



Child's First Name: _____ Last Name: _____

Please note you must fill out a separate registration form for each child attending School Break Camp.

Date of Birth: _____ Grade Entered Fall 2026: _____ Age as of 1/1/2026: _____

(If not 5 yrs. by 1/1, please contact your Camp Director.)

Gender (identifies as): ☐ Male ☐ Female ☐ Other _____

We value and celebrate the diversity of our community.

Race (required):

☐ American Indian/Native Alaskan ☐ Asian ☐ Black or African American ☐ White ☐ Prefer not to say

Ethnicity (required):

☐ Hispanic or Latino ☐ Non Hispanic or Latino ☐ Prefer not to say

PARENT/GUARDIAN (Must COMPLETE all information in order to register for program.)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Phone to reach you: _____ 2nd Best Phone: _____

Relationship to Child: _____ Employer: _____

Email: _____

PARENT/GUARDIAN (Only if approved for pick up)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Phone to reach you: _____ 2nd Best Phone: _____

Relationship to Child: _____ Employer: _____

Email: _____

With whom does this child live? _____

Please list at least one NON-PARENT emergency contact:

FIRST EMERGENCY CONTACT

First Name: _____ Last Name: _____

Best Phone to reach you: _____ Address: _____

Relationship to Child: _____

SECOND EMERGENCY CONTACT

First Name: _____ Last Name: _____

Best Phone to reach you: _____ Address: _____

Relationship to Child: _____

Other than those listed above, who is allowed to pick up your child? _____

If you would like our staff to better understand specific family structures/agreements that could affect your child's drop-off, daily program, or pick-up, please list here in detail.

WAIVERS

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF SOUTHERN MAINE FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of YMCA of Southern Maine facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Southern Maine programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease, including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA of Southern Maine its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Parent/Guardian Signature: _____

Date: _____

Field Trip Transportation Liability Agreement: I give permission for the YMCA to take my child on field trips (van or walking). I give my permission for my child to be transported by the appropriate YMCA of Southern Maine staff in a YMCA approved vehicle. I assume any and all liability for damages to or caused by my child in connection with the transportation services offered by the YMCA, except those caused by gross negligence or intentional act of the YMCA. I also understand that the YMCA will not be responsible for my child between the YMCA and his/her residence and vice versa.

Parent/Guardian Signature: _____

Date: _____

WAIVERS (Continued)

AQUATIC PERMISSION SLIP AND LIABILITY AGREEMENT:

I give permission for the YMCA of Southern Maine ("YMCA") to provide scheduled, aquatic opportunities to my child. This permission covers any instructional and recreational activities conducted by the appropriate YMCA staff. I assume any and all liability for damages to or caused by my child in connection with the aquatic services provided by the YMCA, and unconditionally release the YMCA from any and all liability therefor or relating thereto, except those caused by the gross negligence or intentional wrongful act of the YMCA.

Child's Name: _____

Parent/Guardian Signature: _____ **Date:** _____

☐ I decline. Signature: _____ **Date:** _____

(Check here, sign and date if you do not wish to grant permission)

Family Handbook Agreement: The Family Handbook can be found on our website, or can be provided by your Program Director or Membership Team at each Branch location.

I hereby acknowledge receipt of the YMCA of Southern Maine's Family Handbook. I understand that the policies and procedures may be changed at any time and I will receive notification if and when these changes occur. I have had explained to me any portions of the Family Handbook about which I did not understand. I realize that by signing I agree to comply with the noted policies and procedures.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Sunscreen and Bug Spray Agreement: Children in care at the YMCA spend time outdoors every day, weather permitting. During camp, sunscreen and bug spray play an important role in keeping kids safe and comfortable.

SELECT ONLY ONE:

- ☐ I grant my permission for my child to use sunscreen and bug spray while in the care of the YMCA.
- ☐ I do not grant permission for my child to use sunscreen or bug spray while in the care of the YMCA. I understand that I am responsible for ensuring my child is protected from sunburn and bug bites.

