



2017 Summer Day Camp Registration Form

Camper Information:

___ Male ___ Female

First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Age as of 6/01/2017 _____ Grade Entering Fall '17 _____

School: _____ Is your child a Y member? ___ Yes ___ No

Primary Parent / Guardian #1 Information:

Relationship to Camper: ___ Mother ___ Father ___ Other: _____

First Name: _____ Last Name: _____

Primary Day Time Phone: _____ Secondary Phone: _____

Email Address: _____

Street Address: _____ City: _____ State / Zip: _____

Parent/ Guardian #2 Information

Relationship to Camper: ___ Mother ___ Father ___ Other: _____

First Name: _____ Last Name: _____

Primary Day Time Phone: _____ Secondary Phone: _____

Email Address: _____

Street Address: _____ City: _____ State / Zip: _____

Emergency Contacts & Authorized Pick Up Persons (In addition to parents and guardians)

*Use this area to list individual(s) we may contact in an emergency and that you authorize to pick-up your camper if you are unable to do so

1) Name: _____ 2) Name: _____

Relationship to camper: _____ Relationship to camper: _____

Home Phone: _____ Home Phone: _____

Cell/ Work _____ Cell/ Work _____

3) Name: _____ 4) Name: _____

Relationship to camper: _____ Relationship to camper: _____

Home Phone: _____ Home Phone: _____

Cell/ Work _____ Cell/ Work _____

Complete below only if your child is nine or older, a Y member, and may sign her/himself in and out of camp each day. By completing the information below you are acknowledging that your child may sign in and out of camp every day and that camp staff are not responsible before he / she signs in or after he / she signs out.

My child, _____, is at least nine years old, and I give him / her permission to sign her/himself in and out of camp each day. _____ Parent Initials.

My child will attend the following sessions of Summer Day Camp:

___ **Week 1** June 5-9, Wild West, 9:00am-4:00pm
PRE-CAMP 7-9am___ POST-CAMP 4-5:30pm ___

___ **Week 2** June 12-16, Fun-n- Fitness 9:00am-4:00pm
PRE-CAMP 7-9am___ POST-CAMP 4-5:30pm ___

___ **Week 3** June 19-23, Treasure Island, 9:00am-4:00pm
PRE-CAMP 7-9am___ POST-CAMP 4-5:30pm ___

___ **Week 4** June 26-30, Express Yourself- Eco Artist, 9:00am-4:00pm
PRE-CAMP 7-9am___ POST-CAMP 4-5:30pm ___

___ **Week 5** July 5-7, Around the World, 9:00am-4:00pm (Camp is only 3 days due to the 4th being a holiday)
PRE-CAMP 7-9am___ POST-CAMP 4-5:30pm ___

___ **Week 6** July 10-14, Zootopia, 9:00am-4:00pm
PRE-CAMP 7-9am___ POST-CAMP 4-5:30pm ___

___ **Week 7** July 17-21, Force and Motion, 9:00am-4:00pm
PRE-CAMP 7-9am___ POST-CAMP 4-5:30pm ___

___ **Week 8** July 24-28, Bugs and Butterflies, 9:00am-4:00pm
PRE-CAMP 7-9am___ POST-CAMP 4-5:30pm ___

___ **Week 9** July 31-August 4, Out of this Galaxy, 9:00am-4:00pm
PRE-CAMP 7-9am___ POST-CAMP 4-5:30pm ___

___ **Week 10** August 7-11, Lego Engineering, 9:00am-4:00pm
PRE-CAMP 7-9am___ POST-CAMP 4-5:30pm ___

Fees:

YMCA Member: \$100 per week

Program Participant: \$145 per week

*\$25 per week deposit due at time of registration

*Week 5 (3-day week due to 4th of July holiday)

YMCA Member: \$60

Program Participant: \$87

MARION FAMILY YMCA, WOPAT YMCA CENTER

645 Barks Rd E Marion, OH 43302-3892

F 740-389-1287 P 740-725-9622 www.marionfamilyymca.org



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Child's Name: _____

Medical / Health Information

Disability or chronic / recurring illness: _____

Allergies: _____

Medications child is currently taking: _____

Is your child up to date on all immunizations? _____ Yes _____ No If no, which immunizations is he /she missing? _____

Does your child have any special needs requiring an accommodation? _____

AUTHORIZATION TO PARTICIPATE:

_____ Yes _____ No I give my child, _____, permission to swim or otherwise participate in water activities in bodies of water two or more feet in depth. During any scheduled swimming activity, a certified lifeguard will be on duty. *All campers who cannot touch the bottom of the YMCA swimming pool or who do not take and pass the swim test to swim in the deep end will be required to wear a lifejacket while swimming with Day Camp. The YMCA will provide this equipment.*

_____ Yes _____ No I would like my child to swim in shallow water only. *I understand that if he / she cannot touch the bottom of pool in shallow water, she / he will be required to wear a lifejacket while swimming with Day Camp. The YMCA will provide this equipment.*

_____ Yes _____ No I give my permission for my child to be included in evaluations, pictures, and videos associated with the program including those which may be used for marketing the program.

The following **MUST** be answered **Yes** in order for your child to participate in camp:

_____ Yes _____ No I give my permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trip or excursions may be by public transportation, walking or leased bus.

_____ Yes _____ No I give my permission for my child to use all of the equipment and participate in all activities of the program. I give this permission understanding that the nature of some activities may carry risk of injury and no matter how careful camp counselors or campers are, the risk cannot be eliminated.

_____ Yes _____ No I do hereby consent & authorize the Marion Family YMCA staff to take any and all action, including use of emergency medical transportation, medical services & hospital facilities as they deem appropriate in the event my child should become ill or otherwise injured under the care of the Marion Family YMCA.

_____ Yes _____ No I understand that medical expenses resulting from any illness or injury my child may incur while attending this YMCA program are my responsibility. I understand that the Marion Family YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.

_____ Yes _____ No I agree to sign my child in and out of camp each day. I understand that the Marion Family YMCA will not assume responsibility for a child who has not been signed in when he / she arrives for the day. I understand that only those people designated by me on this form may pick up my child from camp, and that I, or the person picking up my child must sign out each afternoon and may be requested to show identification. Children age 9 & older who are Y members may sign themselves in / out of camp, provided you specifically give permission on the first page of this form.

Signature of Parent / Guardian

Date

Printed Name of Parent / Guardian: