper has my permission to participate in activities that involve water while under the supervision of the YMCA staff or their representatives.

Authorization for Emergency Medical Attention: In the Event that I cannot be reached to make timely arrangements in an emergency, permission is given to the YMCA camp staff or their representatives to transport the above mentioned youth to the nearest emergency facility and/or to secure the intervention of medical personnel to determine necessary treatment, including hospitalization.

Agreement to Adhere to the Policies/Procedures & Expectations: I acknowledge that the above referenced camper and I have read and discussed the established policies and procedures and behavioral expectations as stated in the Parent Handbook. Furthermore, we agree to abide by these policies, procedures and behavioral expectations, and we understand that failure to do so could result in dismissal from the camp program.

Parent Statement of Understanding - Additional Policies & Procedures: I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. I understand that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I affirm the information contained above and herein is complete and correct, and the above-referenced camper is able to engage in all camp activities except where limitations have been noted. I understand that the YMCA’s camp supervision for my camper begins when my child arrives at the YMCA facility and is checked in by the YMCA personnel.

I understand that the YMCA’s responsibility for my child ends when an authorized adult or myself has signed my child out from the camp program. I understand that I am not to leave my child at the YMCA or a program site unless released to a YMCA camp staff person who is there to receive and supervise my child.

I have been informed that I can download and have access to a copy of the YMCA Parent Handbook at www.gapiedmontymca.org

I understand that neither the YMCA nor its representatives can be held responsible in the event of an accident, injury or accidental death. I understand that all precautions will be taken to ensure the safety and health of my child.

Summer Camp: Attire Guidelines

I understand that my child must wear appropriate attire during Summer Camp. Tennis shoes are required daily, no sandals or flip-flops. Girls must wear one-piece swimsuits.

I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE.

Parent/Guardian Signature: ___________________________ Date: ___________________
YMCA of Georgia’s Piedmont, Inc.
RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT

The undersigned acknowledges and agrees to the following:

1. I understand the Brad Akins YMCA assumes no responsibility for injuries or illness which I or my child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports programs, the use of any equipment, exercises, or other activities while on the property of or in conjunction with any activity held, coordinated or sponsored by the Brad Akins YMCA. In consideration of the privilege of participation at the Brad Akins YMCA, I hereby voluntarily release and discharge the Brad Akins YMCA, its officers, directors, employees, agents, and/or servants from any claims whatsoever, including for injury, illness, death, loss or damage which I or my child may suffer as a result of my/his/her participation in these activities. I understand that no accident or medical insurance is provided with these activities. I fully indemnify and hold harmless the Brad Akins YMCA, its officers, directors and employees from any and all claims.

2. While the Brad Akins YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children and adults, Brad Akins YMCA will not accept children or adults that are (a) of danger to themselves, (b) of danger to others, or (c) a disruption to the normal activities making it unreasonably difficult for other children or adults to enjoy Brad Akins YMCA programs and activities. Any of the above reasons will be grounds for dismissal from Brad Akins YMCA programs and activities. We strongly recommend that you discuss with YMCA staff any special conditions or circumstances involving your child or an adult member in your household. We request that you do this PRIOR to registration so that we can advise you as to whether we can make a reasonable accommodation for your child or adult household member.

3. I understand the Brad Akins YMCA is not responsible for personal property lost or stolen while members and/or program participants are using Brad Akins YMCA facilities, participating in Brad Akins YMCA activities, or on Brad Akins YMCA premises.

4. I give my permission to the Brad Akins YMCA for the use of photos and slides that may be taken of my child or of myself and to use, without limitation or obligation, photographs, film footage, or tape recordings which may include either my image or voice or the image and voice of my child for purposes of promoting or interpreting Brad Akins YMCA programs.

