



Best Summer Ever!!

2019 Summer Day Camp Preschool - Registration Form

Camper Information:

___ Male ___ Female

First Name: _____ Last Name: _____

Date of Birth: ____/____/____

Age as of 6/01/2019 _____ Grade Entering Fall '19 _____

Is your child a Y member? ___ Yes ___ No

What school will your child attend in 2019? _____

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 will request a photo ID from anyone we do not recognize. **If their name is not on this list your child will not be allowed to leave the YMCA with them.**

- | | |
|-------------------------------|-------------------------------|
| 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 _____ |

My child will attend the following sessions of Preschool Camp:

- _____ June 18, 19, 20 - 9:00 am - 12:00 pm
- _____ June 25, 26, 27 - 9:00 am - 12:00 pm
- _____ July 11, 12, 13 - 9:00 am - 12:00 pm
- _____ July 18, 19, 20 - 9:00 am - 12:00 pm
- _____ August 2, 3, 4 - 9:00 am - 12:00 pm
- _____ August 6, 7, 8 - 9:00am - 12:00pm

Program Fees:

YMCA Member: \$45.00 per week

Program Participant: \$65.00 per week

*Registration Fee: There will be a \$15 per week deposit due at time of registration. This will be credited to the weekly fee.

Would you be willing to donate to our Annual Campaign?

The funds that are raised help support kids on financial assistance and allow them to be able to attend Summer Day Camp!

___ Yes ___ No *If yes:* ___\$5.00/week ___\$10.00/week ___\$15.00/week ___other amount \$ _____

MARION FAMILY YMCA, WOPAT YMCA CENTER

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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: _____