



THE YMCA OF KLAMATH FALLS
2026 Summer Day Camp Registration Form
For Campers entering grades 1-6 Fall of 2026
Registration Opens: Y Member 03/17/26-Community 04/07/26

CAMPER'S INFORMATION:

First Name: _____ Last Name: _____

Preferred Name: _____ DOB: _____ Grade (Fall 2026): _____

Home Address: _____ City: _____ Zip: _____

Child Lives With: ___ Both Parents ___ Mother ___ Father ___ Other _____

School _____

PARENT/GUARDIAN # 1 INFORMATION:

First Name: _____ Last Name: _____ DOB: _____

Home Address: _____ City: _____ Zip: _____

Cell Phone: _____ Work Contact Phone: _____

Email Address: _____ Employer: _____

PARENT/GUARDIAN # 2 INFORMATION:

First Name: _____ Last Name: _____ DOB: _____

Home Address: _____ City: _____ Zip: _____

Cell Phone: _____ Work Contact Phone: _____

Email Address: _____ Employer: _____

EMERGENCY CONTACTS/AUTHORIZED TO PICK UP CHILD: Please add additional sheet of authorized pick-up if needed.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of Family Physician _____ Phone _____

Medical Insurance Carrier _____

Special Arrangements we need to be aware of (visitation, etc.) _____

Allergies _____

AGREEMENTS AND RELEASE

Please initial each line item.

My child has permission to participate in The YMCA of Klamath Falls Day Camp 2026 activities, including swimming and other organized activities listed on the weekly camp schedule. All swim activities are supervised by certified YMCA lifeguard staff persons, as well as camp staff.

I give my permission to the YMCA to secure proper medical treatment for my child. In the event of an emergency, you will be notified. If, however, you cannot be reached and circumstances warrant it, YMCA staff will arrange for transportation to a medical facility to acquire care for your child.

I hereby grant The YMCA of Klamath Falls the right to use pictures/photographs/videos of above-named child for display or advertising specifically for YMCA programs.

I understand that payment is due in full by 9:00am on Monday of the camp week. If deadline is not met, your account will incur a \$10.00 late payment fee.

I understand that deposits to hold camp weeks and field trips are not refundable. No credit will be given for sick or missed days. We cannot trade days in order to make up for "lost" time.

I give permission to the YMCA for my child to go on supervised field trips in YMCA vehicles.

I agree to notify the YMCA immediately if my child is exposed to any communicable disease.

I give my permission for YMCA staff to supervise application of topical items (sunscreen, insect repellent, etc.) for my child prior to going outside.

I understand that my child will not be permitted to start camp without a completed Medication Distribution Form, if medication is to be distributed. If needed, please request the Medication Distribution Form.

I agree to abide by the rules and policies outlined in the Summer Camp Parent Handbook.

I understand that my child needs to be **picked up at the end of the camp day by 5:30 pm**. If I cannot be there by 5:30 pm, I understand that I must contact the camp director with alternative arrangements. Late pick up fee of **\$20 will be charged for every 15 minutes, starting at 5:30 pm**

Registration Deadline: All registration must be received by our office on the **Thursday before the week** you child is attending. All registration received after this date will incur a \$10.00 late registration fee.

To the best of my knowledge my child is healthy and should have no physical problems participating in the Summer Day Camp offered by The YMCA of Klamath Falls. I understand that, according to State Law, the YMCA is required to report suspected child abuse. I understand that The YMCA of Klamath Falls' programs are not covered by medical, dental or accident insurance. Each participant must furnish his/her own coverage. I understand that The YMCA of Klamath Falls assumes no financial obligation for any injury that may occur. I also understand that YMCA staff are not allowed to transport or babysit my children at any time outside of the YMCA programs.

I understand that deposits to hold camp weeks are non-refundable.

Signature of Parent/Guardian:

Date:

Check all boxes that apply to your needs. *Please note* There is a **\$25 per week deposit** due at time of registration. **Deposits are non-transferable and non-refundable.** Your registration is not considered complete until deposits have been received.

SESSION WEEKLY COST: \$175 for Y Members \$245 Community Please mark the weeks you wish to have your child attend.			OPTIONAL TUESDAY/THURSDAY FIELD TRIPS WEEK 4 WILL BE WEDNESDAY INSTEAD OF TUESDAY Payment due at time of registration and is non-refundable Please mark the field trips you wish to have your child attend.	
	1	June 15-19 Safari		Tues: World of Arkai-\$30.00 Thurs: Wildlife Safari-\$65.00
	2	June 22-26 Around the World		Tues: Children’s Museum-\$30.00 Thurs: Train Mountain-\$25.00
	3	June 29-July 3 USA 4th of July		Tues: Epi Center-\$40.00 Thurs: Crater Lake Zipline-\$86.00
	4	July 6-10 Dinosaurs		Wed: Wild Pigment Art Studio-\$35.00 Thurs: Ashland Science Works-\$50.00
	5	July 13-17 Disney		Tues: Badger Run Wildlife -\$25.00 Thursday: Lava Beds-\$30.00
	6	July 20-24 Under the Stars		Tues: Boba Day-\$30.00 Thurs: -Turtle Bay \$55.00
	7	July 27-31 Mysteries		Tues: Pelican Movie Theatre-\$35.00 Thurs: Lake of the Woods-\$32.00
	8	August 3-7 Camping		Tues: Ella Redkey Pool-\$25.00 Thurs: Glass Forge-\$70.00
	9	August 10-14 Construction		Tues: Fun in the Sun Field Day-\$25.00 Thurs: Running Y Putt Putt-\$36.00
	10	August 17-21 STEM		Tues: Gymnastics-\$30.00 Thurs: Get Air Trampoline-\$55.00
	11	August 24-28 Better Together		Tues: Klamath County Museum-\$27.00 Thurs: Ashland Lithia Park-\$30.00

PARENT HANDBOOK ACKNOWLEDGEMENT OF RECEIPT:

I hereby acknowledge that I have received the 2026 Summer Day Camp Parent Handbook for YMCA Super. I will abide by all the policies set forth in that document, and I will discuss the policies and procedures with my child/children.

Parent/Guardian Name: _____ Date: _____



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services. I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Child's Name: _____ Age: _____

Parent/Guardian/Adult Printed Name: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Parent/Legal Guardian: _____ Date: _____

SUMMER CAMP AUTO DRAFT

AUTOMATIC WITHDRAWAL INFORMATION PARENT/GUARDIAN:

Name: _____

Child Name: _____

Billing address: _____

Email address: _____

Phone: _____

AUTOMATIC WITHDRAWAL INFORMATION (new/current registrants: please select and update billing method below):

Bank Draft Information: (Please attach voided check)

OR Credit/Debit Card Information **(circle one)**:

Checking Savings

Master Card Visa Discover AMEX

Routing/Transit Number: _____

Name on Card: _____

Account Number: _____

Card Number: _____

Expiration Date: _____ CW#: _____

DRAFT SCHEDULE (CIRCLE ONE): Weekly (Monday)

or Monthly (1st of the month)

Child Care Payment Policy: I understand there will be a \$35.00 service charge applied to my account should any payment be returned. The YMCA reserves the right to terminate childcare upon non-payment fees.

Parent/Guardian Name: _____ Date: _____