



2024 Summer Kid's Camp
Family Information Packet

Thank you for your interest in our camp!

Please complete the following forms to finalize registration by printing, signing and submitting to West Jay Community Center

For additional information, contact West Jay Community Center
at (765) 768-1544

Please fill out the form below. All areas of the forms must be completed. Print, sign and submit your forms to West Jay Community Center to finalize registration.

Please Print

Child's First & Last Name _____

Date of Birth _____ Age _____ Gender ___ Male ___ Female

Grade _____ School _____

(Current grade, prior to camp)

Parent Name _____

Parent Birth Date _____ Parent Email _____

Address _____

City, State, Zip _____

Cell Phone _____ Home Phone _____ Work phone _____

Employer _____

Parent Name _____

Parent Birth Date _____ Parent Email _____

Address _____

City, State, Zip _____

Cell Phone _____ Home Phone _____ Work phone _____

Employer _____

Person to whom the child may be released, and EMERGENCY CONTACTS when the Parent or Guardian cannot be reached. CHILDREN WILL NOT BE RELEASED TO ANYONE NOT ON THIS LIST.

Name _____

Relationship to child _____

Home/Cell _____

Work _____

Name _____

Relationship to child _____

Home/Cell _____

Work _____

Name _____

Relationship to child _____

Home/Cell _____

Work _____

Name _____

Relationship to child _____

Home/Cell _____

Work _____

We must be notified immediately if any of this information changes

2024 SUMMER KID'S Camp

FAMILY INFORMATION PACKET

May 28th- July 26th

Drop off begins at 7:30 am and Pick up by 5:30 pm

Registration fee only holds child's spot for camp.

REGISTRATION FEE \$35.00 - \$20.00 each additional child in the same home

Part time (\$12/day) _____ Full Time (\$10/day) _____

****First weeks payment is due on the first day of camp Tuesday, 5/28, all other payments are due every Friday for the remainder of the summer. NO EXCEPTIONS

Your child's placement in camp will not be secured until all paperwork and required payments are current

CHILD'S FIRST & LAST NAME _____ M _____ F _____
Grade _____ School _____ Date of Birth _____
T-shirt size Youth S _____ M _____ L _____ Adult S _____ M _____ L _____ XL _____

We must be notified of any changes to the below list

CHILD SPECIFIC INFORMATION

Child's physician _____ Phone _____

Does your child have allergies to specific FOODS, INSECT BITES or STINGS? _____ NO _____ YES

If yes, please describe the action plan for your child _____

Does your child have medical conditions such as asthma, diabetes, etc? _____ NO _____ YES

If yes, please describe the action plan for your child _____

Will your child need to take medications while at West Jay Community Center? _____ NO _____ Yes

If you answered YES to the previous question, you must complete a medical consent form prior to West Jay Community Center staff administering medication to your child.

WAIVER AND RELEASE OF CLAIMS

CHILD'S FIRST & LAST NAME: _____

For and in consideration, the undersigned parents or guardians of the participant in the child care program, I/we recognize and acknowledge that there are certain risks of physical activity and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities doe hereby declare that I/we waive all claims of whatsoever kind or nature against The West Jay Community Center, its officials, offers, agents, employees and volunteers from any and all claims arising from participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend The West Jay Community Center, it's officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward or arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment.

Parent/Guardian Name (please print) _____

Relationship to the participant _____

Signature of the parent/guardian _____ date _____

WAIVER AND PERMISSION FORM

Parent must indicate 'yes' or 'no' to the following:

YES NO I give staff permission to transport my child for the purpose of program activities whether by bus transportation, or by walking during any of the days at a WJCC program.

YES NO I give my permission for WJCC staff to apply sunscreen as needed applied liberally, for outdoor play, field trips, and especially for swimming or other water activities. It is expected that sunscreen be supplied by parent or guardian but in case the sunscreen runs out or is not available at their present location, program staff will supply the child with adequate sunscreen and/or assist the child with the application.

