

# Central Lincoln County YMCA - Summer Camp 2009

## 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 2008 \_\_\_\_\_ 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.  
 Include a \$25 nonrefundable and non-transferable deposit for each week of camp.

**See brochure for dates and week numbers.**

Traditional 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	<input type="checkbox"/> 10
Extended Camp (for Traditional Camp only)	<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	<input type="checkbox"/> 10
Basketball Camp	<input type="checkbox"/> 8									
Tennis Camp	<input type="checkbox"/> 5	<input type="checkbox"/> 9								
Teen Adventure Camp	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6						
Kayaking Camp	<input type="checkbox"/> 3	<input type="checkbox"/> 5								
Ultimate Challenge Camp	<input type="checkbox"/> 3									
Tiny Tikes Camp	<input type="checkbox"/> 4	<input type="checkbox"/> 6								
Arts and Crafts Camp	<input type="checkbox"/> 3	<input type="checkbox"/> 5								
Gymnastic Camp	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 9						
Recreational Gymnastics	<input type="checkbox"/> five week program beginning July 6									
Sailing Camp- Beginner	<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	<input type="checkbox"/> 10	
Sailing Camp - Advanced	<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	<input type="checkbox"/> 10	
Baseball Camp	<input type="checkbox"/> 6									
Soccer League	<input type="checkbox"/> 4 -7									
Major League Soccer Camp	<input type="checkbox"/> 5	ADDITIONAL FORM NEEDS TO BE FILLED OUT AND FULL PAYMENT IS REQUIRED FOR REGISTRATION								
Challenger Soccer Camp	<input type="checkbox"/> 9	ADDITIONAL FORM NEEDS TO BE FILLED OUT AND FULL PAYMENT IS REQUIRED FOR REGISTRATION								

**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***