



Happy Camp
For 4 & 5 Year Olds

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2012 Registration Form

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 For Happy Camper 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

Happy Camp - Parental Permission/ Liability Release Form

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

Please initial _____

I give the YMCA and Happy 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, Happy Camper 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 _____