



UNSTOPPABLE SUMMER

WALLA WALLA WEEKS & THEMES

Please mark the weeks you want your teen to attend.

Please turn packets into front desk.

Child's Name: _____

Unstoppable Summer: Ages 11-14 (11 If they are going into 6th) *scholarship eligible*

MON-THU: Full Day (10:00am-4:00pm) at \$75per week

LOCATIONS: Teen Center

Week 1: 6/22-6/26 Try Everything!

Team Building - Frisbee Golf - Harris Park Hike - Amazing Race

Week 2: 6/29-7/03 Create & Explore

Art Stations - Make for Joy Workshop - Tamastlikt Museum - Talent Show

Week 3: 7/06-7/10 Adventure

Team Relays - Water Games - Obstacle Course - Tiger Creek Hike

Week 4: 7/13-7/17 Life Skills Lab

First Aid - Cook Off - Life Skills - Grocery Challenge

Week 5: 7/20-7/24 Game On

Mini Golf - Stardust Bowling - Board Games - Gaming Tournament

Week 6: 7/27-7/31 Find Your Strength

Mini Games - leadership Games - Bridge Building - Community Service

Week 7: 8/03-8/07 Local Exploration

Downtown WW - Kirkman Museum - History Tour - Whitman Mission

Week 8: 8/10-8/13 Our Approach

Photography – Writing - Journaling - Awards Ceremony



UNSTOPPABLE SUMMER WALLA WALLA REGISTRATION

TEEN'S LAST NAME, FIRST INITIAL

DATE

Please print clearly. Complete all blanks on this form. If there is a blank that is not applicable, write N/A in that blank. Incomplete forms cannot be accepted and we are unable to accept children into programs until all paperwork has been submitted. Print completed registration form, sign all applicable pages, and bring to the Walla Walla YMCA to complete registration. If you have any questions about completing this form, please contact the Y.

1 | CHILD'S INFORMATION

Full Legal Name _____ Preferred Name/Nickname _____

Address (physical and mailing, if different) _____ City _____ State _____

ZIP _____ Phone _____ School _____

Grade Entering _____ Age _____ Date of Birth _____ Other Schools/Programs Concurrently Attending _____

Gender _____ Email _____

2 | PARENTS/GUARDIANS In an emergency, contacts will be called in the order listed below.

Parent/Guardian Name _____ Best Daytime Emergency Phone _____

Address _____ City _____ State _____

ZIP _____ Date of Birth _____ Place of Employment _____

Relationship to Child _____ Email and Alternate Phone(s) or Contact Methods _____

Parent/Guardian Name _____ Best Daytime Emergency Phone _____

Address _____ City _____ State _____

ZIP _____ Date of Birth _____ Place of Employment _____

Relationship to Child _____ Email and Alternate Phone(s) or Contact Methods _____

3 | EMERGENCY MEDICAL CONTACTS Please list two ADDITIONAL contacts in the event a parent/guardian cannot be reached.

Emergency Contact Name 1	Best Daytime Emergency Phone	
Address	City	State
ZIP	Relationship to Child	Email and Alternate Phone(s) or Contact Methods

Emergency Contact Name 2	Best Daytime Emergency Phone	
Address	City	State
ZIP	Relationship to Child	Email and Alternate Phone(s) or Contact Methods

4 | ADDITIONAL INFORMATION

Authorized Persons for Pickup (in addition to above Parents/Guardians and Emergency Contacts) (max of eight persons total)

Persons NOT Authorized for Pickup (appropriate legal paperwork must be on file with the YMCA for the custodial parent to list another parent)

Schools and Child Care Centers previously attended.

Does your child have any allergies and/or intolerances to food, medication, or other substances? List any symptoms and actions to be taken.

Please describe any chronic physical problems or pertinent developmental info and any special accommodations needed. Attach additional sheets if necessary. Please be aware that while we do all we can to accommodate our participants, we are NOT able to provide one on one support.

5 | PARENT STATEMENT OF UNDERSTANDING

The following is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA Camp staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in each morning and sign my child out before leaving for the day.
 - Sign-in/Sign-out sheets are available as you arrive at the program area. See other pick-up provisions in Parent Handbook.
- I understand that my child will not be allowed to leave the program with an unauthorized person.
 - Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program.
 - If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers.

I have read and understand the statements above regarding YMCA policies and procedures. _____ Date

I have received a copy of the YMCA Parent Handbook which includes the bus policy. _____ Date

I have provided a copy of either my child's physical or immunization records. _____ Date

6 | STATEMENT OF AUTHORIZATION

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
2. My child has permission to participate in swimming activities.
3. In the case that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the center as soon as possible.
4. In the case that you or anyone in the immediate household of the Teen develops a reportable communicable disease as defined by the State Board of Health, it is the responsibility of the parent to notify the YMCA within 24 hours or the next business day in order for the YMCA to take proper action, except in the case of life-threatening diseases which must be reported immediately.
5. My signature authorizes the management and staff of the Walla Walla YMCA to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I/we grant permission for emergency medical treatment and/or routine medical care by the YMCA staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, including transportation by ambulance, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the Walla Walla YMCA from any and all liability and/or financial responsibility for any medical expenses incurred.
6. The parent/guardian authorizes the application of sunscreen for his or her child by YMCA staff.

Assess your child's swimming abilities: (select one)

NON-SWIMMER
NO SWIM EXPERIENCE

BEGINNER
LIMITED INSTRUCTION

INTERMEDIATE
AVERAGE SWIM ABILITY

ADVANCED
SKILLED SWIMMER

Please note any known adverse reactions to any sunscreen brands/active ingredients:

By signing, I am authorizing all of the above. _____ Date

For office use only:

DATE VIEWED _____ VIEWED BY _____

DATE _____ DATE OF BIRTH _____

DATE CHILD ENTERED CARE _____ DATE CHILD WITHDREW FROM CARE _____

7 | BEHAVIOR AGREEMENT

At the YMCA we take the happiness of your children very seriously. We want every day here to become a happy memory for them. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement; please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at YMCA Summer Camp. Thank you!

- I will listen to the staff and follow their directions.
- I will respect other people's belongings by not touching/using their things without permission.
- I will not hit, kick, fight or spit on other people.
- I will not yell while inside buildings and will use my inside voice when speaking.
- I will use appropriate language, which does not include swear words or negative remarks. (i.e. "Shut up," "Stupid," "Dumb," etc...)
- Before leaving the designated area, I will ask a staff member for permission.
- I will respect other's feelings by having a positive attitude when talking to them and not negatively about others.



Not abiding by these rules can result in suspension from the program. All incidents will be handled on a 3-incident system. Hitting/kicking/fighting/spitting will be an immediate 1-day suspension from the program and may result in termination of services.

Parent/Guardian Signature

Date

Camper Signature

Date
