



# Summer Fun Camp Registration Form

Child's Name: \_\_\_\_\_ Gender M  F  Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Week       3 Day       2 Day

Do(es) your child(ren) have any medications staff need to administer? If so please fill out medication form.

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Do(es) your child(ren) have any allergies? For epi pen or allergy medication please fill out medication form.

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Do(es) your child(ren) have any dietary restrictions?

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Has your child(ren) enrolled in a YMCA after school program or day camp? Y  N

Physician Contact Information:

Primary Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons AUTHORIZED to pick up your child: **If person is not listed on the pick up list they will not be authorized to pick up child(ren). Please have I.D. ready when picking up.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

What school does your child attend?

\_\_\_\_\_

## ACCIDENT INSURANCE

The YMCA does not carry accident insurance. You are responsible for health and accident insurance for your child.

### REFUND AND CREDIT POLICY

There are no refunds or credits for absences, sickness, mishaps, or holidays. To terminate enrollment, you must complete a Change Request Form at the YMCA facility no later than five (5) business days prior to the week of withdraw to stop the draft.

### AUTHORIZATION FOR PARTICIPATION

I hereby authorize and give permission for my child to attend and participate in all activities.

### Transportation Authorization and Rules.

My child(ren) has my permission to be transported by the YMCA vehicle and participate in YMCA program activities and field trips

### AUTHORIZATION FOR BASIC FIRST AID, EMERGENCY MEDICAL AND DENTAL CARE

I hereby grant permission to the YMCA staff and/or medical personnel to give my child basic first aid. In the event I cannot be reached in an emergency, I give permission to medical personnel selected by the YMCA staff to secure and administer treatment (including hospitalization) and provide necessary transportation for my child as named above. The YMCA staff will make every effort to notify me whenever my child becomes ill or injured and, if required, I agree to pick up my child thereafter as soon as possible. You are responsible for any financial liability incurred from medical treatment to your child.

### IMMUNIZATION RECORDS

My child's immunization records are current and on file at the school my child is attending.

Yes  No

### PHOTOGRAPHS

I give permission to the Athens-McMinn Family YMCA, without limitation or obligation, to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs. I release YMCA from any claim of liability for that use.  Yes  No

This completed form may be photo copied. The above information is correct. I have read and understand the above information and agree to abide by that which is set forth. My child will abide by YMCA rules and regulations and follow the guidance provided by YMCA staff while he/she is attending the program.

I understand the registration payment is **NON-REFUNDABLE**.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