YES NO I give my permission for WJCC staff to apply insect repellent when necessary. We often apply more repellent to clothing than to skin. Program staff will apply the insect repellent.

YES NO I give my permission for WJCC staff to share and receive necessary information from all WJCC partners to assist with providing the best program experience for my child.

YES NO In the event of any emergency, I authorize WJCC and cooperating agencies/organizations to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment and any and all medical services rendered.

YES NO I give my permission for WJCC staff to escort my children off the program premises for swimming/wading activities.

YES NO I have received WJCC Rules and Discipline Policy and have discussed with my child. **I understand that disciplinary steps may proceed faster than outlined depending on the circumstances.**

Swimming Permission

There will be a ONE time pool fee of \$20.00 for the entire summer. Fee must be paid by the end of camp. Initial _____

YES NO I give my permission for my child to swim in water over their head.

YES NO I want my child to wear a life jacket while swimming in any pool other than a wading pool or spray ground.

By signing below I give permission for my child to participate in program activities. I understand that WJCC does not carry health and accident insurance for my child, and that I as guardian will be responsible in case of injury where bills are incurred.

I understand that my child may be dismissed for failure to follow rules and failure to follow general operating procedures of the program. As a parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

X _____
SIGNATURE OF PARENT/GUARDIAN

DATE

General Rules:

- Registration is NOT complete until all paperwork has been submitted.
- You may register & pay with credit, check cash, venmo or cash app.
- **Payment is due each Friday for the next week of camp.**
- Complete family packet and enclose enrollment fee to WJCC with payment to hold their spot in camp.
- Enrollment fee is non-refundable.
- We accept American Express, Discover, Mastercard, Visa, Cash, check (made payable to WJCC) and cash.
- Written notice of cancellations must be received at least one week in advance.
- Camp hours will be Monday through Friday 7:30 am-5:30 pm. You are expected to pick up your children **ON TIME**. If not notified, additional fee of \$5 for every 5 minutes late will be applied to your next week's bill.
- There will be a structured calendar each day, all day long. Every child will be encouraged to participate in all activities.
- Breakfast, lunch and 2 snacks will be provided each day.
- We ask that you will bring the following items each day for your child.
 - A dry change of clothes, including underwear and socks
 - Sunscreen
 - Bug spray
 - Towel and swimsuit for swim days at the pool.
 - Flip flops or sandals for the pool.
 - Tennis shoes for physical activities and games.
- **It is preferred that your child wear tennis shoes every day or have them here. They will be expected to participate in the games that require running, etc.**

MEDIA, TALENT and PRODUCTION CONSENT RELEASE

CHILD'S FIRST AND LAST NAME _____

PARENT/LEGAL GUARDIAN: _____

GRANTED TO: West Jay Community Center

I, the undersigned, hereby authorize the West Jay Community Center, including its assigns and agents, to use my name, statements, image, voice, videos, or likeness for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use.

I understand that I am to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I understand that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. I hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims I may have in connection with such use.

The West Jay Community Center shall have ownership of resultant production using my image and shall have the exclusive right to make use of such production as stipulated below:

Availability for use in training;

Availability for use by the participants in a training course;

Availability for viewing in connection with the West Jay Community Center;

Availability for use of Web pages and other Internet sites created or used by The West Jay Community Center;

Availability for use in promotional brochures, newsletters, and other publications of The West Jay Community Center.

I have the full right and legal capacity to sign this consent and release. I have read this consent and release prior to signing it, and I understand its contents.

RELEASE TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN OF AN ATHLETE OR PARTICIPANT WHO IS UNDER 19 YEARS OF AGE---OR IF ATHLETE OR PARTICIPANT IS 19 AND OVER AND HAS A LEGAL GUARDIAN

YES NO

Child's Name: _____

Parent/Guardian's Signature _____

Date signed _____