



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**EAST HARTFORD YMCA**  
770 Main Street, East Hartford, CT 0618  
EastHartford@GHYMCA.org • 860-289-6612

## YMCA Camp Nowashe

### 2021 Summer Camp Application for Enrollment

#### PARENT CHECKLIST

Step 1: Payments *Payments in full are due no later than the Wednesday prior to the first day of the session*

- \$20 One-time Registration Fee is due upon registration.
- 20% Deposit is due upon registration for each camp you are interested in registering your child.

Step 2: Completed forms must be received no later than 2 weeks before your child's first day of session.

- Enrollment Application (*page 1-3*)
- Release and waiver of liability and indemnity and photo/talent release (*page 4*)
- YMCA Waiver Form (*page 5-6*)
- OEC Covid Informed Consent Form (*page 7*)
- Sunscreen Authorization Form (*page 8*)
- Electronic Payment Form (*page 9*)
- Youth Camp Health Exam/Record
- Authorization of Medication Form (*if needed*)
- Asthma Care Plan (*if needed*)
- Allergy Care Plan (*if needed*)
- General Special Care Plan (*if needed*)
- Seizure Care Plan (*if needed*)

Step 3: Financial Assistance (*if needed*)

- Financial Assistance Form with required documents showing proof of income
- Care4Kids Forms – Application and Parent/Provider Agreement

If you are interested in learning more about how to apply for Financial Assistance or to access all camp forms, please visit [GHYMCA.org/campnowashe](http://GHYMCA.org/campnowashe) or call your local YMCA branch.

Step 4: Submit all required forms by:

- In person or US mail to:  
East Hartford YMCA  
770 Main Street  
East Hartford, CT 0618
- Fax: (860) 289-6659 (**Please confirm your fax!**)
- Email: [krista.clark@ghymca.org](mailto:krista.clark@ghymca.org)

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**YMCA OF GREATER HARTFORD**  
**2021 Summer Camp**  
**Application for Enrollment**

Please inform us of your approximate drop-off time so that we can staff accordingly.

Planned arrival time \_\_\_\_\_ am

Before Care Hours  
7:00am – 9:00am

Camp Hours  
9:00am – 4:00pm

After Care Hours  
4:00pm – 6:00pm

	<i>Camp Nowashe Ages 5-12</i>	Before Care	After Care	CIT Camp <i>Ages 13-14</i>	Before Care CIT Camp	After Care CIT Camp
Session 1 6/14-6/18	<input type="radio"/> \$237	<input type="radio"/> \$5	<input type="radio"/> \$5		<input type="radio"/> \$0	<input type="radio"/> \$0
Session 2 6/21-6/25	<input type="radio"/> \$237	<input type="radio"/> \$5	<input type="radio"/> \$5	<input type="radio"/> \$237	<input type="radio"/> \$0	<input type="radio"/> \$0
Session 3 6/28-7/2	<input type="radio"/> \$237	<input type="radio"/> \$5	<input type="radio"/> \$5		<input type="radio"/> \$0	<input type="radio"/> \$0
Session 4 7/5-7/9	<input type="radio"/> \$237	<input type="radio"/> \$5	<input type="radio"/> \$5	<input type="radio"/> \$237	<input type="radio"/> \$0	<input type="radio"/> \$0
Session 5 7/12-7/16	<input type="radio"/> \$237	<input type="radio"/> \$5	<input type="radio"/> \$5		<input type="radio"/> \$0	<input type="radio"/> \$0
Session 6 7/19-7/23	<input type="radio"/> \$237	<input type="radio"/> \$5	<input type="radio"/> \$5	<input type="radio"/> \$237	<input type="radio"/> \$0	<input type="radio"/> \$0
Session 7 7/26-7/30	<input type="radio"/> \$237	<input type="radio"/> \$5	<input type="radio"/> \$5		<input type="radio"/> \$0	<input type="radio"/> \$0
Session 8 8/2-8/6	<input type="radio"/> \$237	<input type="radio"/> \$5	<input type="radio"/> \$5	<input type="radio"/> \$237	<input type="radio"/> \$0	<input type="radio"/> \$0
Session 9 8/9-8/13	<input type="radio"/> \$237	<input type="radio"/> \$5	<input type="radio"/> \$5		<input type="radio"/> \$0	<input type="radio"/> \$0
Session 10 8/16-8/20	<input type="radio"/> \$237	<input type="radio"/> \$5	<input type="radio"/> \$5	<input type="radio"/> \$237	<input type="radio"/> \$0	<input type="radio"/> \$0



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Please write clearly and complete all spaces provided

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Grade in the Fall \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Town Zip*

**ENROLLMENT INFORMATION**

Name of person(s) responsible for payment and tuition with whom financial information/issues should be discussed:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Legal Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Town Zip*

Employer Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*Street Town Zip*

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ Work Hours: M T W TH F \_\_\_\_\_ to \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Town Zip*

