



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

STARTING MEMORIES THAT LAST A LIFETIME

Clinton Community YMCA Pre-K Camp Osage

For kids ages 3-5 * Must be potty-trained

Camp hours 8am-12:30 PM (Monday's, Wednesday's, & Friday's)(drop-off between 8:00 – 8:30)

Only campers who are registered and paid may attend camp. Register at the Courtesy Desk with this form and receive a parent's handbook with more information. Camp Starts June 7th.

Complete and return to Clinton Community YMCA, 417 S. Alexander St., Clinton, IL 61727. \$20.00 (nonrefundable) registration fee and first week program payment must accompany this form.

Fees: Members \$20 per day/ Non-members \$23 per day

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

Child's Name _____ Age _____
Please Print Clearly - First name (what your child goes by) and last name

Parent/Guardian _____ Child's Date of Birth _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Other (Cell) Phone _____

I hereby give permission for my child to enroll in the Clinton Community YMCA Camp Osage. 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 _____

Email Address _____

SHIRT INFORMATION: Campers must bring a white shirt to tie dye the first Friday of camp (6/11). Campers are only required to wear their camp shirt on field trip days.

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 _____	\$20.00 Reg. fee _____	Y / N _____	Amt. paid _____
attending camp _____	First week _____	Y / N _____	Amt. paid _____
Total amt. paid _____	Date _____		
			Staff Initials _____

MORE ON THE BACK



CAMP OSAGE 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 YMCA 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 Pre-K 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 Pre-K Camp 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 Pre-K Camp, 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, YMCA Pre-K Camp, and their employees, agents, volunteers, and all other persons and agencies having any affiliation with the Pre-K Camp 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 YMCA Pre-K Camp.

Parent/Guardian Signature _____

Name(s) of child(ren) attending Camp

Medication form

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

Child's name:

Parent/Guardian's name:

Medication: _____

Dosage: _____

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 _____

Special Participation Agreement and Waiver of Liability in relation to Risk of Coronavirus Infection while at Camp Osage

Thank you for reading this Agreement carefully. It includes important information about Clinton Community YMCA's Camp Osage Day Camp activities and describes certain protections sought by Camp Osage 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 Camp Osage or from being exposed by someone else who was at Camp Osage.

In consideration of the services of Camp Osage, I, _____, acknowledge and agree as follows:

Activities:

The activities of Camp Osage 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. Camp Osage 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:

Camp Osage 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. Camp Osage will have communication with the local health department for guidance and the handling of any cases that arise at Clinton Community YMCA. 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 Camp Osage are an integral part of the Camp Osage experience. If eliminated, campers would be deprived of the opportunity for the growth and development which Camp Osage 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.

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) CAMP OSAGE, 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 Camp Osage 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 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 Camp Osage'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 _____