

# Stateline Family YMCA – Wrap Around 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: \_\_\_\_\_

Weeks and Dates	Days Attending	
June 17-21	<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>Weekly Fee</u> Y Member \$55 General Public \$75
June 24-28	<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 <sup>th</sup> or 5 <sup>th</sup>	<input type="checkbox"/> Full Week *5 Day Fee is Pro-Rated <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	
July 8-12	<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	<input type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F	
July 22-26	<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	<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	

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**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 # \_\_\_\_\_