

Stateline Family YMCA – Sunshine 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 _____

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 _____

Weeks and Dates	Camp Theme	Days Attending	
Week 1: June 17-21	Friends on the Farm	<input type="checkbox"/> Full Week	Payments are due in full the Wednesday prior to the camp week your child will be attending. <u>Full Week</u> Y Member \$55 General Public \$75
Week 2: June 24-28	Fairy Tales	<input type="checkbox"/> Full Week	
Week 3: July 8-12	Dinosaur Boogie	<input type="checkbox"/> Full Week	
Week 4: July 15-19	Mad Science	<input type="checkbox"/> Full Week	
Week 5: July 22-26	Animal Safari	<input type="checkbox"/> Full Week	
Week 6: July 29-Aug. 2	Dance, Move and Groove	<input type="checkbox"/> Full Week	
Week 7: Aug. 5-9	Mino Picassos	<input type="checkbox"/> Full Week	
Week 8: Aug. 12-16	Ahoy Matey	<input type="checkbox"/> Full Week	
Week 9: Aug. 19-23	Beach Party	<input type="checkbox"/> Full Week	

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 # _____