

Day Camp 2010-Registration form *(Please print. Entire form must be completed.)*

Male Female *(Circle one)*

Camper's Last name _____ First name _____ Grade entering in fall _____ DOB _____

Address _____ City _____ State _____ Zip _____

Parent *(full legal name)* _____ Work # _____ Home # _____ Cell/Pager # _____

Parent *(full legal name)* _____ Work # _____ Home # _____ Cell/Pager # _____

E-Mail address *(necessary for camp info and updates)* _____

Emergency contact name _____ Relation _____

Emergency contact: Work # _____ Home # _____ Cell/Pager # _____

Family physician _____ Phone _____ Family dentist _____ Phone _____

Child's health status Good Fair Poor. Allergies, asthma, diabetes, other _____

Medications now taking _____ Tetanus shot in last five years? If yes, date _____

Additional information/comments

Authorized pick-up *(Children will not be released to anyone not indicated on this form, including parent or guardian)*

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

I give the Lake County YMCA permission to transport my child to daily Day Camp program sites. I understand that in the event of an emergency, every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by YMCA adult staff to give proper treatment, injections, and to perform surgery as needed. In consideration of the opportunity to participate in YMCA programs, I hereby assume all risks and release and hold harmless the association and all its members, volunteers and employees from any claims which might arise as the result of my presence, participation and membership in the association. I certify that my child is normal and healthy and amenable to discipline. During the camp program, I expect him/her to observe all regulations decided upon for the welfare of all. I have thoroughly read and understand all policies and procedures contained in the Day Camp Handbook, and my child will adhere to all established camp rules. I certify that all information provided above is accurate.

Parent Signature _____ Date _____

Buddy selection

Both buddies must request to be together on the registration form and they must be in the same age unit. We will attempt to honor all requests but we are limited by the number of spaces in each group.

Buddy's name _____ Grade entering in fall _____

(Office use only)

_____ (1) June 7-11 _____ (5) July 5-09 _____ (9) August 2-6

_____ (2) June 14-18 _____ (6) July 12-16 _____ (10) August 09-13

_____ (3) June 21-25 _____ (7) July 19-23 _____ (11) August 16-20

_____ (4) June 28-July 2 _____ (8) July 26-30

YMCA Member *(Circle One)*: Yes No Branch: West Central East

Pre/Post-camp program? Yes No

Fee paid _____ Date _____ Staff initials _____ Info packet _____ T-shirt _____

EXPLORER CAMP FRONTIER CAMP TEEN TREKKERS *(Circle One)*