

**Mahaska County YMCA
Summer 2010
Day Camp Registration Form**

Camper's Information

Name _____ YMCA Member Yes No
Address _____ City _____ Zip _____
Birth Date ___/___/___ Race _____ Gender _____ Grade Completed _____ T-shirt size (child) _____
Parent email address _____

Camper Pick Up Information:

Please list in order of preference all persons including yourself, and if applicable, the child's other parent or legal guardian, who are authorized to pick up your child. For your child's safety, he/she will not be released to anyone else. No changes to this list will be made unless the parent or legal guardian whose signature appears below requests such changes in writing.

I authorize the people named below to pick up my child.

Signature of parent/guardian _____ Date ___/___/___

1 Parent/Guardian Information

Guardian Name _____
Relationship to child _____
Mailing Address _____
City _____ Zip _____
Place of Employment _____
Work Phone _____
Home Phone _____
Cell Phone _____

2 Parent/Guardian Information

Guardian Name _____
Relationship to child _____
Mailing Address _____
City _____ Zip _____
Place of Employment _____
Work Phone _____
Home Phone _____
Cell Phone _____

3 Parent/Guardian Information

Guardian Name _____
Relationship to child _____
Mailing Address _____
City _____ Zip _____
Place of Employment _____
Work Phone _____
Home Phone _____
Cell Phone _____

4 Parent/Guardian Information

Guardian Name _____
Relationship to child _____
Mailing Address _____
City _____ Zip _____
Place of Employment _____
Work Phone _____
Home Phone _____
Cell Phone _____

3 Parent/Guardian Information

Guardian Name _____
Relationship to child _____
Mailing Address _____
City _____ Zip _____
Place of Employment _____
Work Phone _____
Home Phone _____
Cell Phone _____

4 Parent/Guardian Information

Guardian Name _____
Relationship to child _____
Mailing Address _____
City _____ Zip _____
Place of Employment _____
Work Phone _____
Home Phone _____
Cell Phone _____

If there is a separation or divorce custody problem of which we should be aware, please explain: _____

**Mahaska County YMCA
Summer 2010
Day Camp Registration Health Form**

Camper's Name _____

Parent/guardian's Name _____

Please Check All That Apply:

Swimming Ability: Non-swimmer _____ Beginner _____ Intermediate _____ Advanced _____

Allergies: Asthma _____ Hay fever _____ Poison Ivy _____
 Insect Stings _____ Peanuts _____ Other (specify) _____

Diseases: Measles _____ Mumps _____ Chicken Pox _____
 Other _____

Any camp activities from which your child should be exempted or limited in for health reasons:

Medications taken:

Operations or serious injuries:

Any special needs:

Family physician: _____

Phone number: _____

Insurance carrier: _____

Policy number: _____

**Mahaska County YMCA
Authorization Form- Summer 2010**

Camper's Name _____

Parent/guardian's Name _____

Sunscreen Authorization:

Should my child need help applying sunscreen, I hereby give permission to the Day Camp Staff of the Mahaska County YMCA to help my child apply sunscreen.

Signature of Parent/Guardian _____ Date ____/____/____

Insect Repellant Authorization:

Should my child need help applying insect repellant, I hereby give permission to the Day Camp Staff of the Mahaska County YMCA to help my child apply insect repellant.

Signature of Parent/Guardian _____ Date ____/____/____

Emergency Authorization:

I hereby give permission to the medical and dental personnel selected by the camp director to order x-rays, routine tests and treatment for my child. In the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician and/or dentist selected by the camp director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

Signature of Parent/Guardian _____ Date ____/____/____

Promotional Authorization:

The YMCA has permission to use photographs of my child in YMCA Promotional material. Check one- Yes ____ No ____

Signature of Parent/Guardian _____ Date ____/____/____

Parent Authorization:

I hereby declare my child physically sound, having medical approval to participate in the activities of the Mahaska County YMCA. This health history is correct as far as I know, and the person herein described has permission to engage in all program activities, except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes that would make him/her an undesirable participant. I have studied the camp schedule and Summer Camp information and understand the contents thereof.

Signature of Parent/Guardian _____ Date ____/____/____

Camp Activity and Transportation Authorization:

I hereby give permission for my child to participate in camp activities and to travel by bus with the YMCA Day Camp Staff. I understand that only licensed and qualified personnel will operate the vehicle. I agree to release the Mahaska County YMCA, its officers and directors, and the Day Camp Staff from any and all claims of damages, demands, or liabilities that may result of my child's participation in camp activities and bus trips.

Signature of Parent/Guardian _____ Date ____/____/____

Parent or Guardian Permission:

My signature below indicates that I have the legal authority to register the child named on this form and that to the best of my knowledge the information of this application form is accurate and complete. I further understand that this is an application and the named child's participation is contingent upon space being available in the program, and that furthermore, all necessary healthy, security, and waiver forms must be signed and on file with the YMCA prior to my child attending the program. Failure to comply with the above could result in the loss of permission to attend the camp.

Signature of Parent/Guardian _____ Date _____

Mahaska County YMCA
Day Camp Emergency Contact Form- Summer 2010

Camper's Name _____

Emergency Contact Authorization

I authorize the people named below to be contacted by the YMCA in case my child is involved in an emergency requiring medical attention. If I am not available for my child to be released into my care following emergency treatment, I authorize the Mahaska County YMCA to release my child into the care of any of the people named below.

Parent/guardian signature _____ Date ____/____/____

1 Emergency Contact

Name _____
Relationship to child _____
Primary Phone _____
Secondary Phone _____
Place of Employment _____
Work Phone _____
Home Mailing Address _____
City _____ Zip _____

2 Emergency Contact

Name _____
Relationship to child _____
Primary Phone _____
Secondary Phone _____
Place of Employment _____
Work Phone _____
Home Mailing Address _____
City _____ Zip _____

3 Emergency Contact

Name _____
Relationship to child _____
Primary Phone _____
Secondary Phone _____
Place of Employment _____
Work Phone _____
Home Mailing Address _____
City _____ Zip _____

4 Emergency Contact

Name _____
Relationship to child _____
Primary Phone _____
Secondary Phone _____
Place of Employment _____
Work Phone _____
Home Mailing Address _____
City _____ Zip _____

5 Emergency Contact

Name _____
Relationship to child _____
Primary Phone _____
Secondary Phone _____
Place of Employment _____
Work Phone _____
Home Mailing Address _____
City _____ Zip _____

6 Emergency Contact

Name _____
Relationship to child _____
Primary Phone _____
Secondary Phone _____
Place of Employment _____
Work Phone _____
Home Mailing Address _____
City _____ Zip _____