



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Day Camp Enrollment Form

Streator Family YMCA

Camper Information: Please print clearly with complete information

Camper's Name: _____ Date of Birth ___/___/___ Age: _____ Male Female
Home Address: _____ City: _____ State: _____ Zip: _____
Home Telephone: _____ Grade (Fall 2017): _____ School: _____

Parent Information:

Parent 1 Name: _____ Male Female Preferred Method of Contact: _____
Email Address: _____ Cell Phone: _____ Work Phone: _____
Parent 2 Name: _____ Cell Phone: _____ Work Phone: _____
Child resides with: Both Parent 1 Parent 2 Guardian Other: _____

Emergency Contacts & Release

Name(s) and Phone Numbers(s) of person(s) OTHER THAN PARENTS LISTED ABOVE, 18 years and older, allowed to pick up your child: (Please note: Only individuals listed on this form may pick your camper up.)

Name: _____ Cell: _____ Relationship: _____
Name: _____ Cell: _____ Relationship: _____
Name: _____ Cell: _____ Relationship: _____
Name: _____ Cell: _____ Relationship: _____

Additional Camper Information: Please print clearly with complete information

Camper's Name: _____

Please rank your child's swimming ability

_____ Non-Swimmer _____ Beginner _____ Intermediate _____ Advanced

Please let us know of any other information that would allow us to better serve your child and enhance his/her camp experience:



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Camper Medical Information: Please print clearly with complete information

The YMCA takes your child's safety very seriously. All medical information must be completed and no line to be left blank.

Please let us know of any important medical information that will allow us to better serve your child:

Will your child need to take any prescription medications while at camp? Yes No

If yes, please request a medical authorization form. Please return the form and medication in its original prescribed container with your child's name on it on the first day that they attend camp.

Allergies:

Please put N/A if your child does not have any allergies

Food/Medication/Other: _____

Does your child require an Epi-pen? Yes No

If yes, you must provide the YMCA with an Epi-pen to be kept at camp during your child's enrollment. The Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific activities that are restricted for health reasons: _____

Child Profile:

The following will help us better understand your child and his/her needs. Please provide as much detail as possible.

Special Talents/Interests: _____

Hobbies: _____

Peer Relations: _____

Fears/Apprehensions: _____

How is anger/frustration expressed: _____

Family discipline practices: _____

Special Services received at school: _____

External stress factors: _____

Things I would like to see his/her accomplish at camp: _____



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Parent Statement of Understanding

Streator Family YMCA

I, _____, have read and understand the policies listed below:

I certify the applicant is capable of participating in this program. I understand that YMCA Staff are trained in the basics of First Aid and CPR and give consent to have my child receive first aid from YMCA Staff. I authorize the Streator Family YMCA to secure emergency medical treatment for my child, if necessary provide that and effort to reach me is made as the nature of the emergency permits. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child. I also agree to waive any claims against the YMCA, its members, staff and volunteers for injuries or damages that may result from the conduct from other persons including participants in YMCA Programs. I understand the YMCA does not cover health and medical expense and I agree to pay any that may occur.

I authorize the Streator Family YMCA to release my child(ren) to the person(s) listed in this enrollment packet. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pickup my child(ren) that appears to be under the influence of alcohol or durgs, the staff will report this person to the police. I understand that YMCA staff and volunteers are not allowed to babysit children at any time outside of the YMCA Program or transport children in their own vehicles. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

- I have received a copy of the camp handbook, and agree to all terms and conditions.
- I understand that when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a YMCA Staff Person.
- I grant permission for my child(ren) to participate in all planned program activities, including trips by motor vehicle away from the YMCA program site.
- I give permission to photocopy all forms.
- I also give my permission to the YMCA to use all photos, videos, voice and images taken of the applicant for purposes, which the YMCA may deem appropriate.
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines, including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)'s participation in the program.
- I understand the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged or stolen articles. I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party or disruptive behavior cannot be made up, credited or refunded. (see the program handbook for complete refund policy)

Parent/Guardian Signature: _____ Date: _____



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Medication Authorization Form

Streator Family YMCA

Child's Name: _____ Age: _____

Doctor's Name: _____

I give permission for the Streator Family YMCA staff to administer the following prescribed medication for a period of _____.

Medication	Dosage	Time to be given
_____	_____	_____
_____	_____	_____

Possible Side Effects _____

I understand that:

- YMCA staff may dispense ONLY MEDICATION WITH A PRESCRIPTION LABEL (you can ask any pharmacist to put a pharmacy label on over the counter medication). Any medication dispensed to a child at the program site must be in its original container with the child's name on it.
- Please note that the YMCA staff are NOT allowed to give the first dosage of any medication. YMCA staff are not permitted to give medication to control or contain fever. If your child refuses medication, we will contact you for further instructions.
- YMCA staff may only dispense medication listed on this form.

Parent/Guardian Signature: _____ Date: _____

Site Director's Signature: _____ Date: _____

TO BE COMPLETED BY YMCA STAFF

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Date					
Time					
Medication					
Dose					
Initials					
Date					
Time					
Medication					
Dose					
Initials					