



Choose Your Own Adventure 2018 Summer Day Camp

LIT - Registration Form

Camper Information:

___ Male ___ Female

First Name: _____ Last Name _____ Date of Birth: ___/___/___
 Age as of 6/01/2018 _____ Grade Entering Fall '18 _____ Is your child a Y member? ___ Yes ___ No
 Permission to check self in and out? ___ Yes ___ No

Primary Parent / Guardian #1 Information:

Relationship to Camper: ___ Mother ___ Father ___ Other: _____
 First Name: _____ Last Name: _____
 Primary Day Time Phone: _____ Secondary Phone: _____
 Email Address: _____
 Street Address: _____ City: _____ State / Zip: _____

Parent/ Guardian #2 Information

Relationship to Camper: ___ Mother ___ Father ___ Other: _____
 First Name: _____ Last Name: _____
 Primary Day Time Phone: _____ Secondary Phone: _____
 Email Address: _____
 Street Address: _____ City: _____ State / Zip: _____

Emergency Contacts & Authorized Pick Up Persons (In addition to parents and guardians)

*Use this area to list individual(s) we may contact in an emergency and that you authorize to pick-up your camper if you are unable to do so. We may check for photo ID until we know the person picking the child up from Camp.

1) Name: _____ 2) Name: _____
 Relationship to camper: _____ Relationship to camper: _____
 Home Phone: _____ Home Phone: _____
 Cell/ Work: _____ Cell/ Work: _____
 3) Name: _____ 4) Name: _____
 Relationship to camper: _____ Relationship to camper: _____
 Home Phone: _____ Home Phone: _____
 Cell/ Work: _____ Cell/ Work: _____

Complete below only if your child is nine or older, a Y member, and may sign her/himself in and out of camp each day. By completing the information below you are acknowledging that your child may sign in and out of camp every day and that camp staff are not responsible before he / she signs in or after he / she signs out.

My child, _____, is at least nine years old, and I give him / her permission to sign her/himself in and out of camp each day. _____ Parent Initials.

My child will attend the following sessions of LIT:

- ___ **Week 1** June 4-8 - 9:00am-4:00pm
 PRE-CAMP 7:30-9am___ POST-CAMP 4-5:30pm ___
- ___ **Week 2** June 11-15 - 9:00am-4:00pm
 PRE-CAMP 7:30-9am___ POST-CAMP 4-5:30pm ___
- ___ **Week 3** June 18-22 - 9:00am-4:00pm
 PRE-CAMP 7:30-9am___ POST-CAMP 4-5:30pm ___
- ___ **Week 4** June 25-29 - 9:00am-4:00pm
 PRE-CAMP 7:30-9am___ POST-CAMP 4-5:30pm ___
- ___ **Week 5** **July 2-6 - 9:00am-4:00pm
 PRE-CAMP 7:30-9am___ POST-CAMP 4-5:30pm ___
- ___ **Week 6** July 9-13 - 9:00am-4:00pm
 PRE-CAMP 7:30-9am___ POST-CAMP 4-5:30pm ___
- ___ **Week 7** July 16-20 - 9:00am-4:00pm
 PRE-CAMP 7:30-9am___ POST-CAMP 4-5:30pm ___
- ___ **Week 8** July 23-27 - 9:00am-4:00pm
 PRE-CAMP 7:30-9am___ POST-CAMP 4-5:30pm ___
- ___ **Week 9** July 30-August 3 - 9:00am-4:00pm
 PRE-CAMP 7:30-9am___ POST-CAMP 4-5:30pm ___
- ___ **Week 10** August 6-10 - 9:00am-4:00pm
 PRE-CAMP 7:30-9am___ POST-CAMP 4-5:30pm ___

Fees:

YMCA Member: \$100 per week
 Program Participant: \$145 per week
 *\$25 per week deposit due at time of registration
 **Week 5 (4-day week due to 4th of July holiday)
 YMCA Member: \$85
 Program Participant: \$130



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Child's Name: _____

Medical / Health Information

Disability or chronic / recurring illness: _____

Allergies: _____

Medications child is currently taking: _____

Is your child up to date on all immunizations? Yes No If no, which immunizations is he /she missing? _____

Does your child have any special needs requiring an accommodation? _____

AUTHORIZATION TO PARTICIPATE:

Yes No I give my child, _____, permission to swim or otherwise participate in water activities in bodies of water two or more feet in depth. During any scheduled swimming activity, a certified lifeguard will be on duty. *All campers who cannot touch the bottom of the YMCA swimming pool or who do not take and pass the swim test to swim in the deep end will be required to wear a lifejacket while swimming with Day Camp. The YMCA will provide this equipment.*

Yes No I would like my child to swim in shallow water only. *I understand that if he / she cannot touch the bottom of pool in shallow water, she / he will be required to wear a lifejacket while swimming with Day Camp. The YMCA will provide this equipment.*

By registering for Summer Camp, you agree to all of the following regarding your child's participation:

I give my permission for my child to participate in any and all trips or excursions away from the program site. I understand that transportation for these trips or excursions may be by public transportation, walking or leased bus.

I give my permission for my child to use all of the equipment and participate in all activities of the program. I give this permission understanding that the nature of some activities may carry risk of injury and no matter how careful camp counselors or campers are, the risk cannot be eliminated.

I do hereby consent & authorize the Marion Family YMCA staff to take any and all action, including use of emergency medical transportation, medical services & hospital facilities as they deem appropriate in the event my child should become ill or otherwise injured under the care of the Marion Family YMCA.

I understand that medical expenses resulting from any illness or injury my child may incur while attending this YMCA program are my responsibility. I understand that the Marion Family YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.

I agree to sign my child in and out of camp each day. I understand that the Marion Family YMCA will not assume responsibility for a child who has not been signed in when he / she arrives for the day. I understand that only those people designated by me on this form may pick up my child from camp, and that I, or the person picking up my child must sign out each afternoon and may be requested to show identification. Children age 9 & older who are Y members may sign themselves in / out of camp, provided you specifically give permission on the first page of this form.

I give my permission for my child to be included in evaluations, pictures, and videos associated with the program including those which may be used for marketing the program.

Signature of Parent / Guardian Date

Printed Name of Parent / Guardian: _____