Employer Name: \_\_\_\_\_ Dept. \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*Street Town Zip*

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ Work Hours: M T W TH F \_\_\_\_\_ to \_\_\_\_\_

I agree that the above information is current and accurate \_\_\_\_\_  
*parent/guardian signature*



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**CHILD'S HEALTH INFORMATION**

INSURANCE: Husky #: \_\_\_\_\_ Private Insurance \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Allergies: Yes  No  if yes, list type \_\_\_\_\_

Asthma: Yes  No  Medications required: \_\_\_\_\_

Dietary Restrictions other than food allergies: Yes  No

If yes, explain \_\_\_\_\_

Special Needs: Yes  No  if yes, explain \_\_\_\_\_

Is your child on any routine or emergency medications? Yes  No  if yes, please provide info below

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Child's Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Child's Dentist's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

I understand if my child requires any medication I must provide the camp with the Authorization of the Administration of Medication Form, Care Plan Form and medication in its original container and labeled. I understand that each medication requires its individual forms.

**EMERGENCY CONTACTS/ALTERNATE PICK-UP**

I give my permission to the YMCA of Greater Hartford Staff to contact and release my child to one of the following individuals listed. Please notify the center if emergency contact people will pick-up your child on any given day.

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Custody: Yes  No

Is there a court order or restraining order in effect which limits access to your child by a parent, family member or other individual?

*If yes, note that a copy of the order should be provided to the center for your child's file in order for the order to be enforced.*

I acknowledge that I have received and carefully read the YMCA of Greater Hartford Parent Handbook.

I have been provided with the opportunity to review, discuss and ask questions regarding the YMCA's Behavior Management Plan/Policy with the staff.

**ADDITIONAL PERMISSIONS**

- To take my child for walks on the grounds of YMCA location and to participate in child development related activities and events held in the YMCA facility/on YMCA grounds or facilities including transportation in YMCA van;
- To include my child in vision, hearing, & developmental screening and assessments conducted by the staff and shared with child's pediatrician;
- To transport my child via ambulance to the nearest medical facility;
- For my child to be treated by emergency medical personnel in the event of an emergency;
- For staff that hold the appropriate certifications to administer first aid and CPR as needed;
- For staff that hold the appropriate certifications to administer non-prescription medication, topical medications, lotions and creams as per my written consent.
- To allow my child to eat all of the snack and food provided from YMCA according to USDA food guidelines; unless documented food restriction and care plan.
- To provide the following individuals and/or agencies access to my child's enrollment, health, and other information in my child's file on an as needed basis (office/classroom staff, consultants, public school personnel, emergency medical personnel, OEC & DCF.)

My signature below grants the YMCA of Greater Hartford staff permission to the above approvals.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



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**RELEASE and WAIVER OF LIABILITY and INDEMNITY and PHOTO/TALENT RELEASE AGREEMENT**

IN CONSIDERATION of 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 off-site program affiliated with the YMCA, the undersigned, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgment that 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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN OR GUESTS (herein referred to as "the undersigned"):

1. MEMBER CONDUCT I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. INSURANCE I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
3. PROPERTY LOSS I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.
4. ASSUME FULL RESPONSIBILITY I hereby assume full responsibility for and risk of bodily injury, death, or property damage 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.
5. PHOTO/TALENT RELEASE I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. (*My initials here revoke photo/talent release\_\_\_\_\_*).
6. FIELD TRIP RELEASE I authorize the YMCA to take my camper on field trips.
7. RELEASE, WAIVE, DISCHARGES I hereby release, waive, discharge and covenant 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 damages, and any claim or demands therefore on account of injury to the person or loss of property 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.
8. INDEMNIFY AND SAVE AND HOLD HARMLESS I hereby agree to indemnify and save and hold harmless the releases 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.
9. MEDICAL RELEASE I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.
10. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
11. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT, and further agrees that no oral representations, statement, or inducement apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE.

Date: \_\_\_\_\_ Printed Name of Participant \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Participant or Parent/Guardian \_\_\_\_\_

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

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your partnership in the YMCA of Greater Hartford (YMCA) Programs, now or at any time in the future.**

## Acknowledgment of Risk

I hereby acknowledge and agree that participation in any YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA participation and that said list in no way limits the operation of this Agreement.

## Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19.** The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

\_\_\_\_\_  
Initial

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in YMCA programs, I,

\_\_\_\_\_, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators and assigns, HEREBY DO RELEASE the YMCA of Greater Hartford, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA of Greater Hartford on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the YMCA of Greater Hartford facilities/equipment or participation in YMCA of Greater Hartford programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

\_\_\_\_\_  
Initial

In consideration of my participation in any YMCA program, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death.

I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation.

I further certify that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this day \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
mm dd yyyy

Participant Signature

Participant Name (print Clearly)

**PHOTO/TALENT RELEASE** →

I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use.

