



P.A. DAY CAMP / HOLIDAY CAMP

REGISTRATION FORM

Child Information

Name _____ D.O.B. _____

Address _____ Home # _____

City _____ Health Card # _____

Custody Mother Mother Father Father Both Guardian

Parent/Guardian

Name _____

Home # _____

Work # _____

Cell # _____

Email _____

Parent/Guardian

Name _____

Home # _____

Work # _____

Cell # _____

Email _____

Alternative Emergency Contact

Name _____

Address _____

City _____

Home # _____

Work # _____

Cell # _____

Who is authorized to pick up the camper?

Please comment or list any medication (if medication is required, a consent to administer medication form needs to be completed and staff need to be reminded at drop off).

Please indicate if the camper experience or had experienced any of the following:

Condition	Yes	No	Details
Seizures			
ADHD/ADD			
Asthma			
Diabetes			
Allergies: Peanuts/Tree Nuts			
Bee Stings			
Latex			
Food			
Aspergers/Autism			
Down Syndrome			
Physical Limitations			
Major Illness or Surgery			
Dietary Restrictions			
Other			



Please check all days attending
P.A. Days:

- September 25
- November 27
- February 5
- June 3
- June 30

Holiday Camp:

- December 21
- December 22
- December 23
- December 24
- December 28
- December 29
- December 30
- December 31

March Break:

- March 14-18, 2016

* Please note: All camps will run from 8:00 am – 5:00 pm daily.

Authorizations:

In the unlikely event that the participant named above is injured or becomes seriously ill while at the YMCA, and I cannot be reached, I authorize the YMCA senior staff to seek and authorize any and all hospitalization, medical, dental and/or surgical treatment deemed advised by the circumstances. While every reasonable precaution is taken with the YMCA programs, it is agreed that the YMCA and its staff and volunteers are released from all liability from injury to the above named participant or for loss or damage to personal property.

I grant the release to the YMCA the right to use photographs and/or video tape in which I and/or my child appears for use in publicity brochures, newspapers, newsletter, annual reports and any materials and articles promoting the YMCA, its programs and memberships. Yes No

Signature of Parent/Guardian: _____

Date: _____