

Central Lincoln County YMCA - Summer Camp 2011

Camper Information Form - Please Fill Out Completely

Camper's Last Name: _____ First Name: _____
Address: _____ City/State/Zip: _____
Male Female Birth Date: ____/____/____ Age: _____ Email: _____
Grade ENTERING September 2011 _____ Home# _____
Father or Guardian Name: _____ Day Phone #: _____
Mother or Guardian Name: _____ Day Phone #: _____
Emergency Contact: _____ Day Phone #: _____
Emergency Contact: _____ Day Phone #: _____

Pick Up Authorization: All campers must be picked up and signed out by an authorized adult.
*The following individuals have authorization to pick-up my child. Parent/Guardian listed above do not need to be included.
Please inform anyone that you list that a photo ID will be required upon pick-up of your child.*

Name: _____ Day Phone #: _____
Name: _____ Day Phone #: _____

Health History:

Doctor preference: _____ Phone # _____
Please list any allergies to bee stings, food, medications, etc.: _____
Please list any medications (including inhalers) that the camper is on: _____
Has the camper been under medical care or hospitalized for any illness in the past year? Yes No
If the camper's activities should be restricted in any way, please describe: _____

Bus Permission

I give permission for my child to ride on the bus for camp related activities and field trips:
Parent/Guardian Signature: _____ Date: _____

Please Fill Out the Other Side of this Form

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Please check all the weeks of camp that you are registering for.

	<u>June 27</u>	<u>July 5</u>	<u>July 11</u>	<u>July 18</u>	<u>July 25</u>	<u>Aug 1</u>	<u>Aug 8</u>	<u>Aug 15</u>	<u>Aug 22</u>
Traditional Day Camp	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Extended Camp	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Basketball Camp					<input type="checkbox"/> 5				
Tennis Camp				<input type="checkbox"/> 4	<input type="checkbox"/> 5			<input type="checkbox"/> 8	
CIT/LIT Program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Rock Climbing Camp			<input type="checkbox"/> 3						
Tiny Tikes Camp					<input type="checkbox"/> 5	<input type="checkbox"/> 6			
Arts and Crafts Camp			<input type="checkbox"/> 3	<input type="checkbox"/> 4					
Gymnastic Camp		<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		<input type="checkbox"/> 9
Sailing Camp Round Pond	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
Baseball Camp					<input type="checkbox"/> 5				
Soccer Camp							<input type="checkbox"/> 7		

Waiver: Must be signed in order to participate.

I/We understand that all registration fees and deposits are non-refundable and non-transferable and fees of campers who leave camp for behavioral reasons will not be refunded. I/We also understand that all cancellations, other than verifiable medical reasons, require a 30-day written notice stating the reasons for withdrawal. By signing this application I/We give permission for the applicant to participate in all of the activities for his/her age group. I/We also grant permission for the YMCA to use photographs of the applicant for marketing and general public relations purposes. I/We understand that the YMCA does not provide camper accident insurance. I/We hereby give permission to the medical personnel selected by the YMCA staff to transport the applicant to a medical facility and secure treatment for the applicant. I/We understand that I/We will be responsible for payment of all medical bills. I/We also hold the CLC YMCA and the staff harmless for any accident or injury that might occur. The YMCA is not responsible for lost, stolen or damaged personal articles.

Parent/Guardian Signature: _____

Date: _____

Please Fill Out the Other Side of this Form