



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 _____

Name _____

Home # _____

Home # _____

Work # _____

Work # _____

Cell # _____

Cell # _____

Email _____

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 29th November 24th February 2nd March 9th
- April 20th June 8th June 29th

Holiday Camp:

- December 27th December 28th December 29th December 30th January 2nd
- January 3rd January 4th January 5th

March Break:

- March 12-16th

* 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: _____