



HOLIDAY CAMP

Registration Packet—2011/2012 School Year

Please Print

Child's Name: _____ DOB: _____ Age: _____

CIRCLE: Male Female CIRCLE: YMCA Member Non-Member

Home Address: _____ City: _____ Zip: _____

Mom's Name: _____ Dad's Name: _____

***Parents listed above are the primary EMERGENCY CONTACTS & AUTHORIZED PICK-UP PEOPLE**

Mom's Cell #: _____ Mom's Home/Work #: _____

Dad's Cell #: _____ Dad's Home/Work #: _____

Primary E-Mail Address: _____

Office Use Only
Receipt #:

Holiday Camp Registration Form

<u>2011 Holiday Camps</u>	Member/Non-Member Cost
October 19-21, 2011 Fall Break Camp	\$50/\$65 per child
November 11, 2011 Veteran's Day Camp	\$20/\$25 per child
November 23 & 25, 2011 Thanksgiving Break Camp	\$40/\$50 per child

<u>2011 Winter Break</u>	Member/Non-Member Cost
December 19-23, 2011 Winter Break - Week 1	\$75/\$90 per child
December 27-30, 2011 Winter Break - Week 2	\$60/\$75 per child

<u>2012 Holiday Camps</u>	Member/Non-Member Cost
January 16, 2012 MLK Day Camp	\$20/\$25 per child
February 20, 2012 President's Day Camp	\$20/\$25 per child
March 19-23, 2012 Spring Break Camp	\$75/\$90 per child

Photo Release

I hereby GIVE* my consent for my child's pictures to be taken and used for promotion purposes. This includes brochures, flyers, seasonal guides, videos, websites and any other promotional purpose as deemed appropriate by the Lawton Family YMCA.

Parent/Guardian Signature: _____ Date: _____
**If you do not give permission for your child's pictures to be used, DO NOT sign and date this section.*

Swimming

I hereby give my permission for my child, to swim at the Lawton Family YMCA, provided that there are certified & trained Lifeguards on duty at all times. (All campers will be swim tested before being allowed to swim, and personal floatation devices (PFDs) will be given to those campers who do not pass the swim test.)

Parent/Guardian Signature: _____ Date: _____
**If you do not sign this section, your child will not be allowed to swim.*

REMINDERS:

- **PACK A LUNCH for your camper!**
- **SHOT RECORDS must be turned in before the start of camp!**
**If you have already turned in shot records to the Lawton Family YMCA in 2011, you do not need to do this again.*

Holiday Camp Guide

By signing below I certify that I have been given a **Holiday Camp Guide**, (or have downloaded it from the LFY's website) and I agree to read all the information provided. My signature below also states that I agree to share the Behavior Contract with my child before they attend camp at the Lawton Family YMCA. Inside the handbook I will read more about the authorized pick-up policy, payment/late pick-up charge policy, the behavior contract, the sunscreen policy, and more.

Parent/Guardian Signature: _____ Date: _____

Extra Authorized Pick-Up People*

*Both parents are the PRIMARY EMERGENCY CONTACTS & they are both authorized to pick up your child. The people listed below are also approved to pick up your child from camp.

Please see the Authorized Pick-Up Section in your Holiday Camp Guide for more information!

If we cannot get ahold of either parent, in the event of an emergency, the authorized pick-up people will be contacted in the order that you list them below until we get ahold of someone.

Pick-Up Person #3: _____ Relationship: _____

Cell Phone Number: _____ Home/Work Phone Number: _____

Pick-Up Person #4: _____ Relationship: _____

Cell Phone Number: _____ Home/Work Phone Number: _____

Pick-Up Person #5: _____ Relationship: _____

Cell Phone Number: _____ Home/Work Phone Number: _____

Pick-Up Person #6: _____ Relationship: _____

Cell Phone Number: _____ Home/Work Phone Number: _____

All authorized pick-up people must still show a photo ID in order to pick-up your child.

If you wish to add or subtract someone from this list at a later date, extra forms will be available

Risk of Injury

I authorize the Lawton Family YMCA to provide emergency treatment in the event I cannot be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless for any claims to some risk of injury. I also agree to hold the YMCA harmless of any damage or loss of any property or injury to the person that may occur through participation in any activity at the Lawton Family YMCA or its programs.

*In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Program Coordinator, Youth & Family Life Director, or person in charge to take my child to:

Name of licensed physician: _____ Contact Information: _____

Name of Hospital or Clinic: _____ Contact Information: _____

Parent/Guardian Signature: _____ Date: _____

Medical Information & Authorization Form

Child's Name: _____

Doctor Information

Doctor: _____ Clinic: _____

Address: _____ Clinic Phone Number: _____

Dr. Office Phone Number: _____ After Hours Phone Number: _____

Allergies

Please list any and all allergies your child may have (peanuts, dairy, certain medications, etc.)

Medical Conditions & Medications OUTSIDE of Camp

Please list any and all medical conditions that your child may have. (ADD, ADHD, Asthma, Diabetes, etc.)

Please list any medications your child takes (even if they take it in the morning before school or at school) the more information you can give us, the better our staff can serve your child.

Medication Authorization Form

Please list any/all **PRESCRIPTION** medications to be administered by camp staff while your child attends camp with the Lawton Family YMCA. OTC medications will only be administered by camp staff if accompanied by a doctors note/prescription.

I hereby authorize the Lawton Family YMCA to administer the following **prescription medications** to my child:

Medication: _____

Dates and Times to be Administered:

Instructions:

Medication: _____

Dates and Times to be Administered:

Instructions:

Signature of Parent or Guardian: _____ Date: _____