

YMCA OF COLUMBIA-WILLAMETTE – Summer Day Camp/Health Registration Form

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD. Registration must be complete in full.

PARTICIPANT INFORMATION

Camper's Last Name _____ First Name _____ Grade in fall '12 _____
School attending in fall _____ M _____ F _____ Date of birth ___ / ___ / ___

PARENT/GUARDIAN

1st Parent/Guardian Last name _____ First name _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Employer _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Cell/Pager _____ E-mail _____
May we contact you by e-mail? Yes No

2nd Parent/Guardian Last name _____ First name _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Employer _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Cell/Pager _____ E-mail _____
May we contact you by e-mail? Yes No

BILLING

Please indicate billing party: 1st parent 2nd parent AFS CSD Jobs DWP
 Other _____ If 3rd party, case worker name and phone number: _____

This program is provided, in part, through support of the USDA. The following information is for statistical purposes only.

Ethnicity: White African American Native American Asian/Pacific Islander Hispanic
 Additional Category, List _____

Monthly Gross Income: \$0-\$500 \$501-\$1000 \$1001-\$1597 \$1598-\$2000 \$2001-\$2500
 \$2501-\$4021 \$4022+

Household Status: Single parent Dual parent Number of people in household _____

EMERGENCY CONTACT(S) OTHER THAN PARENT(S) AUTHORIZED TO PICK UP CHILD

Name _____ Phone _____ Cell _____
Address _____ City _____ State _____ Zip _____
Relationship _____

Name _____ Phone _____ Cell _____
Address _____ City _____ State _____ Zip _____
Relationship _____

Register online at: www.ymcacw.org



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PERMISSION IS GIVEN TO THE YMCA FOR THE FOLLOWING:

Check (X) each item indicating approval.

- In an emergency, the YMCA has my permission to obtain medical treatment for my child, call an ambulance, or transport my child to any available physician or hospital at my expense, with the following restrictions (If applicable): _____
- I do not wish my child to receive any medical treatment.
- My child may be given medication. I understand the Medication Authorization Form must be completed prior to administering.
- My child may participate in YMCA field trips. I understand school bus, van, or public transportation may be used.
- My child may participate in swimming or other water activities.
- My child may be photographed for publicity or news purposes.
- If needed, the YMCA has my permission to help administer sunscreen. I understand that I need to provide lotion and label with my child's name.

EMERGENCY MEDICAL INFORMATION

Date of last tetanus _____ Date of last doctor visit _____ Does your child have any allergies? Please list: _____

Are there any special medical conditions, special needs, or restrictions to be aware of? Please list: _____

Child's Physician _____ Phone _____

Address _____ City _____ State _____ Zip _____

Child's Dentist _____ Phone _____

Address _____ City _____ State _____ Zip _____

Preferred Hospital _____ Phone _____

Address _____ City _____ State _____ Zip _____

Health Insurance Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Group Number _____ Individual's Name on Insurance Policy _____



REGISTRATION Circle Sessions Attending 1 2 3 4 5 6 7 8 9 10 11

Camp location _____

Adventure Camp (1st–5th) Breakaway Camp (6th–8th) Sport Camp (shirt size: _____) Art Camp Lego Camp

Enclosed amount for _____ sessions x \$35 deposit per session = Total deposit _____ + registration fee _____

Total enclosed _____

Year round program participant (Currently enrolled in the 12 month level pay program)

Visa/MasterCard # _____ Name on card _____ Expiration Date _____

Check here if you want us to automatically charge your credit card for remaining balance on scheduled due dates.

Check here if you want us to continue your current automatic draft.

ALL DEPOSITS ARE NON-REFUNDABLE AND NON TRANSFERABLE

Parent/Guardian Signature _____ Date _____

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participate in a YMCA of Columbia-Willamette (YMCA) program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and divisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

OFFICE USE ONLY Program Office Approved _____ Date _____ Billing Office Approved _____ Date _____ Sent _____



Register online at: www.ymcacw.org and choose "summer day camps"