



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Do More! Be More!

Monticello Y-Zone Summer Day Camp

Pre-Registration for Returning Campers entering 6th-8th grade in Fall 2025

Pre-Care 7:00 am-8:00 am / Regular Camp hours 8:00 am-4:00 pm Post-Care 4:00 pm-6:00 pm
Monday through Friday

Only campers who are registered and paid by the Saturday before or set up on automatic payment may attend camp. Register at the Courtesy Desk with this form and receive a parent's manual with more information (forms and handbook can be found online at www.clintoncommymca.org) Camp starts on June 2nd (Subject to change based on school calendars last day of 2025 school year for Monticello USD #25. Y-Zone Extreme Days will be available to registered campers prior to June 2nd if needed)

Complete and return to Monticello Y-Zone located at the former Lincoln School in Monticello or mail form to Clinton Community YMCA, 417 S. Alexander Street, Clinton, IL 61727. \$25.00 (nonrefundable) registration fee. Registration fee is required regardless of date child starts camp. **Financial assistance programs are available to fit family needs. Please contact our courtesy desk @ 935-8307 with questions.**

(please check one) Fees: \$114.00 for 3 days ____ or \$190.00 for 5 days ____ (drop in rate =\$50 per day)
10% discount for 2nd child (and 3rd, 4th, 5th...) Only one discount applied per family.

-----**Registration Form**----- (one form per child) -----

Child's Name _____ **Date of Birth** _____ **Grade in fall 2025** _____
Please Print Clearly- First (what your child goes by) and Last Name

Parent/Guardian 1 _____	Parent/Guardian 2 _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____
Email Address _____	Email Address _____

I hereby give permission for my child to enroll in the Monticello Y-Zone Summer Camp. I agree to complete the parent packet information, pick-up authorization card, waiver, and Health Form before my child's first day of camp.

Parent/Guardian Signature _____

SHIRT INFORMATION:

PLEASE CIRCLE ONE

Youth Sm. (size 6-8) **Youth** Med. (size 10-12) **Youth** Lg. (size 14-16) **Adult** S M L XL XXL

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

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 will hold the Illinois Department of Natural Resources and its staff harmless from any claims, suits or losses including but not limited to claims resulting from injury or death, accidental or otherwise when campers attend any Illinois DNR property. I authorize the Clinton Community YMCA to obtain medical treatment for my child in the event I cannot be contacted. (Failure to sign agreement will result in the loss of playing opportunity for your child.)

Parent Signature: _____ Date: _____

Office Use Only

First day child _____	\$25.00 Reg. fee ____ Y / N ____	Amt. paid _____	Date _____
attending camp		Total amt. paid _____	Staff Initials _____

Monticello Y-Zone Summer Camp CONSENT

The undersigned, as parent or guardian of the child or children listed below, give consent for the said children 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 bus or van for field trips. I also authorize my child to ride as a passenger in vehicles used by the YMCA program. 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 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 YMCA Camp program may be displayed in ways deemed appropriate by the YMCA staff in the community, newsletters, flyers, forms, T-shirts, lobby, etc.

The undersigned, in my individual capacity as parent or guardian of the child or children participating in the YMCA 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 or children 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 Camp program and from all liability and claims arising from any occurrence or accident while my child or children participate 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 _____

Name(s) of child(ren) attending Camp _____

PARENT'S FINANCIAL AGREEMENT

1. All YMCA accounts must be up to date and any balances must be paid in advance before your child can register/attend Camp Osage.
2. **All** payments will be processed between the Saturday after your child attends Camp and Tuesday afternoon the following week.
 - a. (Example: If your child attends camp the week of May 28th-May 31st, your account will be billed anytime between June 1st-4th.) We will no longer be able to provide specific payment dates for individual accounts.
3. If an account falls behind more than 2 weeks, the child must wait to attend Camp until the account is current.
4. All CCRN payments will be ran the first full week of the month. If the month ends during the middle of the week, we will wait until the following week to run the payments after we receive rosters with attendance.