Parent/Guardian Signature: _____ **Date:** _____

PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

Consent. With respect to my child/children named below I hereby give my consent for the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA), and/or the YMCA of Southern Maine (YMCA), YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage
- sound track recordings
- photo reproductions
- any narrative account of their experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my child/children’s will not be used to endorse any particular commercial products or commercial services.

Should I wish to revoke this consent at any point in the future, I may do so, but I understand that images may already have been released to the public if such a revocation occurs after publication.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability. I hereby release and discharge YMCA of the USA, YMCA and their related parties from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Name(s) of child/children (if applicable):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Signature: _____ **Date:** _____

Printed Name: _____ **Date:** _____

Address: _____

☐ I do not give consent. **Signature:** _____ **Date:** _____

2026 DECEMBER SCHOOL BREAK CAMP (December 28-30)

ACTIVITIES: Weather Themed Crafts, Sports and Games, Outdoor Nature, and Swimming three days per week

DATES/HOURS: December 28 to 30 | Camp Day: 9:30-3:30pm. Before care (8:00-9:30am) and After care (3:30-5:30pm) available at no extra charge

RATE: \$225/per 3 day session

AGES: 5 years old (already attending Kindergarten) to 12 years old

REGISTRATION – OPENS OCTOBER 26:

At the Y, we believe all kids should have the opportunity to discover who they are and what they can achieve through programs like School Break Camp. That’s why we are committed to serving everyone, regardless of ability to pay. If you have any questions about registering for camp or applying for the Y’s financial assistance.

SCHOOL BREAK CAMP FEES:

Weekly Fee	Ages 5 years old (already attending Kindergarten) -12 years old \$225 per week, per child
------------	--

CONTACT US:

School Break Camp, Freeport
Haley Smith, Director
14 Old S. Freeport Rd., Freeport, ME 04032
hsmith@ymcaofsouthernmaine.org
207-865-9600

Payment methods on next page...

PAYMENT & REGISTRATION

We strive to provide affordable, quality camp experiences. To effectively manage our resources:

REGISTRATION

- \$45 non-refundable deposit per week is required to secure registration
- Full payment is due 14 days before camp start date
- Unpaid balances will result in attendance suspension until payment is made
- **You must complete all sections of the registration packet and provide up to date immunization records.**

CANCELLATIONS

- Written notice is required at least 15 days before the camp week starts

PAYMENT

Balances are due in full 14 days before the start of the camp week, through an automatic draft payment (credit card or checking account). Please contact your Program Director if you have concerns about this. We are dedicated to working with all families and will not turn a child away due to financial need. Payment schedules, options and financial assistance are available, please ask. **Children cannot attend school break camp weeks that are not paid for in advance.**

You must select one box. Registration cannot be completed (your spot will not be reserved) unless payment information is provided.

- ☐ I wish to pay my balance due in full. Total Balance Due: \$ _____
- ☐ I have applied for Financial Assistance (the completed application is enclosed with this registration form).
(NOTE: Billing information must be completed below. You are responsible for full payment of camp fees until State Subsidy or Financial Assistance are confirmed. This process can take several weeks. We ask that you plan accordingly.)

If not paying in full, the following must be completed.

- ☐ I consent to be charged a \$45 weekly deposit (prorated based on Financial Assistance award) in order to complete my registration.
- ☐ I authorize automatic payments for the amount due, as listed below: (NOTE: I understand I am responsible for payment.)

Select Only One:

- ☐ **Visa/MasterCard/American Express/Discover – (Circle Your Card Type)**

Name on Credit Card: _____

Card Number: _____ Exp Date: _____

- ☐ **Auto Draft from Bank Account** Name on Account: _____

Account Number: _____

Routing Number: _____

Does your family currently receive support from the Child Care Approachability Program (CCAP, or Child Care Subsidy)? ☐ Yes ☐ No

Parent/Guardian Signature: _____ **Date:** _____



CHILD ACCOMMODATIONS FORM

You must complete this form with detailed information in order to secure your spot in camp.

