



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### Camper Emergency Information Packet

This form must be completed in full and returned before your campers first day of attendance. Only one of these forms is needed for the same camp registrations throughout the summer.

The following questions are being asked so the staff can better serve your camper and all the other campers as well as required grant reporting demographic information. Your answers are strictly confidential. Please be as specific as possible. Please print clearly. Thank you.

#### Camper Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#### YOUR CAMPER'S INFORMATION HERE

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade Entering Fall '26: \_\_\_\_\_ Is your child a Y member? \_\_\_\_\_ Yes \_\_\_\_\_ No

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Age (as of June 2, 2026) \_\_\_\_\_

\*\*If your Child is 11 & older, and is also a Y member they may sign themselves in/out of camp, provided a guardian specifically gives permission through the following registration process below:

I give permission for my child who is 11 & older **and** a Y member to sign themselves **in** to camp between 8:45-9 am and **out** of camp between 3:45-4 pm. During the hours of 9-3:45pm the camper **will not** be permitted to leave the camp activities.

Yes

Parent/Guardian signature: \_\_\_\_\_

NO

Printed Name: \_\_\_\_\_

#### Primary Parent / Guardian #1 Information:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State / Zip: \_\_\_\_\_

#### Primary Parent / Guardian #2 Information:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

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

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.**

	NAME	RELATIONSHIP	PHONE
1			
2			
3			
4			

#### **MARION FAMILY YMCA, WOPAT YMCA CENTER**

645 Barks Rd E Marion, OH 43302-3892

F 740-389-1287 P 740-725-9622 [www.marionfamilyymca.org](http://www.marionfamilyymca.org)

## Camper Emergency Information Packet

Campers Full Name: \_\_\_\_\_

**Insurance Information:** Is the camper covered by family medical/hospital insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

**PRIMARY**

If yes, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Carrier Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Secondary** (if applicable)

indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Carrier Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Medical / Health Information:**

Describe any of your camper's current health conditions requiring medical attention, treatment, or special restrictions/considerations while at camp:

\_\_\_\_\_

Allergies (including food): \_\_\_\_\_

Reaction to allergy/management of allergy: \_\_\_\_\_

**\*Please speak with Camp Director prior to attending if your child requires administration of medication during camp. We encourage parents to administer medication before or after time at camp.**

Medications child is currently taking: \_\_\_\_\_

Is your child up to date on all immunizations? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If no, list all missed immunizations: \_\_\_\_\_

List any past medical treatments:

\_\_\_\_\_

**Developmental History of Camper:**

Describe your camper's interactions with children of the same age. \_\_\_\_\_

How would you describe your camper's personality? \_\_\_\_\_

Does your camper have any fears we should be aware of? \_\_\_\_\_

What are your campers' interests? \_\_\_\_\_

Does your camper have any special needs we should be aware of to better understand your camper and be able to work with your camper (Be specific)? \_\_\_\_\_

Please let us know of anything else you feel would help staff care for and understand your camper better. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Camper Emergency Information Packet

**Campers Full Name:** \_\_\_\_\_

### **AUTHORIZATION TO PARTICIPATE IN SWIMMING:**

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/or 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.*

My Child is a \_\_\_\_\_ Swimmer \_\_\_\_\_ Non-Swimmer

### **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 & 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 or illness (including COVID-19) and no matter how careful YMCA staff of campers are, the risk cannot be eliminated.

I agree that I **will not** send my child to camp if they are ill or if my child who isn't vaccinated against COVID-19 has been exposed to anyone who has been diagnosed with COVID-19 or likely to have COVID19; and/or any other screening criteria implemented by the Marion Family YMCA. I further agree **that I will be available, or have someone designated as available**, to pick my child up from camp during the day if so asked by YMCA staff due to my child exhibiting signs of illness.

I also agree to follow all Marion Family YMCA health protocols which may include parents and/or children wearing CDC approved masks. I understand that health protocols are likely to evolve and may change throughout the summer.

I agree that I will be available, or have someone designated as available, to pick my child up from camp during the day if so asked by YMCA staff due to my child exhibiting disruptive behavior which causes safety concerns for the child, other children, and or staff.

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 or incorrect information given by a parent or guardian.

I understand that the Marion Family YMCA will not assume responsibility for a child who has not been checked in to camp by a camp staff when she/he arrives for the day. **Check-in will occur at the North Gym doors between 8:45 and 9:00 AM** if you are dropping off your camper in the morning. **Pick-up will happen at the north gym doors between 3:45-4:00 PM** if you are picking up your camper. I understand that only those people designated by me on my child's enrollment forms may pick up my child from camp and that I, or the person picking up my child must use the established check-out procedure each afternoon and may be requested to show identification. [Children 11 & older who are Y members may sign themselves in/out of camp, provided you specifically give permission through the registration process on page 1 of this form if applicable.]

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 and photos or videos of which may be posted to the YMCA's social media accounts. If I am a guardian of a foster child with photo restrictions, I will contact the Y Camp Director. I give permission for my child to participate in the Y's evaluation and data collection activities and understand that neither my child or I will be paid for such participation.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent / Guardian:

## Camper Emergency Information Packet

Campers Full Name: \_\_\_\_\_

Please check off each week for which you want to register your child:

### Dates:

- Week 1 June 1 - 6
- Week 2 June 8 - 12
- Week 3 June 15 - 19
- Week 4 June 22 - 26
- No Camp June 29 -July 3 Staff Development/Break**
- Week 5 July 6 - 10
- Week 6 July 13 - 17
- Week 7 July 20 - 24
- Week 8 July 27 - July 31
- Week 9 August 3 - 7

Do you need Pre or Post Camp?  Yes  No