

Monticello Y-Zone Summer Camp Registration Packet

Camp will start July 6th

**Please return all forms with
\$25 registration fee by July 3rd**

Return to:

Clinton Community YMCA
417 S. Alexander St., Clinton, IL 61727

OR

Scan and email to monticelloyzone@gmail.com



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Monticello Y-Zone Summer Camp
For Kids Currently in Kindergarten - 5th Grade**

Monday - Friday

Pre-Care: 7:00 am - 8:00 am / Camp: 8:00 am - 4:00 pm / Post-Care: 4:00 pm - 6:00 pm

Registration Fee: \$25/child Camp Fee: \$36/day OR \$175.00/week
10% discount for 2nd child (and 3rd,4th)

-----REGISTRATION FORM-----

Child's Full Name _____ Current Grade _____

Parent/Guardian _____ Child's Date of Birth _____

Address _____

Day Phone _____ Other Phone _____

Email Address _____

I hereby give permission for my child to enroll in the Monticello Y-Zone Summer Camp. **I agree to complete the registration form, health form, pick-up authorization card, Coronavirus waiver of liability, PG movie form, and Piattran Rider Intake Form before my child's first day at camp.**

INFORMED CONSENT AGREEMENT:

I hereby certify that my child is of normal health. I assume all risks related to the conduct of the program. I will hold the Clinton Community YMCA and its staff harmless from any claims, suits, or losses including but not limited to claims resulting from injury or death, accidental or otherwise. I authorize the Clinton Community YMCA to obtain medical treatment from my child in the event I cannot be contacted.

Parent/Guardian Signature _____ Date _____

SHIRT INFORMATION:

Please circle one

Youth Small Youth Medium Youth Large Adult S M L XL

All campers will be required to wear a camp shirt on field trips

MORE ON THE BACK 

SUMMER CAMP CONSENT:

This undersigned, as parent or guardian of the child listed below, give consent for the said child to participate in all camp activities. I understand that my child will not be released to anyone other than those I have indicated in writing.

I authorize my child to ride as a passenger in the YMCA bus or Piattran for field trips and pool days. I understand that these trips are under the supervision of YMCA staff and that health and safety precautions are taken for each person who enrolls in the program.

I authorize my child to be photographed during his/her attendance at the Summer Camp program. This consent releases all personnel or the YMCA from liability. This consent also gives permission for photographs to be used in publicity for the YMCA.

I authorize that artwork my child produces at the Monticello Y-Zone Summer Camp program may be displayed in ways deemed appropriate by the YMCA staff in the community, newsletters, flyers, T-shirts, lobby, etc.

The undersigned, in my individual capacity as parent or guardian for the child participating in the Monticello Y-Zone Summer Camp program, understand that participation does involve certain risks, including but not limited to personal injury and property damage arising from the equipment and activities and/or the actions of other participants. In consideration of these services provided and understanding these risks, I personally and on behalf of my child release the Clinton Community YMCA, Monticello Y-Zone Summer Camp, and their employees, agents, volunteers, and all other persons and agencies having any affiliation with the Summer Camp program from all liability and claims arising from any occurrence or accident while my child participates in the program.

***Be aware that many of the above consents are required for participation in the Monticello Y-Zone Summer Camp program.**

Parent/Guardian Signature _____ Date _____

Name of child attending Summer Camp _____

-----**Health Form**-----

Please list all allergies, behavior disorders, medications and dosage, etc.

Child's Full Name _____

Allergies _____

Medication (dosage) _____

Other _____

Parent/Guardian Signature _____ Date _____

Child's Full Name _____

Pick-Up Authorization Form

Please include names and information for person(s) authorized to pick-up your child from Summer Camp

Name _____ Relation to Child _____

Address _____ Phone _____

Name _____ Relation to Child _____

Address _____ Phone _____

Name _____ Relation to Child _____

Address _____ Phone _____

Name _____ Relation to Child _____

Address _____ Phone _____

Name _____ Relation to Child _____

Address _____ Phone _____

Special Participation Agreement and Waiver of Liability in relation to Risk of Coronavirus Infection while at Monticello Y-Zone Camp

Thank you for reading this Agreement carefully. It includes important information about Monticello Y-Zone Summer Camp activities and describes certain protections sought by Y-Zone Camp if you, your child, or another family member becomes ill or suffers some other loss due to infection of the Coronavirus (COVID-19) that may have been caused from being at Y-Zone Camp or from being exposed by someone else who was at Y-Zone Camp.