Child's Last Name: _____ First Name: _____

This form is used to assist us in providing the best possible experience for your child while s/he attends Y programming. Your signature on this form gives us permission to share this information with the counselors and staff who work with your child.

Does your child have any behavioral or health concerns that you want us to be aware of?

What is your recommendation for the best way for us to help your child?

Are there any specific situations that trigger this concern in your child?

What is typical and/or atypical behavior from your child?

While your child attends school, has there been any plan of action designed to address this concern which has been effective? If yes, please explain in detail:

_____ My child has an IEP, 504 plan, and/or one-on-one support at school.

If yes, please submit the plan for review. We will assess your child's needs to determine whether they can be safely and reasonably accommodated within our program.

Please note, all children must be able to participate safely in our programs. We are not able to provide one-on-one supervision and retain the discretion not to enroll or to remove a participant from our program if that participant is not able to participate safely. Open communication is the best way to ensure a happy and safe school break for your child. Please contact your Program Director with any questions.

Signature of Parent/Guardian: _____ Date: _____



HEALTH HISTORY FORM

This form must be completed with all details requested in order to register for the program.

Child's Last Name: _____ First Name: _____

Date of Birth: _____

Physician Name: _____ Phone: _____

Address: _____

Dentist Name: _____ Phone: _____

Address: _____

Hospital Preference: _____

HEALTH HISTORY

Does your child have any chronic or recurring illness? Please explain.

Does your child have any reactions to insect bites/stings? (If any, how severe is the reaction?)

Does your child have any allergies? Please explain and include an allergy plan from your doctor.

Are there any activities your child should be exempt from because of health reasons?

Record of past medical treatment if any:

- Does your child have Epilepsy: ☐ Yes ☐ No
 - If yes, date of last seizure & severity _____

- Does your child have Diabetes: ☐ Yes ☐ No
 - If yes, does your child take medications or insulin? _____

- Does your child have Asthma: ☐ Yes ☐ No
 - If yes, does your child carry an inhaler?* ☐ Yes ☐ No

- Does your child carry an epi-pen?* ☐ Yes ☐ No
 - If yes, what for: _____

- Will your child be taking medications while attending programming at the Y?* ☐ Yes ☐ No
 - If yes, an **Authorization to Dispense Medication** form is required.

NOTE: Parents/Guardians MUST give **ALL** medications, epi-pens, inhalers, etc. (including over the counter medications) to the Program Director, and proper paperwork for dispensing medications must be provided.

ALL self-administered medications will be handed to the staff leader in the child's group. The staff member, will carry the medication in their bag while with the child, and will pass off the medication to other staff should the child switch groups.

If your child needs to taking medication while at the Y, please send a week's worth of medication. This will stay on campus in a double locked cabinet for the duration of the week, and the bottle will be sent home (staff passing off to parents), on the last day of the week the child will attend. If children attend multiple weeks, the medication will need to be re-stocked and given to the Director on Monday.

HEALTH HISTORY FORM WAIVER

This health history form is correct to the best of my knowledge, and my child herein described has permission to engage in all prescribed activities except as noted. I hereby give permission to the medical personnel selected by the Program Director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Program Director to secure and administer treatment, including hospitalization for my child named above.

- ☐ **My child's immunization records are attached.** (You have 2 weeks to provide immunization records from day of submission.)
- ☐ I understand the Y does not provide one-on-one supervision.
- ☐ I understand the Y retains discretion to remove a child if they are unable to safely participate.

By signing this form, you acknowledge that you have read our Camp Readiness Guidelines and agree that your child meets these guidelines to participate successfully in camp. (Camp Readiness Guidelines are located on our camp webpage.)

Parent/Guardian Signature: _____ **Date:** _____



Signature of parent/guardian: _____ Date: _____

RECORD OF MEDICATION

The YMCA uses this to record the amount, date, time that the medication was given with staff initials. It is a reference for sharing information with the child's parent/guardian.

NOTE: A new form must be used for **each** prescribed medication.

[illegible]