

Summer Day Camp 2008 Registration

North Rutherford YMCA Ronald Reagan Family Center



Camper Name _____ Birthday _____
 Age at camp _____ Grade entering in fall _____ Gender _____
 E-mail address _____ School _____
 Mother's Name _____ Custodial Guardian
 Father's Name _____ Custodial Guardian
If there are special circumstances involving visitation and pick up rights, you must provide the Camp Director with legal documentation of those arrangements.
 Camper's Home Address _____
 City _____ State _____ Zip _____
 Billing Address (if different) _____
 City _____ State _____ Zip _____
 Mother's Home Phone _____ Mother's Work Phone _____
 Mother's Cell Phone _____ Mother's Email _____
 Father's Home Phone _____ Father's Work Phone _____
 Father's Cell Phone _____ Father's Email _____
 Emergency Contact _____ Relation to Camper _____
 Phone Number _____ Cell Phone Number _____

Membership Information

I am a YMCA Facility Member. My membership # is _____
 I am a Program Member at the _____ YMCA.

Pick-up Information

Please list all adults authorized to pick-up your camper in your absence.

1. _____ / _____	2. _____ / _____
3. _____ / _____	4. _____ / _____
Name/Phone	Name/Phone

Fees:

YMCA Member	\$90/week	X _____	= _____	- \$25	= _____
		# of weeks	Total	Deposit per week	Balance Due
Program Member*	\$110/week	X _____	= _____	- \$25	= _____
		# of weeks	Total	Deposit per week	Balance Due

Methods of Payment

- ▼ You may pay with a check or credit card every week. Payments are due the Wednesday before each session begins.
- ▼ If you are using a credit card, we will run it every Wednesday for the next week of camp attending. If selecting credit card, please be aware that you may not pay by credit card one week and check the next.
- ▼ A deposit is required to confirm each session of camp. The deposit is applied to the total camp fee and is not refundable.

Visa Master Card American Express
 Account # _____ Exp. Date _____
 Deposit Check Enclosed Amount \$ _____

Parents, please circle the camp sessions that your camper will be attending:

Session 1 (June 2-6)
Welcome Week

Session 2 (June 9-13)

Session 3 (June 16-20)

Session 4 (June 23-27)

Session 5 (June 30-July 3)
**Closed for Independence Day*

Session 6 (July 7-11)

Session 7 (July 14-18)

Session 8 (July 21-25)

Session 9 (July 28-Aug. 1)

Session 10 (Aug. 4-8)
(Includes talent show and cook-out on last day)

PARENT/GUARDIAN AUTHORIZATION

I approve this registration and certify that the camper is capable of such an experience. I agree to pay the balance of the camp fees the Wednesday before the beginning of each camp session. I understand that no refunds are given if a child leaves early for disruptive behavior. I also understand that cancellations received at least one week before a camp session begins will receive a refund minus the non-refundable deposit amount. Refunds are not available for cancellations less than one week prior to the start of a camp session. I grant permission for the camper to participate in all planned camp activities. The YMCA is not responsible for lost, stolen or damaged personal articles. I also authorize the YMCA to have and use photographs, slides, or videotapes of the camper named on this registration as may be needed for promotional purposes.

Signature of custodial parent/guardian _____

Witness _____ **Date** _____

Office Use Only:

Amount Received: \$ _____ Check (Check # _____) Credit Card

Received by: _____ Date: _____

In Unity: Day Camp

Summer Day Camp 2008 Health History Form
YMCA of Middle Tennessee



The camper's custodial parent or guardian must complete the following information. The intent of this information is to provide the camper's health background to the YMCA's Summer Day Camp staff so they may provide the appropriate health care treatment. Please provide complete information so that the camp can be aware of any camper's special needs. Any changes to this form should be provided to camp staff upon participant's arrival at camp. The information on this form is not a part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Keep a copy of this completed form for your records.

Camper Name: _____

Insurance Information:

(YMCA of Middle Tennessee Summer Day Camp does not carry accident or sickness insurance for participants.)

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name: _____ Group #: _____

Carrier address: _____ City: _____ State: _____ Zip: _____

Name of insured: _____ Relationship to participant: _____

Policy holder insurance ID number: _____ Physician's Name: _____

Physician's Phone: _____ Hospital of Choice: _____

Does your child have any MEDICAL CONDITIONS that should be considered? Yes No

If yes, please explain _____

Are there any special instructions from you or your child's doctor as to treatment at the day camp site? Yes No

If yes, please explain: _____

Are there any special restrictions or considerations while at day camp (Food, physical limitations, health limitations)? Yes No

If yes, please explain: _____

Routine Medications

Please list ALL medications, including non-prescription, taken routinely. YMCA Summer Day Camp prefers that all medications be administered at home before and after the camp day. However, if lunchtime medications are required, please send enough medication to last the entire session. Keep it in the original packaging that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. **A YMCA Day Camp Permission to Administer Medication form (found in parent handbook) must be completed and submitted to camp staff in order for medication to be administered during the camp day.**

The camp participant takes medications on a routine basis. Yes No

Med #1 _____ Med #2 _____

(Attach additional pages for more medication)

Allergy Information

Please list any allergies below. Also provide reaction and management of the reaction.

Medication allergies _____

Food Allergies _____

Other Allergies _____

Important! This box must be completed for attendance.

Parent/Guardian Authorization

In case of an accident or illness, the YMCA is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the camper's parents immediately. I understand the related expenses for this medical attention will be my responsibility. This health history is correct and complete as far as I know, and the person herein described has my permission to engage in all camp activities except as noted.

Permission to provide necessary treatment or emergency care

I hereby give permission to the medical personnel selected by YMCA of Middle Tennessee Day Camp to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Summer Day Camp to secure and administer treatment, including hospitalization, of the person named on this form. This completed form may be photocopied.

Signature of custodial parent/guardian _____

Witness _____ **Date** _____

*If for religious reasons you cannot sign this, contact YMCA Summer Day Camp for a legal waiver, which must be signed for attendance.