

**Camp Y-Don't-U-Go
Summer 2010**

Father's Name: _____ **Home#:** _____ **Email:** _____

Place of Employment: _____ **Work #:** _____ **Cell #:** _____

Mother's Name: _____ **Home#:** _____ **Email:** _____

Place of Employment: _____ **Work #:** _____ **Cell #:** _____

The following individuals may pick up my child or **be contacted in case of emergency**. Children will be released only to those names listed. **You must list persons who will be available to be reached by phone**. They should be prepared to show picture ID when picking up your child.

THIS SECTION MUST BE FILLED IN PRIOR TO ATTENDING

Emergency Contact: _____ **Phone #(s):** _____

Emergency Contact: _____ **Phone #(s):** _____

Emergency Contact: _____ **Phone #(s):** _____

Is there anyone who is not allowed to come in contact with your child?

(Copy of Court Documentation must be submitted)

Name: _____ Name: _____

- I agree to pick-up my child by **6:00pm** or earlier and in the event my child is not picked up by 6:00pm, a fee of \$1 for every minute thereafter will be charged. After 6:15pm, the local authorities will be called.
- I understand that I may not leave my child at the Camp Y-Don't-U-Go site until a YMCA staff arrives and I have signed my child in.
- I understand my child will not be allowed to leave the program without being signed out by an authorized person on a daily basis.

Parent/Guardian Signature

Date

Camp Y-Don't-U-Go Summer 2010

Child's Name: _____ Date of Birth: _____

Emergency Medical Authorization

Please list any **allergies or medical conditions** that your child may have. If none, please write "none" and initial.

Medication	Dosage	When is it Administered?

In the event of injury, I hereby authorize the emergency medical authorities to provide such medical care and treatment to my child as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment. In case of an emergency, I request my child be transported to _____ hospital.

Parent/Guardian Signature

Date

The staff will only administer prescription drugs.
You must fill out the YMCA Medication Authorization Form.

Authorization for Pictures

I authorize the Stateline Family YMCA to photograph my child during camp activities.

Parent/Guardian Signature

Date

Swimming Authorization

I give my permission for my child to participate in swimming and wading activities offered as part of Camp Y-Don't-U-Go.

Parent/Guardian Signature

Date

Field Trip Authorization Form

I give my permission for my child to participate in and be transported to and from planned field trips.

Parent/Guardian Signature

Date

Camp Y-Don't-U-Go 2010 Registration Form

Child's Name: _____ Gender: _____

T-Shirt Size (circle one): **S** (size 6-8) **M** (size 10-12) **L** (size 14-16) **Adult S** **Adult M**

Street Address: _____ City: _____ Zip: _____

Home Phone #: _____ School Attending: _____ Grade: _____
(2010-2011 school year)

Please check the appropriate box for which session(s) your child will be attending.

<u>Attending</u>	<u>Date</u>	<u>Camp Rate</u>	<u>Date Balance Due</u>
<input type="checkbox"/>	June 7- June 11	\$115	June 1
<input type="checkbox"/>	June 14 - June 18	\$115	June 8
<input type="checkbox"/>	June 21 - June 25	\$115	June 15
<input type="checkbox"/>	June 28 - July 2	\$115	June 22
<input type="checkbox"/>	July 5 - July 9	\$115	June 29
<input type="checkbox"/>	July 12 - July 16	\$115	July 5
<input type="checkbox"/>	July 19 - July 23	\$115	July 13
<input type="checkbox"/>	July 26 - July 30	\$115	July 20
<input type="checkbox"/>	August 2 - August 6	\$115	July 27
<input type="checkbox"/>	August 9 - August 13	\$115	August 3
<input type="checkbox"/>	August 16 - August 20	\$115	August 10

In consideration of my child's participation in Camp Y-Don't-U-Go, I agree to the following:

- I agree to pay a one-time Registration Fee of \$25. This fee will be waived only if the participant is a member of the Stateline Family YMCA.
- I understand that camp fees are due the **TUESDAY BEFORE** the week in which my child attends or my child's spot will be given to the next available camper.
- I understand camp fees are **non-refundable and non-transferable**.
- I understand in the event of continued late pick-up of my child, the Stateline Family YMCA/Camp Y-Don't-U-Go reserves the right to remove my child from the program.
- I have read the Camp Y-Don't-U-Go Parent Handbook and understand all program policies and procedures.
- I understand the Stateline Family YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities.

Parent/Guardian Signature

Date