

Stateline Family YMCA – Growing Tree Summer Camp 2018

Child Information

Child's Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address _____	Birthdate _____
City, State, Zip _____	Age: _____
Home Phone _____	

Parent/Guardian Information

<u>Parent/Guardian #1</u> Last Name: _____ First Name: _____ Cell Phone: _____ Work Phone: _____ Employer: _____ Email: _____	<u>Parent/Guardian #2</u> Last Name: _____ First Name: _____ Cell Phone: _____ Work Phone: _____ Employer: _____ Email: _____
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Emergency Contacts (Two contacts other than parent/guardian)

<u>Emergency Contact #1</u> Name: _____ Relationship: _____ Phone #: _____	<u>Emergency Contact #2</u> Name: _____ Relationship: _____ Phone #: _____
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Medical and Behavior Questions to help us provide the best care possible

Has your child been diagnosed or treated for the following: <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies <input type="checkbox"/> Special Dietary Needs <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Allergies to Insect Stings <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that the YMCA is not responsible for lost, stolen or damaged personal articles	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that lunch is provided except for field trip days.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use photos or videos taken of my child for any and all promotional purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
To transport my child as necessary for all activities. Bussing, swimming, field trips	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow my child to go on short walks with the group under Y Staff Supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow my child to participate in field trips	<input type="checkbox"/> Yes <input type="checkbox"/> No
To apply sunscreen/bug repellent that I supplied to my child	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow my child to participate in swimming activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/ Guardian Signature: _____	Date: _____

YMCA Camp Registration

Camper's Name _____

Weeks and Dates	Camp Theme	Days Attending
Week 1: June 4-8	Artful Antics	<input checked="" type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 2: June 11-15	Under Construction (STEM)	<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
Week 3: June 18-22	Out of this World	<input checked="" type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 4: June 25-29	S.S.A. – Secret Spy Academy	<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
Week 5: July 2-6	Stars and Stripe (No camp July 4 th)	<input checked="" type="checkbox"/> Full Week + Pro-rated <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> TH <input type="checkbox"/> F
Week 6: July 9-13	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
Week 7: July 16-20	Celebration of Nations	<input checked="" type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 8: July 23-27	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
Week 9: July 30-Aug. 3	Fantastic Fun Super Hero	<input checked="" type="checkbox"/> Full Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
Week 10: August 6-10	Mad Scientist (STEM)	<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

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 # _____