

SALINA FAMILY YMCA ENRICHMENT CAMP REGISTRATION FORM



Child's Name: _____
T-Shirt Size: (Circle) YS YM YL S M L XL

Birthdate: _____
Outgoing Grade: _____

PARENT/GUARDIAN INFORMATION

Primary: _____
Cell Phone: _____
Email: _____
Is it OK to call at work? yes no

Guardian: _____
Cell Phone: _____
Email: _____
Is it OK to call at work? yes no

EMERGENCY CONTACT

In the case that either parent is not able to be reached, we will call the Emergency Contacts. You must have two emergency contacts listed on this form (other than the parents/guardians) that would be close enough to pick up the child if needed and available to pick up within one hour.

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

CHILD RELEASE FORM

Please list any additional people that are permitted to pick up your child (other than Parents/Guardians and Emergency Contacts listed above). Attach additional page if necessary.

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

WEEK(S) ATTENDING

PAYMENT INFORMATION

<input type="checkbox"/>	5/29-6/2, No Camp 5/29	Electronics
<input type="checkbox"/>	6/4-6/7	Zoology
<input type="checkbox"/>	6/11-6/14	Ninja Warrior
<input type="checkbox"/>	6/18-6/21	Space Camp
<input type="checkbox"/>	6/25-6/28	Cooking Camp
<input type="checkbox"/>	7/9-7/12	Art Camp
<input type="checkbox"/>	7/16-7/19	CSI Camp
<input type="checkbox"/>	7/23-7/26	Music Camp
<input type="checkbox"/>	7/30-8/2	Life Size

- DIRECT PAYMENT TO THE YMCA** in person/online. Fees are due the **FRIDAY** of the week prior to attending. Failure to make payment will result in late fees and/or cancellation of my child's spot.
- AUTOMATIC WITHDRAWAL** (please complete form at Membership desk)

Parent Handout

I have read and agree to follow the policies set forth on the Parent Handout including, but not limited to, Drop Off and Pick up, Late Pick Up, Illness Policy, Field Trips, Medication Policy, Major and Minor Emergencies, Behavior Management Policy, Payment Options, Swim Testing, Special Needs, and Heat Policy.

Initial _____

Parent/Guardian Signature: _____

Date: _____

Date Received: _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: _____ Hospital Affiliation: _____

Address: _____ Phone: _____

Medical Insurance Provider: _____ Policy and/or Group #: _____

Allergies and Medications

Known Allergies: _____

If known, date of last Tetanus inoculation: _____

Does your child need to take medication(s) during camp (circle one)? Yes No I

If your child requires medication, please specify:

The Permission to Administer Medication form must be completed and given to the Camp Coordinator on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions.

If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please contact the Camp Coordinator.

Medical Release

I hereby authorize Salina YMCA Staff who are representatives of the Salina YMCA to give consent for any and all necessary emergency medical care for my child or youth _____
_____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of May 29, 2018-Aug 2nd, 2018.

Parent/Guardian Signature: _____ Date: _____