



YMCC office use only

SUMMER CAMP REGISTRATION FORM

Date _____

Complete ONE form per family (front & back). Please type or print clearly and complete all items.

CHILDREN REGISTERING FOR YMCC Summer Camp

	F	M	NB	Date of Birth	Camp Session(s)
Name:					<input type="checkbox"/> 6/3-6/14 <input type="checkbox"/> 6/17-6/28
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 7/1-7/12 <input type="checkbox"/> 7/15-7/26
Medications:					
Name:					<input type="checkbox"/> 6/3-6/14 <input type="checkbox"/> 6/17-6/28
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 7/1-7/12 <input type="checkbox"/> 7/15-7/26
Medications:					
Name:					<input type="checkbox"/> 6/3-6/14 <input type="checkbox"/> 6/17-6/28
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 7/1-7/12 <input type="checkbox"/> 7/15-7/26
Medications:					

* Please note that a separate Medication Consent Form will need to be completed at the YMCC Front Office for any medication administered during camp.

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Parent/Guardian #2

	Parent/Guardian #1	Parent/Guardian #2
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary
Name	_____	_____
Relationship to Applicant	_____	_____
Date of Birth	_____	_____
Primary Language at Home	_____	_____
Home Address	_____	_____
City, State, Zip	_____	_____
Primary Phone	_____	_____
Secondary Phone	_____	_____
Email	_____	_____
Occupation	_____	_____
Employer	_____	_____



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PHOTOGRAPHY, AUDIO, & VIDEO PERMISSION/RELEASE

I give permission for YMCC to take photographs, audio recordings, and videos of my child and use these materials for school and camp publicity. These photographs, audio, and/or videotaped images may appear in the YMCC itself, YMCC publications (including parent newsletters), YMCC video productions, on the YMCC website, on YMCC authorized social media sites such as Facebook or Twitter, in the news media, or in other organizations' school related stories or articles. I understand and agree that YMCC may use these photos, audio recordings, and/or videotaped images or interviews in subsequent years unless I revoke this authorization by notifying YMCC in writing. I further give permission for YMCC to permit my child to be photographed, audio recorded /videotaped, or interviewed by the news media or other organizations for school/camp related stories or articles. Yes No

2019 Summer Camp Sessions

Our Summer adventures pack fun into learning as children explore our session themes: Animal Safari Adventures, Under the Big Top, Exploring Space, and Creatures Under the Sea.

June 3 rd – June 14 th Animal Safari Adventures	9AM-12PM <input type="checkbox"/>	9AM- 4PM <input type="checkbox"/>
June 17 th – June 28 th Exploring Space	9AM-12PM <input type="checkbox"/>	9AM- 4PM <input type="checkbox"/>
July 1 st – July 12 th (Closed July 4 th & July 5 th) Under the Big Top	9AM-12PM <input type="checkbox"/>	9AM- 4PM <input type="checkbox"/>
July 15 th – July 26 th Creatures Under the Sea	9AM-12PM <input type="checkbox"/>	9AM- 4PM <input type="checkbox"/>

Full payment is required at registration to hold your spot.
 9AM - 12PM, two week sessions are \$225.00.
 9AM - 4PM extended day is \$450.00, with limited space.
 Parents are responsible for providing snacks and lunch for your child.
 YMCC is a peanut free campus.

Health History of Child

Does your child have a diagnosis? Yes No
 If yes, please list diagnosis:

Name of child:	Diagnosis:

Children identified with Autism Spectrum Disorder are asked to attend Summer Camp with their outside ABA provider. Please list the name of your ABA provider and any other I:I provider who will attend camp with your child.:

Organization/Provider Name:	Dates services received:



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EMERGENCY MEDICAL CARE

If your child requires emergency medical attention, YMCC will attempt to contact the designated parent or guardian first. In the event the parent or legal guardian cannot be reached, YMCC will contact the authorized adult(s) named on the ADHS Emergency Information and Immunization Record Card. This form must be completed at the time of registration.

In the event that a parent or guardian cannot be reached in an emergency, I hereby give permission for YMC team members to make emergency medical decisions and provide routine first aid to my child in my absence, or secure medical treatment for my child. YMCC team members are trained in pediatric first aid and CPR. By signing this form below, the parent/guardian authorizes YMCC team members to administer first aid and/or CPR in an emergency situation.

Thank you for taking the time to complete this Summer Camp Registration Form!

I HAVE READ, UNDERSTAND, AND ACCEPT THE CONDITIONS NOTED ABOVE.

PARENT/GUARDIAN SIGNATURE

DATE

YMCC REPRESENTATIVE SIGNATURE

DATE