5. In the event of an emergency and my emergency contact person cannot be reached, I hereby give permission to the physician selected by the Brad Akins YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

6. I understand that no accident or medical insurance is provided with this activity.

7. I give my permission for my child to be transported to and from the program by the Brad Akins YMCA.

I HAVE READ THIS RELEASE                                      I HAVE READ THIS RELEASE

Participant’s name                                                  Parent’s signature and date (if participant is a minor)
### Personal Information

Person responsible for payments: [ ] Relationship to Camper

Camper's Name(s): 1. 4. 2. 5. 3. 6.

First Name Last Name Date of Birth
Home Address City State Zip
Home Phone Primary Email
Work/Cell Phone

### Bank Information

- **Bank Account Details**
  - (attach voided check)
  - Name on Account: [ ] Checking [ ] Savings
  - Account Type: [ ] Checking [ ] Savings
  - Routing Number: [ ] 
  - Account Number: [ ] Account Number: [ ]

- **Credit Card Details**
  - (attach copy of credit card)
  - Name on Account: [ ] MasterCard [ ] Visa [ ] Discover
  - Card Type: [ ] MasterCard [ ] Visa [ ] Discover
  - Account Number: [ ] Expiration Date: [ ] CVV #: [ ]

### Payment Schedule Information (choose one)

#### Weekly Draft

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<tr>
<th>Session</th>
<th>Draft Date</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 23 &amp; May 24</td>
<td>May 17</td>
<td>Amount Due</td>
</tr>
<tr>
<td>May 29-31</td>
<td>May 24</td>
<td>Amount Due</td>
</tr>
<tr>
<td>June 3-7</td>
<td>June 7</td>
<td>Amount Due</td>
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<tr>
<td>June 10-14</td>
<td>June 14</td>
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<td>June 24-28</td>
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<tr>
<td>July 1-5</td>
<td>June 28</td>
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<tr>
<td>July 8-12</td>
<td>July 5</td>
<td>Amount Due</td>
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<tr>
<td>July 15-19</td>
<td>July 12</td>
<td>Amount Due</td>
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<tr>
<td>July 22-26</td>
<td>July 19</td>
<td>Amount Due</td>
</tr>
<tr>
<td>July 29,30,31</td>
<td>July 26</td>
<td>Amount Due</td>
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#### Weekly Payments

Payments due each Friday BEFORE camp

<table>
<thead>
<tr>
<th>Session</th>
<th>Payment Due</th>
<th>Amount Due</th>
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<tbody>
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</tr>
<tr>
<td>July 29,30,31</td>
<td>July 26</td>
<td>Amount Due</td>
</tr>
</tbody>
</table>

### Payment Policies - PLEASE INITIAL

- **Initial**
  - Payment will be drafted or paid weekly as indicated above. If payment is not received by the first day of care, the child will not be allowed to participate in the program until fees are paid (plus a $10 late fee).

- **Initial**
  - Payments not honored by the bank for any reason, will incur a $30 return payment fee. In the event a payment is returned, we will automatically re-draft within 14 days.

- **Initial**
  - I understand that deposits are non-refundable and non-transferable.

- **Initial**
  - I understand that if I need to cancel a week, I must do so in writing to the YMCA.

This is a request to draft the above named financial institution for charges related to selected YMCA programs. I further agree this authorization is to remain in effect until receipt of written notice to the YMCA Association Office or Program Director to cancel such authorization.

Account Holder's Signature: __________________________ Date: ____________
PAYMENT POLICIES AND AUTHORIZATIONS