In consideration of the services of Y-Zone Camp, I, _____, acknowledge and agree as follows:

Activities:

The activities of Y-Zone Camp include a variety of traditional activities, and events that will make it impossible to consistently implement social distancing of (6) feet or more, as may be recommended by any known government authorities. Y-Zone Camp is a place where campers, counselors, and staff are often in contact and near each other every day. This includes but not limited to eating meals in a shared space, playing sports where a ball is touched by many participants taking part in activities that require campers move in and around a shared space.

Risks:

Y-Zone Camp will be taking more health precautions this summer. Each day when campers arrive, they will be screened to determine if they have or recently had a fever, have a cough, have been exposed in the past two weeks to a friend or family member who had the Coronavirus, or in the past two weeks have traveled outside of the State of Illinois. If the parent or guardian answers “Yes” to any of these health questionnaire items, the camper **WILL NOT** be allowed into camp until symptoms improve (i.e. a fever must be back to normal for 72 hours). Other precautions during camp include encouraging and enforcing more handwashing, more use of hand sanitizers, more wiping down of doorknobs and high use areas with antibacterial wipes, etc. Y-Zone Camp plans to be in constant communication with the local health department for guidance and the handling of any cases that arise with in our program. It plans to send campers and staff home that have a high temperature. But even taking these and other extra precautions, campers will still be exposed to the risk of contracting the Coronavirus or possibly some other illness.

The activities and risks of Y-Zone Camp are an integral part of the Y-Zone Camp experience. If eliminated, campers would be deprived of the opportunity for the growth and development which Y-Zone Camp and its campers and families expect.

Acknowledgement and Assumption of Risks:

I, _____ (parent/guardian), have read and understand the Camp activities and risk of exposure to the Coronavirus. I acknowledge and assume the risks and dangers described above with my child being enrolled at Camp. I have discussed the activities and risks with my child, who understands them and wishes to participate in the activities of the Camp community.

Continued on next page....

AGREEMENTS OF RELEASE AND INDEMNITY: I, PARENT, FOR MYSELF AND, TO THE EXTENT ALLOWED BY LAW, ON BEHALF OF MY CHILD, AGREE TO RELEASE AND DISCHARGE (AGREEING TO MAKE NO CLAIM, AND NOT TO SUE) Y-ZONE CAMP, AND THEIR RESPECTIVE MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, CONTRACTORS AND VOLUNTEERS (INDIVIDUALLY AND COLLECTIVELY REFERRED TO AS "RELEASED PARTIES") WITH RESPECT TO ANY AND ALL CLAIMS RELATED TO CONTRACTING THE CORONAVIRUS AND ANY LOSS, BODILY INJURY, OR DAMAGES ASSOCIATED FROM IT WHICH I OR MY CHILD MAY SUFFER, ARISING OUT OF OR IN ANY WAY RELATED TO HER BEING ENROLLED IN THE CAMP, AND ON OR OFF THE CAMP PREMISES. I FURTHER AGREE TO INDEMNIFY (THAT IS DEFEND AND PAY, INCLUDING COSTS AND ATTORNEYS FEES) THE RELEASED PARTIES FROM CLAIMS BROUGHT BY OTHER MEMBERS OF MY, OR MY CHILD'S FAMILY, AND CLAIMS BROUGHT BY OTHERS, INCLUDING OTHER CAMPERS, WHO CLAIM A LOSS CAUSED BY MY CHILD. THESE AGREEMENTS OF RELEASE AND INDEMNITY INCLUDE CLAIMS CAUSED OR CLAIMED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE, BUT NOT THE GROSS NEGLIGENCE, OF A RELEASED PARTY. I UNDERSTAND THAT IN SIGNING THIS AGREEMENT I, FOR MYSELF AND FOR MY CHILD, TO THE MAXIMUM EXTENT ALLOWED BY LAW, SURRENDER THE RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST A RELEASED PARTY, FOR PERSONAL INJURY AND EVEN DEATH.

Any dispute between Y-Zone Camp or another Released Party and me or my child shall be governed by the substantive laws (not including the laws which might apply the laws of another jurisdiction) of the State of Illinois, and any mediation or suit shall occur or be filed and maintained exclusively in DeWitt / Piatt County, Illinois, to the jurisdiction of which court or courts I hereby consent, for myself and my child.

If any part of this agreement is found by a court of competent jurisdiction to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

This Agreement and Waiver of Liability does not supersede, circumvent, or cancel Y-Zone Camp's Main Participation Agreement, but instead works together in conjunction with it.

