

## DAY CAMP 2026 Registration Form

	D.O.B//		
Address:			
Phone: () Alternate Phone: ()			
ACT INFORMATION (Other t	han listed above)		
Relationship:			
Alternate Phone:			
ONS, LIMITATIONS, OR HEA	LTH/MEDICAL ISSUES:		
S YOUR CAMPER MAY NEED  eeded):	WHILE AT CAMP:		
ed to be completed.			
pick up your child, they mus	st sign the child out AND present a child from our supervision.		
Name			
_ Phone Number			
Relationship			
Name			
Phone Number			
Relationship			
	Alternate Phone: ()  ACT INFORMATION (Other to Relationship: Alternate Phone: ONS, LIMITATIONS, OR HEA  S YOUR CAMPER MAY NEED  eeded):  d to be completed.  pick up your child, they must ff before we will release the Phone Number Relationship Name Phone Number Relationship Name Phone Number		

PLEASE COMPLETE THE BACK SIDE



## **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.

## **RELEASE OF LIABILITY:**

When registering my child for a Y class/program/activity, I am acknowledging that I am an adult, age 18 or older, and give permission for my child to participate in YMCA activities. I understand the risks associated with these activities and assume such risk. Therefore, I understand and expressly acknowledge that I release the YMCA, its board of directors, partner organizations, employees, members, volunteers and guests from all liability for any injury, loss or damage connected in any way whatsoever to his/her participation in YMCA activities, whether on or off the YMCA premises.

## **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, etc.)

	Please Circle:	YES	NO	
Parent/Guardian Sigr	nature:			

NOTE: Our Day Camp Handbook lists our policies pertaining to camp. By signing this form, you acknowledge you have received and read through it in its entirety. If you have any questions, please feel free to contact Michelle Weatherford at (260) 359-9622 or michelle.weatherford@huntingtony.org.