



**For Office Use:** After the initial completion of this form please register the child at the Front desk.

Registered

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

# 2018 Summer Day Camp Registration

## \$25 Registration Fee/Child

Non Refundable- Non Transferable

### Child Information Record

Child's First and Last Name: \_\_\_\_\_ Male\_\_ Female\_\_

Age:\_\_\_\_\_Grade Entering:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Member\_\_Non-Member\_\_

Please circle T-shirt Size: Youth: XS S M L or Adult: S M

2<sup>nd</sup> Child's First and Last Name: \_\_\_\_\_ Male\_\_ Female\_\_

Age:\_\_\_\_\_Grade Entering:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Member\_\_Non-Member\_\_

Please circle T-shirt Size: Youth: XS S M L or Adult: S M L

3<sup>rd</sup> Child's First and Last Name: \_\_\_\_\_ Male\_\_ Female\_\_

Age:\_\_\_\_\_Grade Entering:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Member\_\_Non-Member\_\_

Please circle T-shirt Size: Youth: XS S M L or Adult: S M L

### Parent/Legal Guardian Information:

First & Last Name:\_\_\_\_\_DOB\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Home Address:\_\_\_\_\_City:\_\_\_\_\_ Zip:\_\_\_\_\_ Home Phone:\_\_\_\_\_

Employer:\_\_\_\_\_ Employer Address:\_\_\_\_\_ Work Phone:\_\_\_\_\_

E-mail Address\_\_\_\_\_

### Parent/Legal Guardian Information:

First & Last Name:\_\_\_\_\_DOB\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Home Address:\_\_\_\_\_City:\_\_\_\_\_ Zip:\_\_\_\_\_ Home Phone:\_\_\_\_\_

Employer:\_\_\_\_\_ Employer Address:\_\_\_\_\_ Work Phone:\_\_\_\_\_

E-mail Address\_\_\_\_\_

### Emergency Contacts and Information:

#### Person(s) who will take responsibility for the child in an emergency when the Parent/Guardian cannot be reached:

Name:\_\_\_\_\_

Name:\_\_\_\_\_

Relationship to Child:\_\_\_\_\_

Relationship to Child:\_\_\_\_\_

Home/Cell Phone:\_\_\_\_\_

Home/Cell Phone:\_\_\_\_\_

Work Phone:\_\_\_\_\_

Work Phone:\_\_\_\_\_

**Person(s) to whom the child or children may be released other than the Parent/Guardian: (If no one, please write none) (Authorization to Pick up)**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

**Health History: Please check all that apply & complete the information below.**

Name of Child(ren): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Asthma  Seizures  Allergies/ Food intolerances (specify below)  Diabetes  Heart Problems (specify below)

Physical Limitations or Concerns (specify next page)

Additional medical information or special requests can be described below. If your child has an allergy or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, please list clear instructions on what to do in the event of an exposure to factor. Please attach an additional sheet if necessary.

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Does your child have a disability or special need? \_\_\_No\_\_\_Yes Childs Name: \_\_\_\_\_

1. Does your child have a history of negative behavioral problems, that you are aware of that may require special assistance from staff? \_\_\_No\_\_\_Yes Childs Name: \_\_\_\_\_

If "yes" please describe and list any tips that you may have that work best for your child in preventing or handling the negative behavior. Please attach an additional sheet if Necessary.

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**IMMUNIZATION DATES**

My child is exempt from required immunizations due to medical or religious reasons.  YES  NO

Date of last Tetanus: Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last DTP (Diaphtheria, Pertussis, Tetanus): Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last Polio: Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last MMR (Measles, Mumps, Rubella): Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last Hep B (Hepatitis B): Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last Hib (Haemophilus influenza type b): Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

Date of last Varicella (Chickenpox) Child 1: \_\_\_\_\_, \_\_\_\_\_ Child 2: \_\_\_\_\_, \_\_\_\_\_

My child(ren) have received all appropriate screenings and routine shots that are recommended by the state of Minnesota?  YES  NO Parent/guardian Initials \_\_\_\_\_

**Late Pick-Up Agreement:**

I understand that my child will need to be picked up from the YMCA by 6:00pm. If I cannot be there by 6:00pm I understand I must contact the Summer Day Camp Staff or Program director. If I fail to pick up my child by 6:00pm, a \$10 late fee for every 10 minutes I'm late will be charged to my account. If we have not heard from you by 6:15pm, we may notify social services and law enforcement. Parent/Guardian Initials: \_\_\_\_\_

**Important Reminder:**

I have read and understood the goals, policies and procedures outlined in the Program Brochure and Parent Handbook, which contain important and specific information regarding the program, including program hours, dates and fees. These items are available at the Front Desk of the YMCA. Please retain a copy for future reference. Parent/ Guardian Initials: \_\_\_\_\_

**Permission Form: Please read carefully and select yes or no accordingly.**

Yes  No I give my permission for my child to participate in all field trips and off-site activities that are scheduled by YMCA staff and noted in the Program Brochure and on the weekly/daily schedule for the program. I understand that YMCA Staff are responsible. If you choose not to allow your child to participate in field trips and off-site activities please note that alternative care will not be available.

Yes  No My child may use sunscreen/ bug spray that is provided by our family. The YMCA staff may assist my child in applying the sunscreen if needed. **Kids must wear sunscreen unless noted below:**

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Yes  No I give my permission for my child to participate in all swimming activities scheduled by YMCA staff. I understand that certified lifeguards would supervise all swimming activities.

Yes  No I understand that injuries may be sustained while participating in any YMCA activity. If medical attention is required, I give permission for such medical care. I also understand that the YMCA does not carry health and accident insurance, and that I will be primarily responsible where bills are incurred.

**INFORMED CONSENT and WAIVER OF LIABILITY**

The YMCA of Fergus Falls may on occasion take photographs and/or video of its members or program participants for use in print materials or by electronic methods. Your entry into YMCA facilities, participation in YMCA programs or participation in YMCA events, grants permission for the YMCA of Fergus Falls to use these photographs and/or video in its marketing and public relations efforts. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, or failure to follow general operating procedures of the program. I have been given program information, including information on where to access a copy of the Parent handbook. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

In consideration of the YMCA accepting this registration, I, for myself, and/or the minor(s) for whom I am signing, release and forever discharge the Fergus Falls Area Family YMCA and all connected with the YMCA, of and from any and all rights, claims, demands, and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing on his/her property at any time. I declare that the above minor(s) is/are physically sound and medically approved to participate in the activities of the YMCA. I authorize use of any and all photographs taken of my child(ren) with the YMCA or on YMCA related trips to be used for the publicity of the YMCA, facility and programs.

**PAYMENTS/CANCELLATIONS**

Payments must be made at the time of registration, prior to participation in program. Cancellations must be within 48 hours of the start date of the program.

Parent signature for minor child \_\_\_\_\_ Date: \_\_\_\_\_

Signature of participant for adult \_\_\_\_\_ Date: \_\_\_\_\_

**\*If you would like automatic payments taken out of your account please let Nicole or the Finance department know.**