

# YMCA DAY CAMP REGISTRATION

Once complete, return this form and payment to the YMCA in person. A waiting list will be enacted when the program is full.

## CAMPER INFORMATION (Please Print Clearly)

Camper Name: \_\_\_\_\_ Past Camper?  YES  NO

FIRST MIDDLE LAST

Age at the start of camp: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Last Grade Completed: \_\_\_\_\_ Gender:  MALE  FEMALE

Address: \_\_\_\_\_

CITY STATE ZIP

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE BOX TO DESIGNATE YOUR PREFERRED PHONE NUMBER.

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE BOX TO DESIGNATE YOUR PREFERRED PHONE NUMBER.

E-Mail Address: \_\_\_\_\_

Would you like to receive weekly camp newsletters via email at this address?  YES  NO

How did you hear about us? \_\_\_\_\_

## AUTHORIZED PICK-UP

Name of person(s) in addition to parents, to whom camper may be released:

1.	NAME	PHONE NUMBER	SECOND PHONE NUMBER
2.	NAME	PHONE NUMBER	SECOND PHONE NUMBER
3.	NAME	PHONE NUMBER	SECOND PHONE NUMBER

## EMERGENCY INFORMATION

Name of person(s) to be notified in an emergency when parent/guardian is not available:

1.	NAME	PHONE NUMBER	SECOND PHONE NUMBER
2.	NAME	PHONE NUMBER	SECOND PHONE NUMBER

Preferred Hospital for Emergency Treatment: \_\_\_\_\_

Health Insurance Policy: \_\_\_\_\_  
INSURANCE NAME POLICY#

Are your camper's immunizations up-to-date?  YES  NO Date of your camper's last tetanus booster \_\_\_ / \_\_\_ / \_\_\_

Please check one:  I hereby give permission  I hereby DO NOT give permission  
to the YMCA of Metro Detroit to secure emergency medical and/or emergency surgical treatment for the above minor.

PARENT/GUARDIAN SIGNATURE

DATE

## SPECIAL HEALTH CONSIDERATIONS

Please check YES or NO in the boxes that apply. For questions checked YES, tell us about them in the space provided.

- Food allergies .....  YES  NO \_\_\_\_\_

- Dietary regiment .....  YES  NO \_\_\_\_\_

- Medical conditions .....  YES  NO \_\_\_\_\_  
(seizures, asthma, etc.)

- Behavioral considerations .....  YES  NO \_\_\_\_\_  
(autism, homesickness, anxiety, etc.)

- Talents/abilities .....  YES  NO \_\_\_\_\_

- Needs/limitations .....  YES  NO \_\_\_\_\_  
(physical or otherwise)

- Serious fears .....  YES  NO \_\_\_\_\_

- Medications\* .....  YES  NO \_\_\_\_\_

\*If yes, please list and fill out the prescribed medication form (available at the YMCA).

Please provide other information that will help us understand your camper's needs: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE

DATE