

# 2023 Stateline Family YMCA Summer Camp Sunshine Camp Registration

Contact: Carley Barger (cbarger@statelineymca.org)



## Camper Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Nickname \_\_\_\_\_ Gender [ ] Male [ ] Female [ ] Other \_\_\_\_\_  
DOB \_\_\_\_\_ Age When Camp Begins \_\_\_\_ Primary Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade Fall 2023 \_\_\_\_\_

## (1) Parent/Guardian Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
DOB \_\_\_\_\_ Gender [ ] Male [ ] Female [ ] Other \_\_\_\_\_  
Phone #'s: Cell \_\_\_\_\_ Work \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

## (2) Parent/Guardian Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
DOB \_\_\_\_\_ Gender [ ] Male [ ] Female [ ] Other \_\_\_\_\_  
Phone #'s: Cell \_\_\_\_\_ Work \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

## Medical and Behavior Questions: (these help us provide the best care possible)

Has your child been diagnosed or treated for the following?

- [ ] Asthma [ ] Allergies [ ] Allergy to Insect Stings  
[ ] Diabetes [ ] Dietary Needs [ ] Other \_\_\_\_\_  
[ ] ADD/ADHD [ ] Seizures

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

## Parent's 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 Monday prior to the week attending [ ] Yes [ ] No  
I understand that my child must be able to use the bathroom on their own [ ] Yes [ ] No  
I understand the deposit, balance due, and refund policies located in camp guide [ ] 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 leader 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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Camp Registration:****Camp Fees**

	Y Members	Non Members	Deposit Due at Time of Registration
Weekly (M-TH)	\$80	\$104	\$25

**Camp T-Shirt** \$10

(Not Required for this camp)

 YXS  YS  YM  YL

All remaining balances are due in full the Monday prior to the week your child will be attending.

**Camp Program**
 Sunshine Camp

WK	DATE	THEME	Attending
1	June 5-8	No Camp	N/A
2	June 12-15	Secret Life of Pets	<input type="checkbox"/>
3	June 19-22	Symphony of the 5 Senses	<input type="checkbox"/>
4	June 26-29	Wonderful World of Disney	<input type="checkbox"/>
5	July 3-6	No Camp	N/A
6	July 10-13	Music Makers	<input type="checkbox"/>
7	July 17-20	Hometown Heroes	<input type="checkbox"/>
8	July 24-27	Dino Stomp	<input type="checkbox"/>
9	July 31- Aug 3	Creative Campers	<input type="checkbox"/>
10	Aug 7-10	Sand and Seashells	<input type="checkbox"/>
<b>NON-REFUNDABLE DEPOSIT DUE AT TIME OF REGISTRATION</b>			\$25/Week \$_____



**STATELINE FAMILY YMCA SAC EMERGENCY CARD**

**General Information**

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Student's Medical Information**

Allergies: \_\_\_\_\_ Current Medication: \_\_\_\_\_

Preferred Hospital (if needed): \_\_\_\_\_

Physician & Phone: \_\_\_\_\_

Parent/Guardian Signature Authorizing Emergency Care:  
\_\_\_\_\_ Date: \_\_\_\_\_

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Parent/Guardian Signature Authorizing Emergency Care:  
\_\_\_\_\_ Date: \_\_\_\_\_

**In addition to the mother and father listed on the front of this card, the following people have permission to pick up my child:**

- 1) \_\_\_\_\_ Phone \_\_\_\_\_
- 2) \_\_\_\_\_ Phone \_\_\_\_\_
- 3) \_\_\_\_\_ Phone \_\_\_\_\_
- 4) \_\_\_\_\_ Phone \_\_\_\_\_
- 5) \_\_\_\_\_ Phone \_\_\_\_\_
- 6) \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Information that may be helpful: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Other Information that may be helpful: \_\_\_\_\_

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