



YMCA SUMMER CAMP FORM

Please register 1 child per sheet. **Registration will close 7 days prior to start of each week!**

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

For Office Use Only: CAMP19 Branch _____ Date _____ Amount _____ Staff _____

Fill in the circle of camp or camps you wish to register your child for below.

FULL DAY SUMMER CAMPS											
CAMP DATES	Week 1 6/3-6/7	Week 2 6/10-6/14	Week 3 6/17-6/21	Week 4 6/24-6/28	Week 5 7/1-7/5	Week 6 7/8-7/12	Week 7 7/15-7/19	Week 8 7/22-7/26	Week 9 7/29-8/2	Week 10 8/5-8/9	8/12-8/16
Explorer (Downtown YMCA) \$200/ \$245	Olympic <input type="checkbox"/>	The Art of Construction <input type="checkbox"/>	Disney <input type="checkbox"/>	First Responder <input type="checkbox"/>	Holiday Mashup <input type="checkbox"/>	Soccer <input type="checkbox"/>	Hawaiian Luau <input type="checkbox"/>	The STEAM Academy <input type="checkbox"/>	Wacky Week <input type="checkbox"/>	Top Chef <input type="checkbox"/>	
Gymnastics \$150/ \$180											
Kerasotes \$125/ \$175	Waterworld <input type="checkbox"/>	Superhero 101 <input type="checkbox"/>	Infinity & Beyond <input type="checkbox"/>	Wild Planet <input type="checkbox"/>	Holidays <input type="checkbox"/>	It's a Party! <input type="checkbox"/>	Mysteries & Riddles <input type="checkbox"/>	Sailors & Mermaids <input type="checkbox"/>	Wonders of World <input type="checkbox"/>	Fun in the Sun <input type="checkbox"/>	
Rochester \$125/ \$175	Waterworld <input type="checkbox"/>	Superhero 101 <input type="checkbox"/>	Infinity & Beyond <input type="checkbox"/>	Wild Planet <input type="checkbox"/>	Holidays <input type="checkbox"/>	It's a Party! <input type="checkbox"/>	Mysteries & Riddles <input type="checkbox"/>	Sailors & Mermaids <input type="checkbox"/>	Wonders of World <input type="checkbox"/>	Fun in the Sun <input type="checkbox"/>	
Wa-Kon-Tah \$125/ \$175	Waterworld <input type="checkbox"/>	Superhero 101 <input type="checkbox"/>	Infinity & Beyond <input type="checkbox"/>	Wild Planet <input type="checkbox"/>	Holidays <input type="checkbox"/>	It's a Party! <input type="checkbox"/>	Mysteries & Riddles <input type="checkbox"/>	Sailors & Mermaids <input type="checkbox"/>	Wonders of World <input type="checkbox"/>	Fun in the Sun <input type="checkbox"/>	

Drop-off location for Wa-Kon-Tah must be identified at registration.

HALF-DAY SUMMER CAMPS										
CAMP DATES	Week 1 6/3-6/7	Week 2 6/10-6/14	Week 3 6/17-6/21	Week 4 6/24-6/28	Week 5 7/1-7/5	Week 6 7/8-7/12	Week 7 7/15-7/19	Week 8 7/22-7/26	Week 9 7/29-8/2	Week 10 8/5-8/9
Fitness \$70 / \$90			Y-Sports <input type="checkbox"/>	K-Strong <input type="checkbox"/>		Y-Sports <input type="checkbox"/>				
Sports \$70 / \$90			Soccer <input type="checkbox"/>	Basketball <input type="checkbox"/>			Volleyball <input type="checkbox"/>	Soccer <input type="checkbox"/>		

Camper Name _____ M F Birthdate _____ State _____ Zip _____

Address _____ City _____

Home# _____ Cell# _____ E-Mail _____

I would like to order a Summer Camp T-Shirt for my child, please add \$8 to my registration. Shirts will be available for pickup Week 5. Orders will not be made after 6/9/19. **T-Shirt Size:** _____ (Youth Sizes)

Campers registered for Explorers or Gymnastics may choose to add swim lessons to their daily schedule for an additional \$45 for members and \$90 for the public. Please complete additional form to register.

I hereby register my child for the YMCA Summer Camp. I also grant the YMCA permission to use photographs of my child in promotional material such as brochures, ads, websites, or newspaper releases. I will not be informed or reimbursed for such photographs.

Parent/Guardian Name _____ Date _____

Signature _____

CAMPER SNAPSHOT



CAMPER _____
First Name Last Name

PARENT/GUARDIAN (1)

Full Name _____
Work # _____
Cell (Required) _____
Day/Work Location _____
Primary E-Mail (Required) _____
Address (if different than camper's) _____

PARENT/GUARDIAN (2)

Full Name _____
Work # _____
Cell (Required) _____
Day/Work Location _____

EMERGENCY NOTIFICATION INFO (Required)

In case of an emergency, if after both primary guardians cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your child. Photo ID required.

1. Name _____
Phone # _____ Relation _____
2. Name _____
Phone # _____ Relation _____

ALTERNATE PICK UP INFORMATION

Please list two additional people who are authorized to pick up your child at any time. Photo ID required.

1. Name _____
Phone # _____ Relation _____
2. Name _____
Phone # _____ Relation _____

SUMMER READERS PROGRAM

I give my child permission to participate in the Summer Readers Program and hereby authorize the YMCA of Springfield to release my child's name, address, and age to the Lincoln Library for the sole purpose of providing a library card. Signed: _____

PAYMENT INFORMATION

I understand that failure to pay camp fees in full, one week prior to the start of camp, will result in loss of deposit and registration.

Initial

HANDBOOK

I have received and read a copy of the Parent Handbook and agree to abide by policies within. _____

HEALTH HISTORY

List any current allergies: _____

List any current dietary restrictions: _____

List any current or past medical treatment that would affect your child's day at camp:

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp:

List any current medications (see handbook for dosage at camp):

Reasons for the above medications:

CURRENT IMMUNIZATIONS, REQUIRED (Check One)

I attest, by my signature following this statement, that all immunizations required by the IL Department of Public Health for my child are up to date and that my child has a current DTap shot with the month and year stated below.

Date of last DTap shot: Month _____ Year _____

OR

I attest that I have signed and provided to the YMCA a waiver exempting my child from vaccination due to religious or other reasons.

Camper's medical insurance carrier:

Group Policy #

Name of Physician:

This information is correct and complete as far as I know, and person herein described has permission to engage in all program activities except as noted in a separate written form. I hereby give permission to the program to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the program to arrange necessary related transportation for the participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied as necessary for treatment or for program related travel.

Signed: _____ Date _____

TRANSPORTATION

I have read the YMCA Camp Brochure and

1. Understand my child's daily schedule
2. My child has permission to be transported by and take field trips sponsored by YMCA of Springfield Summer Camps. I understand any restrictions may require my child be signed out of camp and for me to provide alternate care arrangements.