I, _____ (parent/guardian), have read and accept the terms and conditions of this Agreement, and acknowledge and agree that it shall, to the fullest extent allowed by law, be effective upon me and my child, and our respective heirs, personal representatives, estates and family members.

Child / Camper Name(s) _____

Parent / Guardian Name _____

Signature _____

Date _____

Rated PG Movie Permission Form

At Monticello Y-Zone Summer Camp we will be watching a movie once a week. This will usually occur towards the end of the day after the children have participated in any activities we have going on that day or have simply just exhausted themselves playing outside or in the gym. Since many of their favorite movies are rated PG for Parental Guidance, we need your permission to allow your child to watch these movies. Some examples would include, but are not limited to: Toy Story, Finding Dory, Shrek, Moana, Wreck it Ralph, and Ice Age. If you do not wish for your child to watch PG rated movies at Summer Camp, we will find other activities for them during this time.

Please complete and sign the form below.

Child's Full Name _____

Parent/Guardian Name (Print) _____

_____ Yes, I give my child permission to view PG Movies at Summer Camp

_____ No, I do not give my child permission to view PG Movies at Summer Camp

Parent/Guardian Signature _____ Date _____



Piatt County Public Transportation Rider Intake Form

Updated: 06/24/2019

Please fill out both sides of this form.

Rider Information

First Name:		Middle Initial:	Last Name:	
Phone (for reminder calls/texts):	Second Phone:		Email:	
Home Address, City, State, Zip:			County:	Date of Birth:
Would you like a reminder phone call/text the evening before your trip? Yes No		In the event of a closing, how would you like to be contacted?		
Would you like to receive an "On Our Way" phone call/text? Yes No		Email Text Voice Recording No Thanks		

Demographic Information

Please check ALL that apply:		
Race: <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Other	Ethnic Origin: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino Limited English Speaking: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: M / F Primary Language: _____ Low Income: Yes / No <small>Annual Household Income MUST be Below the Poverty Line to be Considered Low Income</small>

Special Assistance Needed

Please check ALL that apply:		
<input type="checkbox"/> Blind <input type="checkbox"/> Cognitive Behavior <input type="checkbox"/> Deaf <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Mobility Device <input type="checkbox"/> Oxygen	<input type="checkbox"/> Physical Impairment <input type="checkbox"/> Service Animal <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Under Eight <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Wheelchair - Electric	<input type="checkbox"/> Wheelchair - Jazzy <input type="checkbox"/> Wheelchair - Large <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Please Note any Health Issues or Allergies: _____ _____ _____ </div>

Parental Contact Information (Required if Under 18)

Full Name: _____		Relationship: _____
Cell Phone: _____	Home Phone: _____	Work Phone: _____
Address, City, State, Zip: _____		Email: _____

Full Name: _____		Relationship: _____
Cell Phone: _____	Home Phone: _____	Work Phone: _____
Address, City, State, Zip: _____		Email: _____

Emergency Contact Information

1. Emergency Contact Name: _____	Relationship: _____
Phone: _____	Second Phone: _____
2. Emergency Contact Name: _____	Relationship: _____
Phone: _____	Second Phone: _____

For Rider's Under 18 - Please indicate a **Safety Word** that will be required of ANY contact attempting to make a schedule change:

Reoccurring Travel Locations (i.e. Medical, School, Work, Other)

Site 1 Name: _____ Contact Onsite Full Name: _____
 Address, City, State, Zip: _____ Reason for Travel: _____
 Special Directions for finding the location: _____

Site 2 Name: _____ Contact Onsite Full Name: _____
 Address, City, State, Zip: _____ Reason for Travel: _____
 Special Directions for finding the location: _____

Site 3 Name: _____ Contact Onsite Full Name: _____
 Address, City, State, Zip: _____ Reason for Travel: _____
 Special Directions for finding the location: _____

Summarize Travel Needs & Schedule (please include times for pick-up/drop-off, days of the week, length of need)

How did you find out about Piattran? _____

Signature of Rider / Legal Guardian: _____ Date: _____
 Printed Name: _____

For Internal Piattran Use Only

REOCCURING SCHEDULE

Pickup	Time	Start Date
_____	_____	_____
Destination	Time	
_____	_____	
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Weekly	<input type="checkbox"/> In Service Area	<input type="checkbox"/> In County
<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Out of Service Area	<input type="checkbox"/> Out of County
	<input type="checkbox"/> Rural	

 Rider Master Entry

 Subscription Entered

 Scanned

 Filed

 Finance Manager Entry