



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **LE MARS YMCA DAY CAMP 2022 CAMPER REGISTRATION FORM**

Please complete one registration form **per** child and return to the Le Mars YMCA prior to starting camp. All information **must** be complete before your child can attend YMCA Day Camp.

### **Child's Information**

**Child's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Gender:** male or female (circle one)  
**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Grade entering 2022/23:** \_\_\_\_\_

### **1. Parent / Guardian Information**

**Name:** \_\_\_\_\_  
**Relationship to child:** \_\_\_\_\_  
**Child Lives with:** yes or no (circle one)  
**Home Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_

### **Please check weeks attending camp:**

<input type="checkbox"/>	Week 1: June 6 - June 10
<input type="checkbox"/>	Week 2: June 13 - June 17
<input type="checkbox"/>	Week 3: June 20 - June 24
<input type="checkbox"/>	Week 4: June 27 - June 30
<input type="checkbox"/>	Week 5: July 6 - July 8
<input type="checkbox"/>	Week 6: July 11 - July 15
<input type="checkbox"/>	Week 7: July 18 - July 22
<input type="checkbox"/>	Week 8: July 25 - July 29
<input type="checkbox"/>	Week 9: August 1 - August 5
<input type="checkbox"/>	Week 10: August 8 - August 12
<input type="checkbox"/>	Week 11: August 15 - August 19

### **2. Parent / Guardian Information**

**Name:** \_\_\_\_\_  
**Relationship to child:** \_\_\_\_\_  
**Child Lives with:** yes or no (circle one)  
**Home Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_

**Emergency Contact Information**

List any persons in addition to parent/guardian 1 and 2 that have authorization to pick up your child and/or be contacted in the event of an emergency. By signing this registration form, I give permission for my child to leave the YMCA Day Camp program with the person(s) listed below. Note, anyone picking up a child must produce a picture ID upon request.

	<u>Name</u>	<u>Relationship to Child</u>	<u>Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Name of person(s) who may NOT pick up your child. A copy of court order is required.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If there is a separation, divorce, custody or restraining order please explain below.

\_\_\_\_\_

\_\_\_\_\_

**Medical Information**

Child's Doctor's Name and Phone: \_\_\_\_\_

Child's Dentist's Name and Phone: \_\_\_\_\_

In case of emergency, hospital preference: \_\_\_\_\_

**Emergency Authorization:** If my child is injured or in need of medical attention, and authorized emergency contacts including myself cannot be reached, the Le Mars YMCA is authorized to transport my child to the local hospital for treatment. I agree to pay all costs.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Information**

**Are there any allergies, medications, illness, diet, behavior disorders or restrictions that may affect my child during YMCA Day Camp that the staff should know about? If yes, please list them below:**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Illnesses: \_\_\_\_\_

Behavior: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Diet: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_ (initial) My child is free of any communicable diseases.

\_\_\_\_\_ (initial) No medication will be dispensed by YMCA Staff to an enrolled child without prior written consent with the appropriate medication form except in a medical emergency. All medication must be in original container. Container must contain the child's name, prescription number and doctor's name.

**Child's Name:** \_\_\_\_\_

**Permission (please initial and sign below):**

- (initial) I give my consent to allow my child to be photographed by YMCA Staff and their image to be used in YMCA marketing materials including social media posts and local newspaper.
- (initial) I give my consent for the YMCA Staff to apply sunscreen to my child. I understand that if I want the staff to help my child apply sunscreen that I must send SPRAY sunscreen with my child. I understand that it is my responsibility to provide sunscreen for my child and to send it with my child to camp each day.
- (initial) I give my consent to allow my child to go on field trips and be transported by Le Mars Community School Bus and Driver.
- (initial) If my child needs to be transported to or from activities/YMCA I give permission for my child to be transported by Le Mars YMCA staff in a personal vehicle. I assume any and all liability for damages to or caused by my child in connection with the transportation offered by the YMCA, except those caused by gross negligence or intentional act of the YMCA.
- (initial) I give permission for my child to swim at the Le Mars Outdoor Pool.
- (initial) I give permission for my child to participate in all activities while attending day camp. I do hereby for myself, my heirs and executor waive, release and discharge the Le Mars YMCA, City of Le Mars, all staff, volunteers, directors and officers for all claims of damage or action whatsoever that may arise of my child's participation in this camp.
- (initial) I understand that I am required to pay for my child's camp registration fee prior to my child attending. The Y has the ability to deny my child's admittance to camp if payment is not made.
- (initial) I have received, read and I am willing to abide by the policies in the parent handbook.
- (initial) I agree to the pick-up and drop-off policies in the parent handbook and agree to pay any late fees incurred.
- (initial) I understand that I am required to provide my child's current immunization record before starting camp. Or submit a medical or religion exemption form.

Parent / Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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