



# Y Day Camp For Grades K-6 2012 Registration Form

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**FILL OUT ONE FORM PER CHILD**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home Address \_\_\_\_\_

city state zip

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone(s) \_\_\_\_\_

Email address \_\_\_\_\_

Clinic & Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/ medical conditions? \_\_\_\_\_  
\_\_\_\_\_

Physical restrictions? \_\_\_\_\_  
\_\_\_\_\_

Additional information that would be helpful Y Day Camp staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Swim level/ ability: \_\_\_\_\_

### Emergency contacts when parents cannot be reached/ permission to pick up my child:

(Please write in all information completely.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

PLEASE COMPLETE BOTH SIDES

## Y DAY CAMP - Parental Permission/ Liability Release Form

I give permission for my child to participate in Y Day Camp. I understand that this is a participatory activity which includes swimming, boating, sports, archery, campfire programs, field trips and more. I hereby release the Mesabi Family YMCA and Y Day Camp staff from responsibility for injury to my child during his or her participation in the YMCA Y Day Camp.

Please initial \_\_\_\_\_

I give the YMCA and Y Day Camp staff permission to act in the best interests of my child to the best of their ability should an emergency arise. When family or named alternate party cannot be reached, Y Day Camp staff has my permission to contact the Emergency Medical Service (EMS) for transportation of my child to an appropriate medical facility.

Please initial \_\_\_\_\_

I understand that my child will have to follow the rules and cooperate for a safe camp environment. I will discuss these Behavior Expectations with my child: **BE KIND. BE SAFE. HAVE FUN.**

Please initial \_\_\_\_\_

I understand that I am responsible for all childcare fees. I understand that payments must be made on time or camp privileges will be suspended until my account is paid.

Please initial \_\_\_\_\_

I give permission for the Mesabi Family YMCA to use photo images of my child in promotional materials. My child's artwork designated with his or her first name and age may be displayed and also published. I understand that photos of special events and artwork may appear in the local newspaper and may be used for promotion of Mesabi Family YMCA programs. I agree that I am owed no compensation for use of photographic images in Mesabi Family YMCA materials.

Please initial \_\_\_\_\_

I understand that evaluation is a part of this and all YMCA programs and give permission for my child to be involved in ongoing individual and program evaluations conducted by YMCA and program staff.

I understand that ALL information regarding my child remains confidential.

Please initial \_\_\_\_\_

**I have read and understand the above statements.**

Name of child (Please print) \_\_\_\_\_

Name of parent / guardian (Please print) \_\_\_\_\_

Signature of parent / guardian \_\_\_\_\_ Date \_\_\_\_\_