



PARKVIEW HUNTINGTON FAMILY YMCA DAY CAMP 2024

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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

Parent/Guardian Name(s): _____

Address: _____ City: _____

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

Email Address: _____

EMERGENCY CONTACT INFORMATION (Other than listed above)

1) Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

PLEASE LIST ANY PHYSICAL CONDITIONS, LIMITATIONS, OR HEALTH/MEDICAL ISSUES:

PLEASE LIST ANY ACCOMMODATIONS YOUR CAMPER MAY NEED WHILE AT CAMP:

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.

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.

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, etc.)

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 Michelle Weatherford at (260) 359-9622 or michelle.weatherford@huntingtonymca.org.
