



Day Camp 2019

Child's Name: _____ D.O.B. ___/___/___

Address: _____ City: _____

Parent/Guardian Name(s): _____

Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Email Address: _____

EMERGENCY CONTACT INFORMATION (Please provide 2 different contacts)

1) Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

2) Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Physical Conditions, Limitations, or Health Issues:

PLEASE LIST ANY FOOD ALLERGIES: _____

PLEASE LIST ANY FOOD RESTRICTIONS: _____

Please list any medications and instructions (if needed):

Consent for medical treatment

In case of medical emergency, I understand that the YMCA will make every possible effort to reach me and/or an emergency contact. If I/or emergency contact cannot be reached, I authorize the YMCA to consent to any necessary medical diagnosis, surgery, treatment, or hospital care under the supervision and advice of a physician or surgeon.

Parent/Guardian Signature: _____ Date: _____

(Please complete back side)



APPROVED PICK UP LIST

If you wish to have family or friends pick up your child, they must sign the child out AND present a valid picture ID to YMCA staff before we will release the child from our supervision.

The following people have my permission to pick up my child:

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

PHOTOGRAPHY AND MARKETING RELEASE

NOTE: At times during camp we do take pictures, video, or audio recordings of your child to use on our marketing materials to show the fun activities as well as promote camp.

By circling YES below, I give my permission for the YMCA to use any of my child’s pictures, video, or audio on any marketing materials. (YMCA Facebook page, Flyers, YMCA website, newspaper, ect.)

Please Circle: YES NO

Parent/Guardian Signature: _____

NOTE: Parents, we ask that your child behave appropriately and treat other students and staff with respect. If they fail to do so, we will contact you and discuss the situation. If you have any questions, please feel free to contact Mariah Town at (260) 359-9622 or mariah.town@huntingtony.org.
