Down East Family YMCA

2018 Camp Registration Form

Camper's Information:

First Name:_____ MI:_____ Last Name:_____

Preferred Name:_____ T-Shirt Size: YS YM YL AS AM AL

Gender: ☐ Female ☐ Male Birth Date:____/_____/_____ Age:_____ Grade in Fall:_____

Address:_____ City/Town:_____ Zip:_____

Parent / Guardian Information:

Mother/Guardian

First Name:_____ MI:_____ Last Name:_____

Address:_____ City/Town:_____ Zip:_____

Home Phone:_____ Cell:_____ Work:_____

Place of Employment:_____ N/A ☐

Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | |

Father/Guardian

First Name:_____ MI:_____ Last Name:_____

Address:_____ City/Town:_____ Zip:_____

Home Phone:_____ Cell:_____ Work:_____

Place of Employment:_____ N/A ☐

Email Address: | | | | | | | | | | | | | | | | | | | | | | | | | |

Emergency Contacts (Must list 3): Please circle Y if allowed to pick up camper (photo ID required at pick up).

1. Name:_____ Day Phone:_____ Y / N

Cell:_____ Relationship to Child:_____

2. Name:_____ Day Phone:_____ Y / N

Cell:_____ Relationship to Child:_____

3. Name:_____ Day Phone:_____ Y / N

Cell:_____ Relationship to Child:_____

Parent/Guardian Signature:_____

Camper's Name Last: First:

Please check the boxes that apply to your needs. *Please note* There is a $25 per week deposit due at time of registration. Deposits are non-transferable and non-refundable.

Weeks	Full Week	Mon/Wed/Fri	Tues/Thurs
June 25-29			
July 2-6			
July 9-13			
July 16-20			
July 23-27			
July 30-August 3			
August 6-10			
August 13-17			
August 20-24			
August 27-29 (Mon, Tues, Wed only!)			

Billing:

Who will be responsible for payment? _____

If you are receiving state subsidy please bring in all paperwork at time of registration

Payment

☐ OPTION 1 — Pay camp fees in full at the time of registration

☐ OPTION 2 — Pay remaining balance, after deposit, weekly through bank draft or credit card. If you choose this option please fill out and return attached bank draft form.

Health Information:

Child's Physician:

Name:_____ Phone Number:_____

Address:_____

Child's Dentist:

Name:_____ Phone Number:_____

Address:_____

Health Insurance:

Provider:_____ ID#:_____

Health History:

Please list and describe all of your camper's allergies below: N/A ☐

Allergen	Describe reaction/symptoms and management instructions
_____	_____
_____	_____
_____	_____

List any current or past medical condition that would affect your camper's day: N/A ☐

_____

Does your camper have any dietary restrictions? N/A ☐ _____

_____

Does your camper have any physical activity restrictions? N/A ☐ _____

_____

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: N/A ☐ _____

_____

_____

Please note: if your camper requires medication during camp hours please bring them in their original containers in a zip lock bag marked with your child's name. Also, please allow a few extra minutes at your first drop off to fill out a medication dispensing form with the camp staff.

Non-Prescription Medications

By initialing in the box next to each medication, I authorize the camp discovery staff to administer as needed.

Tylenol	
Ibuprofen	
Benadryl	

☐ Please check this box if images of your child may be used for promotional purposes.

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give my permission to the physician selected by the YMCA to order X-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees.

Parent/Guardian Signature:_____ Date:_____