My initials here revoke photo/talent release  
\*\*\*\*\*

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

**This Minor Waiver incorporates the same language from above for the Acknowledgment of Risk, COVID-19 Warning & Disclaimer, and Waiver, Release, Indemnification & Covenant Not to Sue**

I, in my legal capacity as the parent/guardian of the minor(s) named below, do hereby acknowledge and agree that participation in YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation. Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

In consideration of the minor(s) named below participation in YMCA programs, I, \_\_\_\_\_, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE YMCA's employees, volunteers, agents, representatives and insurers ("Releasees") from any cause of action, claims, or demands, of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the names minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA facilities/equipment or participation in YMCA Hartford Programs.

Printed Name

Date of Birth

Printed Name

Date of Birth

Printed Name

Date of Birth

Printed Name

Date of Birth

Printed Name

Date of Birth

Member ID \_\_\_\_\_





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**YMCA OF GREATER HARTFORD**  
**2021 Summer Camp**  
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**OFFICE OF EARLY CHILDHOOD INFORMED CONSENT**

*this form is for use for staff and parents of children enrolled at a youth camp during the COVID-19 declared emergency*

I hereby attest that I have been informed of the following pertaining to the coronavirus:

People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in CDC's guidance. <sup>1</sup>Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.

Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

\_\_\_\_\_  
Signature of Staff or Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Child's Name (if a parent/guardian)

\_\_\_\_\_  
Date

<sup>1</sup>Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provide to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.



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**SUNSCREEN AUTHORIZATION FORM**

Connecticut Department of Public Health regulations require us to have written parental permission in order for YMCA Staff members to assist children in reapplying sunscreen throughout the day. Please complete the enclosed form and return to the office if your child will need our assistance. Campers must label and supply their own sunscreen.

Name of Participants: \_\_\_\_\_

Your camper will be spending a lot of the time at camp running around in the sun. It is imperative that the children reapply sunscreen throughout the day. The sunscreen is always a concern for us. We want you to know that we are committed to making sure your child is safe from the sun. We strongly encourage you to apply sunscreen prior to arrival at camp. We will assist all campers when reapplying sunscreen and educate them on remembering to do it as well. If sun exposure is ever a problem, please notify a director immediately so that the extra precautions can be made.

\_\_\_\_\_ I give permission to apply sunscreen

\_\_\_\_\_ I do not give permission to apply sunscreen

I give permission to designated YMCA staff to assist my child in applying sunscreen throughout the camp day. I understand that it is my responsibility to provide sunscreen for my child each day and to apply sunscreen prior to their arrival at camp. Furthermore, I will assist the staff in educating my child in the importance of applying and reapplying sunscreen throughout the day.

**COMMENTS/NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Participant or Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_



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**Electronic Payment Form**

**TERMS AND CONDITIONS**

It is my understanding that if I terminate my child's enrollment I must submit a letter in writing canceling my Electronic Payment giving the YMCA two (2) weeks written notice prior to my child's withdrawal date. I understand that paying under the Electronic Payment method, I am subject to fee increases periodically by the Board of Directors and the YMCA may adjust the rate applicable to my child's enrollment category. I will be notified 30 days in advance of any increases. I understand that 14 days prior to the start of my child's camp my account will be debited. Should any pre-authorized electronic payment not be honored by my financial institution when received, I agree that the payment is to be made by me in the amount of said payment, and I agree that I am responsible for that payment plus a payment return fee (contact your branch for current fees). This service charge does not include possible fees imposed by my financial institution. I understand that if two electronic payments are rejected my child's enrollment will be terminated. I, the undersigned, have read and agree to the above Terms and Conditions.

Parent/guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION**

I authorize the YMCA of Greater Hartford to debit my account as indicated below 14 days prior to the start each session my child is registered. Should any pre-authorized EFT or Credit Card payment not be honored by my financial institution at the time of the draft, I understand and agree to the YMCA re-submitting, at their discretion, the request for payment.

**EFT**

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

Name on Account (print) \_\_\_\_\_  Checking Account  Savings Account

Routing Number (9 digits) \_\_\_\_\_ Account Number \_\_\_\_\_

I agree the payment amount debited will be \$ \_\_\_\_\_ and will draft 14 days before the start of each session. My first draft will begin on \_\_\_\_\_ date.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT/DEBIT CARD**

Card Type:  Visa  MasterCard  AMEX  Discover Expiration Date \_\_\_\_\_

Name on Card *print* \_\_\_\_\_ Card Number \_\_\_\_\_

I agree the payment amount debited will be \$ \_\_\_\_\_ and will draft 14 days before the start of each session. My first draft will begin on \_\_\_\_\_ date.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Deposit Payment \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_  
Form Entered by \_\_\_\_\_ Date Entered \_\_\_\_\_  
System Account # \_\_\_\_\_