1. All fees associated with YMCA membership and program registration fees are due at the time of registration.
2. Camp fees are based on the camp’s calendar and do not vary regardless of program closures due to inclement weather or emergency situations.
3. As the enrolling parent, you are responsible for all fees related to your child’s participation. This includes families that receive assistance through third party agencies such as co-pays or family fees. All DFACS certificates must be presented at time of registration.
4. For Day Camps and Sports Camps, all payments will be drafted on the Friday prior to each week of your child’s attendance. Fees will be collected by automatic bank draft of the checking account provided. Parents have the option to pay manually by choosing the weekly payment plan which requires the parent to make a payment by the Friday prior to the week of camp.
5. Prior balances on your account WILL result in your child being placed on an inactive status, which means the child cannot attend the camp program or any other YMCA program until the balance is paid in full and if applicable, loss of scholarship/financial assistance for the school year (parent will be billed the regular rate for Camp).
6. NO CREDITS FOR DAYS ABSENT will be given for any family without written approval from the YMCA Camp Director.
7. Any credits that have not been used within 60 days will no longer be valid. Parents are responsible for contacting the Welcome Desk or Summer Camp Office regarding their account.
8. The YMCA program requires 10 calendar days notice of any changes in your child’s enrollment including: changes in schedule, change in address, change in financial information and withdrawal from the program etc. Complete the CHANGE IN SCHEDULE FORM OR WITHDRAWAL FORM and submit it to the YMCA Welcome Desk. At that time, the YMCA staff will sign and write the date received on the form. There will be no changes made to any account unless the form has been completed and returned to the YMCA staff 10 calendar days in advance. The parent will be responsible for payment in full if at least 10 calendar days’ notice is not given.
9. LATE PAYMENT FEES WILL BE ASSESSED IN THE AMOUNT OF $10.00 PER CAMP WEEK (or portion thereof) AND CHARGED TO EACH ACCOUNT.
10. Any payments returned for any reason including non-sufficient funds will result in appropriate late fees, plus a YMCA service fee of $30.00 per incident.
11. Families who are unable financially to pay the full cost of participation are encouraged to apply for financial assistance through the YMCA Financial Assistance Program made available through generous contributions from friends of the YMCA. Contact the YMCA Welcome Desk for additional information and eligibility requirements.

I, _________________________________________________, hereby make assignment of all programming tuition to the Brad Akins YMCA, Inc. I also make authorization for the same to release any personal information necessary to execute collection of payments due to the YMCA. I understand that I am personally responsible for all charges to my account, regardless of any reason unless approved and signed by the Summer Camp Director of the Brad Akins YMCA. I guarantee payment in full to the Brad Akins YMCA, Inc. for all charges made for the care of my children. I understand that should my account be placed for collection, I will be responsible for all costs including court cost, collection fees and attorney fees.

Parent/Guardian Signature ______________________________________________ Date _______________________

YMCA Staff (Printed Name) ______________________________________________ Date _______________________
2019 Explorer Program Selection Sheet
Choose carefully, camps are non-transferable. Please involve your camper in the selection process.
"M" = YMCA Member Pricing / "N" = NON-YMCA Member Pricing

Camper Name: 

<table>
<thead>
<tr>
<th>Mini Camps: May 23rd &amp; 24th</th>
<th>Week 1: 5/28-5/31</th>
<th>Week 2: 6/3-6/7</th>
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<tbody>
<tr>
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<tr>
<td>Brad Akins Y</td>
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<td>Early Drop Off</td>
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<tr>
<th>Week 6: 7/1-7/5</th>
<th>Week 7: 7/8-7/12</th>
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<tr>
<th>Week 9: 7/22-7/26</th>
<th>Mini Camps: July 29-31</th>
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<td>N $145</td>
<td>M $90 N $95</td>
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Summer Camp Swim Waiver

Your child will have the opportunity to swim daily. Please send a swim suit, towel and a plastic bag for the wet stuff. Recommended footwear to and from the pool are flip-flops. Drawstring bags are available at the front desk for $5 per bag.

We also offer swim lessons at no additional charge. Please note that the swim lessons are designed to teach your child a life skill, not to prepare them for swim team.

Please indicate your child’s swim ability:

☐ Swimmer (child is able to swim without assistance)  Verified by _______________ Date ________
   (Staff Signature)

☐ Non-Swimmer (child limited to 3 ½ foot level but is able to stand with head above the water)

☐ Non-Swimmer with Life Vest (child limited to 3 ½ foot level and required to wear a life vest)

☐ I do not want my child to participate in swimming.

☐ I would like for my child to participate in swim lessons.

____________________________________________________________________________

(Parent Signature)                                                   (Date)

YMCA Mission: “To put Christian principles into practice through programs that build healthy spirit, mind and body for all”.