

Stateline Family YMCA – Growing Tree Summer Camp 2019

Child Information

Child's Name _____ Male Female
Address _____ Birthdate _____
City, State, Zip _____ Age: _____
Home Phone _____

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 _____

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

Please provide details for any of the above checked boxes:

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 lunch is provided except for field trip days. 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 _____

Weeks and Dates	Camp Theme	Days Attending (Circle Days Needed)
Week 1: June 3-7	Creative Campers	Full Week M T W TH F
Week 2: June 10-14	Under Construction	Full Week M T W TH F
Week 3: June 17-21	Jungle Boogie	Full Week M T W TH F
Week 4: June 24-28	Around the World	Full Week M T W TH F
Week 5: July 1-5	Ready, Set, Read! (No camp July 4th)	Full Week M T W F
Week 6: July 8-12	Sports of all Sorts	Full Week M T W TH F
Week 7: July 15-19	C.S.I. Camper Scene Investigations	Full Week M T W TH F
Week 8: July 22-26	Magical World of Disney	Full Week M T W TH F
Week 9: July 29-Aug 2	Space is the Place	Full Week M T W TH F
Week 10: Aug 5-9	Super Hero's in Training	Full Week M T W TH F
Week 11: Aug 12-16	Under the Sea	Full Week M T W TH F

Camp Hours are from 9 a.m.-4 p.m.

Extended Care is from 7 a.m.-9 a.m. and 4 p.m.-6 p.m.

Estimated Drop Off Time _____ Estimated Pick Up Time _____

Additional Authorized People

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

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____