



# 2017 Preschool Summer Day Camp Registration Form

**Camper Information:**

\_\_\_ Male \_\_\_ Female

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

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age as of 6/01/2017 \_\_\_\_\_ Grade Entering Fall '17 \_\_\_\_\_

School: \_\_\_\_\_ Is your child a Y member? \_\_\_ Yes \_\_\_ No

**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

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 5 - 9, Wild West, 9:00 am - 12:00 pm

\_\_\_\_\_ June 19 - 23, Treasure Island, 9:00 am - 12:00 pm

\_\_\_\_\_ July 10 - 14, Zootopia, 9:00 am - 12:00 pm

\_\_\_\_\_ July 24 - 28, Bugs and Butterflies, 9:00 am - 12:00 pm

\_\_\_\_\_ August 7 -11, Lego's, 9:00 am - 12:00 pm

**Fees:**

YMCA Member: \$45 per week

Program Participant: \$65 per week

**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



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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 will be required to wear a lifejacket while swimming with Preschool Day Camp. The YMCA will provide this equipment. Marion Family YMCA Preschool Day Camp will **not** be using the deep end of the shallow water pool.*

Yes  No 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.

### The following **MUST** be answered Yes in order for your child to participate in camp:

Yes  No I give my permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trip or excursions may be by public transportation, walking or leased bus under the supervision of Marion Family YMCA Preschool Day Camp staff.

Yes  No 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.

Yes  No 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.

Yes  No 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.

Yes  No 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.

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

\_\_\_\_\_  
Date

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