

2016 YMCA SPECIALTY CAMP REGISTRATION FORM



Camper's First Name: _____ Camper's Last Name: _____

Address: _____ City / State: _____ Zip: _____

2015-2016 Grade Level: _____ Birthdate: _____ / _____ / _____

School: _____ Sex: _____

YMCA Member: _____ Non-Member: _____ CHASI: _____ Scholarship: _____

PARENT/GUARDIAN INFORMATION

Mother:

Name: _____

Phone: _____

Email: _____

Father:

Name: _____

Phone: _____

Email: _____

Please list the name of the Specialty Camp you would like to sign up for below. If signing up for multiple camps per week, please indicate the camp and date. Payment for all Specialty Camps must accompany your registration form.

Week	Specialty Camp 1	Specialty Camp 2	Enrolled In Summer/Teen Camp
June 6 TH - 10 TH			____ Yes ____ No
June 13 TH - 17 TH			____ Yes ____ No
June 20 TH - 24 TH			____ Yes ____ No
June 27 TH - July 1 ST			____ Yes ____ No
July 5 TH - 8 TH			____ Yes ____ No
July 11 TH - 15 TH			____ Yes ____ No
July 18 TH - 22 ND			____ Yes ____ No
July 25 TH - 29 ST			____ Yes ____ No
August 1 ST - 5 TH			____ Yes ____ No

Parent's Signature

Date

Flip over for more information.

PLEASE DO NOT MARK IN THIS SECTION, OFFICE USE ONLY

Amount Paid: _____

Date reservation accepted: _____ By(staff member's initials): _____

2016 YMCA SPECIALTY CAMP REGISTRATION FORM



MEDICAL INFORMATION

Please list any allergies, medical problems, or physical ailments the camper may have:

SPECIAL NEEDS

Please list any special assistance your camper may require: (Please provide a copy of IEP or 504 information.)

PHOTO RELEASE

I grant the Edwardsville YMCA, its agents and the news media, the rights to use photographs of my camper for promotional (YMCA website, catalogs or Facebook) or news purposes (press releases). Please Note: Campers without photo release permission will wear a colored wrist band to aid staff in identifying campers without a photo release in order to avoid having their picture taken.

Parent/Guardian Signature

Date

PARENT CODE OF CONDUCT

I understand that the policies and procedures of the Summer Camp Dept. are in place for the safety of my camper and the YMCA staff. I pledge to respect and obey these rules (as displayed in the catalog, by signage and as brought to my attention by YMCA staff members) as they pertain to me as a parent. I understand that failure to adhere to these policies could result in my child's removal from the Summer Camp and/or Specialty Camp programs.

Parent/Guardian Signature

Date

TRIPS, EXCURSIONS AND PUBLIC PARK FACILITIES

If applicable to my child's specialty camp, I authorize the Edwardsville YMCA staff to take my camper on walking trips, special excursions and to nearby public park facilities. I also authorize the camper to ride as a passenger in a vehicle owned or leased by the above-mentioned organization. I understand all such trips are under the supervision of the Edwardsville YMCA staff and that health and safety precautions will be taken.

Parent/Guardian Signature

Date

PICK UP AUTHORIZATION

Please list any individuals (if any) other than parents and the above emergency contacts that are authorized to sign out the camper.

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Please note: Copies of any court ordered custody arrangements must be on file with the YMCA to prevent a non-custodial parent from signing out the camper.