FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Friends,

Please let me introduce you to a unique program, called Circle of Champs.

Offered by the Capital District YMCA, Circle of Champs helps families with a child who has a life threatening illness, by providing a support system for each family.

All through the year, Circle of Champs families participate in a variety of fun events, and enjoy together time at the Y. Much more than any fun event, families cherish the time they spend together.

You don't need to be a member of the Y to join Circle of Champs, though we do offer Y membership at a greatly reduced rate.

If you, or someone you love could benefit from Circle of Champs, please take a moment to complete the attached, form, or share that form with your loved one.

To help us provide the best possible support for you and your loved ones, please have your physician complete the medical form. Both forms can be sent to my attention.

Please share any questions you have about Circle of Champs, knowing that we have just one goal for this program: making your life and the life of your loved ones a bit easier.

Kind regards,

Jenna Graber
CAPITAL DISTRICT YMCA
Circle of Champs Program
518.456.3634 x 1120
eMail: jjura@cdymca.org

CAPITAL DISTRICT YMCA
Circle of Champs Program Enrollment Form

CHILD'S INFORMATION

Name _____ Birthdate ____/____/___ Age ____

Gender (circle one): M/F/Other • School _____ • Grade in September _____

Address _____

City _____ State _____ Zip _____

PARENT & GUARDIAN INFORMATION

Name _____ Name _____

Address _____ Address _____

City, State, Zip Code _____ City, State, Zip Code _____

Home Telephone _____ Home Telephone _____

Work Telephone _____ Work Telephone _____

Email _____ Email _____

Siblings/ Ages _____

PHYSICIAN AND MEDICAL INFORMATION

Physician Name _____

Hospital / Treatment Facility _____

Office Telephone _____ Fax _____

Address _____

Complete Street Address City State Zip Code

Emergency Contact _____ Phone _____ Relationship _____

Authorized Pickup *: Name_____ _ Relation_____

Name_____ Relation_____

For the safety of your child, the person authorized for pick up needs to have at least one form of identification when picking up your child.

AGREEMENT

I hereby certify that my child is capable of safe participation in YMCA Circle of Champs activities. I assume all risk(s) and hazards incidental to the conduct of this program and for transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that I or my child's emergency contact cannot be reached. I give permission to the YMCA to take video and/or photographs of myself and/or my children for the purpose of promoting YMCA programs: [ ] Yes [ ] No

_____ _____

Signature Parent or Guardian Date

CAPITAL DISTRICT YMCA
Circle of Champs Medical Form

Attention Medical Professional
Please complete this form and send it to Jenna Jura at the Capital District YMCA.

Please mail it to Jenna at 250 Winding Brook Drive, Guilderland NY12084.
Or, please fax it to Jenna's attention at 518.456.3284.

Please indicate if the child has a history of the following:

[ ] Skin Problems	[ ] Ear Infections	[ ] Seizures	[ ] High Blood Pressure
[ ] Swimmer's Ear	[ ] Hay Fever	[ ] Fainting	[ ] Diabetes
[ ] Severe Headaches	[ ] Tonsillitis	[ ] Anemia	[ ] Contact Lenses
[ ] Hyperkinesis	[ ] Appendicitis	[ ] Asthma	

Any Other Medical Diagnosis
_____

If a hepatitis carrier, what type _____

Central Line [ ] Yes [ ] No Specifications _____

Attention Parents
My child is fit for and has permission to participate in swimming [ ] Yes [ ] No

Any special challenges we should know about _____

Please list all medications (oral, inhalants, injections) that give an allergic reaction.
_____

Please also list foods, insects, and any environmental sensitivity, the frequency, and usual treatment for the reaction
_____

Please list all medications (oral, inhalants, injections) the child is bringing to activities
_____

Please list all medications your child is routinely given at home:

Please record the most recent dates for your child's immunizations.

Tetanus	/ /	Measles	/ /	Polio	/ /	Rubella	/ /
DPT	/ /	Mumps	/ /				

To be filled out and signed by a physician

I have examined (child's full name) _____ and found her/him to be able to take part in YMCA Circle of Champs programs. I certify that she/he is currently affected by the following life-threatening illness.

Diagnosis _____

Restrictions/Comments

_____

_____

Doctor's Name _____ Signature _____
Doctor's Office/Practice _____
Phone _____

Parent Commitment

I certify that my child may attend YMCA Circle of Champs Programs and is capable of participating in program activities. I understand that summer camp does not carry health and accident insurance and that I am responsible for health-incurred costs.

I grant the YMCA Circle of Champs and its agent's full authority to take whatever action they deem necessary regarding my child's health and safety, and I fully release the Capital District YMCA from any liability in connection to those decisions.

Parent Authorization for Treatment

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize and secure treatment for my child.

The health history provided here is correct to the best of my knowledge, and my child, who is named above, has my permission to engage in all camp activities except as noted by me on this form and/or my child's physician.

_____
Print Parent / Guardian Name

_____
Signature

Date

CAPITAL DISTRICT YMCA
Circle of Champs
Membership Scholarship Guidelines

We're pleased to offer you and your family a greatly reduced membership, thanks to the help of those who support our Annual Campaign. Please note that a membership is not required in order to participate in Circle of Champs.

Please check which membership you would like

[ ] Youth Membership.
This cost is just $5 a month, which is a **savings of $21** each month on the regular cost of this level of membership.

[ ] Single Parent Family Membership
The cost is just $20 a month, which is a **savings of $55** each month on the regular cost of this level of membership.

[ ] Two adult Family Membership
This is just $25 a month, which is a **savings of $68** each month on the regular cost of this level of membership.

[ ] Family plus one Membership
This is just $30 per month, which is a **savings of $88** each month on the regular cost of this level membership

[ ] Family plus two membership
This is just $35 per month, which is a **savings of $113** each month on a regular cost of this level membership

Name _____

Address _____

_____

Date