



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

Registered

Date: _____

Staff Initials: _____

2019 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

2nd 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

3rd 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:_____

Relationship to Child:_____

Home/Cell Phone:_____

Work Phone:_____

Name:_____

Relationship to Child:_____

Home/Cell 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.

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.

Special Needs

When the YMCA staff has determined that a child's needs are greater than the resources that the YMCA can provide. (ie. social, emotional, behavioral, etc.) The parents will be contacted and informed. We always strive to include everyone, but take into account the safety and wellbeing of all campers when determining the participation of any single child. Decisions are made on a by case basis.

Parent/Guardian Initials: _____

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:**

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: _____