



YMCA of Southwest Florida 2026 Summer Day Camp Program Registration

Camper Information:

Child's Name _____

School of Attendance _____

Preferred Name _____ Grade (rising) _____

Date of Birth _____ Age _____ Gender _____

Home Address _____

City _____ State _____ Zip _____

Primary Care Givers:

Parent/Guardian Name _____

Email Address _____

Home Address _____

Personal Phone _____

Parent/Guardian Name _____

Email Address _____

Home Address _____

Personal Phone _____

Person or agency having legal custody _____ Child lives with _____

Authorized Pick-Ups:

Child will be released to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

- **DO NOT** put anyone on this form that cannot pick up your child. If both parents are listed, that indicates to us that either parent is authorized to pick up your child unless otherwise noted.
- All persons authorized to pick-up children should be prepared to show identification (photo i.d.) at the time of sign-out for the child to be released to them; and must be at least 18 years old

Name	Relationship	City	State	Zip
Address				
Personal Phone	Work Phone			

Name	Relationship	City	State	Zip
Address				
Personal Phone	Work Phone			

Name	Relationship	City	State	Zip
Address				
Personal Phone	Work Phone			

Household Information:

Please complete the following information. All Information is kept confidential and will not be used individually but grouped for fundraising and grant writing. We do not sell or share our mailing list.

Household Income (Please use GROSS income, before taxes):

☐ under \$31,893 ☐ \$31,894-\$40,181 ☐ \$40,182-\$48,469
☐ \$48,470-\$56,757 ☐ \$56,758-\$65,045 ☐ \$65,046-\$73,333
☐ \$73,334-\$81,621 ☐ over \$81,622

Household Size _____ Ethnicity _____

***Please note that this information is not mandatory but extremely important for grant purposes and continuing our competitive cost.**

Date of Birth _____

City _____ State _____ Zip _____

Work Phone _____

Date of Birth _____

City _____ State _____ Zip _____

Work Phone _____

Additional Information:

My child's picture may be taken while participating in YMCA events/activities with the knowledge that the photo may be used in media publications. ☐ Yes ☐ No

My child has permission to be transported by a YMCA vehicle or by walking and to participate in all YMCA program activities, special events, and related field trips. ☐ Yes ☐ No

If no, please Explain _____

I understand that the parent handbook is online, and I can review it at any time. ☐ Yes ☐ No

Does your child have any allergies/special dietary needs? ☐ Yes ☐ No

Please list _____

Does your child have any physical disabilities or are there activities in which they should not participate? ☐ Yes ☐ No

Please list _____

Does your child have any emotional/physical challenges that we should be aware of to better serve then? ☐ Yes ☐ No

Please list _____

I understand the YMCA is not responsible in the event of an accident or injury, and I understand that it is my responsibility to carry **medical insurance** for my child. I authorize the use of available medical services and understand that every effort will be made to contact parents or guardians in the event of accident or illness. I hereby grant permission for the staff of the facility to contact the following medical personnel or obtain emergency medical care if warranted.

Doctor's Name
Dentist's Name

Phone Number
Phone Number

Hospital Preference

RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT: In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

- Section 402.3125 (5), FS, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CFR/PI 175-24).
- Section 65C-22.006(3)(c)2,FAC, requires that parents are notified in writing of the disciplinary practices used by the child care facility for review by the parents.
- I have received, read, and understand the parent handbook regarding the philosophy, goals, and policies including the discipline policies of the YMCA Summer Programs in which my child is enrolled.
- I understand that the YMCA reserves the right to end child care services at any time, for any reason.

Your signature below indicates that you have received and agree to the above items and that information on this enrollment form is complete and accurate.



Signature _____

Date _____

YMCA of Southwest Florida 2026 Summer Day Camp Camp Selection & Payment Information

Camp Selection

For registrations placed in person or via email, please indicate which camp sessions you are registering for below:

Session/Week Dates	Camp Name	Camp Fees	Add Beforecare	Add Aftercare
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL CAMP FEES:				

Payment Information

A one-time registration fee of \$40 is due with this application. The Registration Fee is not refundable or transferrable.

In addition, a non-refundable deposit of \$25.00 per camper, per session is due with this application. The deposit is applied to your total balance. Balances must be paid in full ten days prior to your camp session starting.

To qualify for member rates, a camper must be a member at the time of registration.

Payment Options:

- ☐ OPTION 1 - Pay Registration Fee & Deposits at the time of registration and remit payment for the balance through automated payments billed 10 days prior to each camp session start. By selecting this option, you authorize auto draft ability.
- ☐ OPTION 2 - Pay balance in full at the time of registration
- ☐ OPTION 3 - Early Learning Coalition Funding.

OPTION 1 – PARTIAL BALANCE DUE TODAY:

Registration Fee: \$
40.00
\$25.00 X number of sessions: \$

OPTION 2 – FULL BALANCE DUE TODAY:

Registration Fee: \$
40.00
Calculated total camp fees from above: \$

Payment Methods:

- ☐ Enclosed is my check/cash in the amount of: \$ _____
- ☐ Bill the card on file. By entering the credit card or bank information, you authorize auto draft ability (billed 10 days prior to each camp session start):

Name on Card: _____

☐ MasterCard ☐ VISA ☐ Discover

Last 4 digits of Card #: _____

Exp. Date: ____ / ____

Signature of Card Holder: _____

CAMP WEEK	PAYMENT DUE DATE
WK 1- June 1st – June 5th	May 22 nd
WK 2- June 8 th – June 12 th	May 29 th
WK 3- June 15 th – June 19 th	June 5 th
WK 4- June 22 nd – June 26 th	June 12 th
WK 5- June 29 th – July 3 rd	June 19 th
CAMP WEEK	PAYMENT DUE DATE
WK 6 -July 6 th – July 10 th	June 26 th
WK 7- July 13 th – July 17 th	July 3 rd

WK 8 - July 20 th – July 24 th	July 10 th
WK 9 - July 27 th – July 31 st	July 17 th
WK 10 - Aug 3 rd - Aug 7 th	July 24 th

Refunds & Cancellations

All cancellation requests must be made in writing at least 14 days prior to the start of the camp session. Cancellations will result in the forfeiture of the non-refundable deposit per session as well as non-refundable registration fee.

- A full refund (less the deposit and registration fee) will be issued if a written cancellation is received at least 14 days prior to the start of the camp session.
- Cancellations made after the 14-day deadline are not eligible for a refund.