

Stateline Family YMCA – Ironworks Growing Tree Camp 2019

Child Information

Child's Name _____ Male Female
Address _____ Birthdate _____
City, State, Zip _____ Age: _____
Home Phone _____ Grade Level for Fall 2019 _____

Parent/Guardian Information

Parent/Guardian #1	Parent/Guardian #2
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Email: _____	Email: _____

Emergency Contacts (Two contacts other than parent/guardian)

Emergency Contact #1	Emergency Contact #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone #: _____	Phone #: _____

Medical and Behavior Questions to help us provide the best care possible

Has your child been diagnosed or treated for the following:
 Asthma Allergies Special Dietary Needs
 Diabetes Seizures Allergies to Insect Stings
 ADD/ADHD Other _____

Please provide details for any of the above checked boxes:

Physician's Name: _____
Phone Number: _____
Hospital Preference: _____

Parent Statement of Understanding

I understand that my child must be physically signed in/out by authorized adults Yes No
I understand that the YMCA is not responsible for lost, stolen or damaged personal articles Yes No
I understand that my weekly balance is due by the Wednesday prior to the week my child will attend Yes No
I give permission to the Stateline Family YMCA to:
Seek medical treatment for my child, in my absence, in the event of an emergency Yes No
Use photos or videos taken of my child for any and all promotional purposes Yes No
To transport my child as necessary for all activities. Bussing, swimming, field trips Yes No
Allow my child to go on short walks with the group under Y Staff Supervision Yes No
Allow my child to participate in field trips Yes No
To apply sunscreen/bug repellent that I supplied to my child Yes No
Allow my child to participate in swimming activities Yes No

Parent/ Guardian Signature: _____ Date: _____

YMCA Camp Registration

Camper's Name _____

Name of school your child attends: _____

Preferred T-Shirt Size: CS CM CL

Weeks and Dates	Camp Theme	Days Attending	
June 17-21	Jungle Adventures	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	Payments are due in full the Wednesday prior to the camp week your child will be attending. <u>Full Week</u> Y Member \$148 General Public \$173 <u>3-Day Rate</u> Y Member \$103 General Public \$121 <u>3-Day Rate</u> Y Member \$74 General Public \$86 \$28/day Y Member \$38/day Non Member
June 24-28	Around the World	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
July 1-5 No Camp July 4 th	Ready, Set, Read!	<input type="checkbox"/> Full Week *5 Day Fee is Pro-Rated <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
July 8-12	Sports of all Sorts	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
July 15-19	CSI- Camper Scene Investigations	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F	
July 22-26	Magical World of Disney	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
July 29- August 2	Space is the Place	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
August 5-9	Super Heroes in Training	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
August 12-16	Under the Sea	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
August 19-23	Creative Campers	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	
Fun Days: Aug. 26-30	No Themes, No Field Trips	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	

□

Additional Authorized People
 Allowed to pick-up my child other than Parent/Guardian(s) listed above

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____