



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**CROZET YMCA
SPECIALTY CAMP REGISTRATION FORM**

INSTRUCTIONS:

Please complete one form per camper. When submitting this form please remember to provide the following items:

- Tuition Fees Child's Birth Certificate School Entrance Health Form (updated within the past year)

CAMPER INFORMATION:

CAMPER NAME: _____ GENDER: _____
FIRST LAST MI

D/O/B: ___/___/___ AGE: _____ CURRENT SCHOOL GRADE: _____ SCHOOL ATTENDED: _____

ADDRESS: _____
STREET/PO BOX CITY STATE ZIP

I AM A RESIDENT OF _____ COUNTY / CITY. HOME PHONE: _____

MY CAMPER IS A: SWIMMER (safe in water above shoulders) NON-SWIMMER (unsafe in water above shoulders)

DROP OFF/PICK UP TIMES: DROP OFF: _____ AM PICK UP: _____ PM

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME: _____
FIRST LAST MI

ADDRESS: _____
STREET/PO BOX CITY STATE ZIP

D/O/B: ___/___/___ EMPLOYER NAME AND ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME: _____
FIRST LAST MI

ADDRESS: _____
STREET/PO BOX CITY STATE ZIP

D/O/B: ___/___/___ EMPLOYER NAME AND ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

CUSTODY: Who has legal custody? _____ (please provide documentation).

SPECIALTY CAMP SCHEDULE: PLEASE SELECT THE DAY(S) OR WEEK(S) YOU WOULD LIKE YOUR CHILD TO ATTEND:

SCHOOL OUT DAYS: NOV. 7-8; JAN. 16; JAN. 23; FEB. 20 (PLEASE CIRCLE DATES)

PLEASE CHOOSE AN OPTION:

- \$50.00/DAY (MEMBERS) \$60.00/DAY (PROGRAM PARTICIPANTS) \$75.00/2 DAYS (MEMBERS) \$85.00/2 DAYS (PROGRAM PARTICIPANTS)

WINTER BREAK CAMP: DECEMBER 19TH – DECEMBER 22ND

PLEASE CHOOSE AN OPTION:

- \$50.00/DAY (MEMBERS) \$60.00/DAY (PROGRAM PARTICIPANTS) \$165.00/FULL WEEK (MEMBERS) \$175.00/FULL WEEK (PROGRAM PARTICIPANTS)

WINTER BREAK CAMP: DECEMBER 27TH – DECEMBER 30TH

PLEASE CHOOSE AN OPTION:

- \$50.00/DAY (MEMBERS) \$60.00/DAY (PROGRAM PARTICIPANTS) \$165.00/FULL WEEK (MEMBERS) \$175.00/FULL WEEK (PROGRAM PARTICIPANTS)

SPRING BREAK CAMP: APRIL 3RD – APRIL 7TH

PLEASE CHOOSE AN OPTION:

- \$50.00/DAY (MEMBERS) \$60.00/DAY (PROGRAM PARTICIPANTS) \$165.00/FULL WEEK (MEMBERS) \$175.00/FULL WEEK (PROGRAM PARTICIPANTS)



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AUTHORIZED PICK-UP:

1) _____	NAME	RELATIONSHIP TO CHILD	PHONE #
2) _____	NAME	RELATIONSHIP TO CHILD	PHONE #
3) _____	NAME	RELATIONSHIP TO CHILD	PHONE #

UNAUTHORIZED PICK-UP:
PLEASE LIST ANYONE WHO IS NOT
ALLOWED TO PICK-UP THIS CAMPER:

1) _____
2) _____
3) _____

EMERGENCY CONTACT INFORMATION: PLEASE PROVIDE 2 ADDITIONAL PEOPLE OTHER THAN THE PARENT'S / GUARDIAN'S THAT LIVE IN SEPARATE HOUSEHOLDS. THE EMERGENCY CONTACT LISTED MUST ALSO BE LISTED UNDER AUTHORIZED PICK-UP.

EMERGENCY CONTACT 1: NAME: _____
FIRST LAST MI

ADDRESS: _____
STREET/PO BOX CITY STATE ZIP

RELATIONSHIP TO CHILD: _____ **Phone Number:** _____

EMERGENCY CONTACT 2: NAME: _____
FIRST LAST MI

ADDRESS: _____
STREET/PO BOX CITY STATE ZIP

RELATIONSHIP TO CHILD: _____ **Phone Number:** _____

DOCTOR INFORMATION:

FAMILY DOCTOR NAME:

ADDRESS (NO PO BOX):

PHONE NUMBER:

MEDICATION/BEHAVIOR: If medication needs to be administered during camp hours, a Medication Consent Form must be completed & signed by the child's physician. Please ask a Y Staff member for this form. The medication must be accompanied with the FDA Label to describe usage and side effects.

Does your child have any of the following?

- Asthma Special Needs Chronic or Recurring Illness Operations or Serious Injuries Dietary Restrictions

Please Explain: _____

Is your child taking medication? Yes No

Any known adverse reactions?

PLEASE LIST ANY ALLERGIES OR INTOLERANCE TO FOOD, MEDICATION, ETC. (INCLUDE ANY KNOWN ADVERSE REACTIONS TO SUNSCREEN, INSECT REPELLENT, OR OINTMENTS) AND ACTION TO TAKE IN AN EMERGENCY.

Significant information about your child's behavior that would be helpful for our staff to know: _____

OFFICE USE: Fees collected: _____ Receipt #: _____ Staff Initials: _____

Parent Consent: *Please Initial each of the following:*

_____ I give permission for the named camper to go on all trips (including lakes and pools) outside the camp facility, to be transported in the YMCA camp buses, which are operated by certified bus drivers.

_____ I give permission for the named camper to be included in camp photos and videos for promotional use.

_____ I understand that a health information form must be filled out, signed, and returned. I agree to provide the YMCA with my child's Birth Certificate and Health records (physical and immunization). I understand that my child is not registered and is unable to attend YMCA Day Camp until the above documents are on file with the YMCA office.

_____ In the event that I cannot be reached in any emergency involving the above name participant, I hereby give permission to the appropriate medical personnel, selected by the YMCA staff, to provide medical treatment deemed necessary by such personnel. I agree to be responsible for all charges incurred in the treatment of the participant regardless of whether our insurance covers such charges. When I receive a call from the YMCA staff indicating my child is ill, I agree to have my child picked up from camp immediately.

_____ Parent will inform the Piedmont Family YMCA within 24 hours or next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening disease which must be reported immediately.

I understand that I am responsible for camp payment and that weekly tuition will be paid prior to the start of camp. Camp tuition will be paid for the weeks registered regardless if the child attends. Without proper notification, there will be no refunds if the child does not attend. There will be a \$25 late payment fee for all late payments.

I have read, understand, and agree to abide by the camp policies. I acknowledge this to be a legal and binding contract.

Parent/Guardian Signature:

_____ Date: _____