Any participant requiring financial assistance must pay full price until there has been a written notice provided by the state; or a scholarship form has been approved by the YMCA.

Parents will be required to have a card on file and payments will be auto-deducted (unless special circumstances apply). Staff will not accept cash. Children will **not** be allowed to attend Camp without payment.

The YMCA will actively pursue receipt of any balance left unpaid after a child's withdrawal from the program. In the event an account is past due, it may be turned over to a collection agency. If an account is not paid in full and this account is turned over to a collection agency and/or attorney, then parent/guardian will be responsible for fees necessary for the collection of the delinquent account including, but not limited to, collection agency fees of 50% of the balance due and costs of attorney's fee of 33% of the balance.

Parent/guardian is responsible to pay all activity fees for special field trips **before** the trip. A notice will be posted in advance of trips. Parents/guardians can contact the front desk to register their camper for upcoming trips. Camper may not be able to attend the field trip if activity fees are not paid. There are no refunds for absences after a trip fee has been paid.

There will be a \$5.00 charge for every 5 minutes a child is not picked up by 6:00 p.m.

Parent/Guardian Signature: _____

Date: _____

Monticello Y-Zone Camp Medication Form

Please list all allergies, behavior disorders, medications and dosage. Please sign this form and return.

Child's name _____

Parent/Guardian Name _____

Please list all medications & dosage taken daily by camper:

Medication Name	Dosage

Medication to be taken at camp? (Please circle)

YES

NO

If yes, please list below:

Medication Name	Dosage	Time to be taken

I hereby request and authorize Clinton YMCA personnel to administer medication as directed by the physician. I agree to allow Clinton YMCA to properly dispose of any medications that have not been picked up by the last day of camp.

Parent/Guardian Signature _____

Pick Up Authorization Card

Child's Name _____

(Please include names and information for person(s) authorized to pick up your child from Y-Zone / 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 _____

Summer Camp 2025

Monticello Y-Zone

Pool Day Wavier

Child's Name: _____ Age: _____

Grade: _____

The Monticello Y-zone staff is committed to making summer camp pool days fun and safe for all our camp participants! To help the staff, please select all that apply to your child below.

My child may use (Check all that apply):

- ☐ The big pool
- ☐ The slide
- ☐ The low dive
- ☐ The high dive
- ☐ My child is **not a strong swimmer**, but they know their limit and can be at the shallow end of the big pool **without** a swim vest.
- ☐ My child does **not** know how to swim but can be in the shallow end of the big pool with a swim vest on.
- ☐ My child does **not** know how to swim and needs to remain in the kid area.

Note: We will rely heavily on lifeguard supervision for any campers that have permission to be in the big pool. Your child must be a good swimmer and must know their limits. We will have Y-zone staff supervising the area as well, but it will be impossible for us to always have our eyes on each camper. Staff members will always be supervising the kid area. Campers restricted to the kid area will not be allowed out of that area unless escorted to the bathroom by staff. If your child needs arm floats, swim vests, goggles, etc. then you must send them with. Y-zone will not provide these items.

Comments:

Your Signature: _____ Date: _____

Rated PG Movie Permission Slip

Dear Parents/Guardians,

Y-Zone Summer Camp participants will watch a movie each week that usually goes along with our theme of the week. Since many favorites 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: Sing, Open Season, Lilo & Stitch, Cloudy with a Chance of Meatballs, Finding Dory, Shrek, Moana, Wreck it Ralph, Ice Age, and Minions. If you do not wish for your child to watch PG rated movies at the Y-Zone, we will find other activities for them during this time.

Please complete and sign the form below and return it as soon as possible. Thank You,

Rated PG Movie Permission Slip

Child's Name (Please Print) _____

Parent's Name (Please Print) _____

_____ **Yes, I give my Child Permission to view PG Movies at Y-Zone**

_____ **No, I do not give my Child Permission to view PG Movies at Y-Zone**

Parent Signature _____ **Date** _____