



Summer Day Camp Registration Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PLEASE PRINT ALL INFORMATION

Child's Name: _____ Grade this Fall: _____

DOB ____/____/____ Gender: _____ Member Non-Member Shirt Size: YS YM YL AS AM AL AXL

Address: _____

Parent/Guardian's Information:

Name: _____

Preferred Phone #: _____

Alternate Phone #: _____

Parent/Guardian's Information:

Name: _____

Preferred Phone #: _____

Alternate Phone #: _____

Siblings Attending: _____

My child knows how to swim Does not know how to swim My child may need help getting changed before/after swim

Emergency Contact: If parents/guardians cannot be reached

Name: _____ Relationship: _____ Phone# _____

CAMP SCHEDULE (PLEASE CHOOSE YOUR WEEKS & DAYS)

Camp: <input type="checkbox"/> Honesdale <input type="checkbox"/> Wallenpaupack	Indicate Days					Field Trips			
Week 1: June 19th-23rd	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	
Week 2: June 26th-30th	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W*	<input type="checkbox"/> TH	<input type="checkbox"/> F	*Carbondale YMCA
Week 3: July 3rd-7th	<input type="checkbox"/> 4-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> M	XXX	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	Closed July 4th
Week 4: July 10th-14th	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	
Week 5: July 17th-21st	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W*	<input type="checkbox"/> TH	<input type="checkbox"/> F	*Rail Riders
Week 6: July 24th-28th	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	
Week 7: July 31st-Aug 4th	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W*	<input type="checkbox"/> TH	<input type="checkbox"/> F	*Lackawanna State Park
Week 8: Aug 7th-11th	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W*	<input type="checkbox"/> TH	<input type="checkbox"/> F	*Wayne County Fair
Week 9: Aug 14th-18th	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	
Week 10: Aug 21st-25th	<input type="checkbox"/> 5-Day	<input type="checkbox"/> 3-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	

ADDITIONAL TUITION & REGISTRATION INFORMATION

Cost (Members): 2-Day Plan \$65 3-Day Plan \$90 5-Day Plan \$120 (4-Day Plan \$96 Week 3 only)

Cost (NonMembers): 2-Day Plan \$85 3-Day Plan \$110 5-Day Plan \$150 (4-Day Plan \$120 Week 3 only)

Down Payment: \$20.00 per week is due at registration & is **non-refundable**. This is subtracted from weekly fee.

Sibling Discount: First child pays full price and siblings attending the same week receive a \$10 discount.

Field Trips: *There will be an extra fee for trips.*

Camp T-Shirts: Campers must pay \$7.00 for their camp shirt. Additional shirts are \$7.00 each if available.

Tuition: Must be paid in full a week in advance of attendance. Exceptions to this policy approved only by the Executive Director.

Changes: Changes made after registration must be made at least a week in advance with any additional payment.

I have read & understand the information above. I wish to register my child for the schedule indicated. I agree to abide by all program rules & behavior management procedures in the camp information sheets.

Signature: _____ Date: _____

Child's Name: _____ Grade this fall: _____

HEALTH HISTORY FORM

Please explain any restrictions, limitations, special needs or health concerns we should be aware of:

Please list any allergies:

Will your child be accompanied by Therapeutic Support Staff (TSS) during camp hours? If so, please provide information regarding the number of hours, days, & times: _____

Please list any medications this child takes on a regular basis:

Med.#1 _____ Dosage _____ Condition: _____

Med.#2 _____ Dosage _____ Condition: _____

Med.#3 _____ Dosage _____ Condition: _____

Please indicate which medications will be administered by staff during camp hours:

You must provide a physician's note with prescription & dosage information, as well as specific written directions for any medications administered by staff during camp hours.

Does the participant have any of the following conditions?

- Asthma
- Chronic or recurring illness/condition
- Chronic headaches
- Diarrhea/constipation
- Diabetes
- Hospitalization
- Surgery
- A head injury/ Ever been knocked unconscious
- Chronic ear infections
- Dizziness/passing out before or after exercise
- Seizures
- Chest pain before or after exercise
- High blood pressure
- Diagnosed with a heart murmur
- Back problems
- Emotional difficulties for which professional help was sought
- Eating disorder
- History of bedwetting
- Joint problems e.g. knees, ankles)
- Have any orthodontic appliances being brought to camp
- Skin conditions (e.g. itching, rash, acne)
- Mononucleosis in the last 12 months
- Recent injury, illness or infectious disease
- Sleepwalking
- Wear glasses, contacts or protective eye wear
- If female, have an abnormal menstrual history

Please explain any conditions checked: _____

Has the participant ever had any of the following?

- Measles
- Chicken Pox
- Rubella
- Mumps
- Hepatitis
- TB Mantoux Test—Date: _____ Result: _____

Name of Primary Care Physician: _____

Phone: _____

Address: _____

Does this child have health insurance? Yes No

Insurance Carrier: _____

Group & ID #: _____

Name of Insured: _____

Relationship to camper: _____

A copy of the child's immunization history and summary of last physical is required for camp registration.

(Please fill out the Immunization Exemption Form if the child has not received vaccinations.)

Doctor's offices may fax the required information to 570-251-2536.

To the best of my knowledge this health history is correct and complete, and the child herein described has permission to engage in all camp activities except as noted.

Signature: _____ Date: _____

Child's Name: _____ Grade this fall: _____

DAY CAMP SUNSCREEN POLICY

It is our policy that all staff & campers wear sunscreen daily with a minimum of SPF 15 on all exposed skin, including lips, even on cloudy days.

- You will be responsible for applying the first layer of sunscreen prior to arrival at camp and providing enough sunscreen for the entire day. Please, one bottle per camper. Spray-on sunscreen would be appreciated because it is the easiest and quickest to apply.
- Day Camp Staff will be responsible for ensuring thorough follow-up applications after 1 hour in the water after 2 hours of activity in the sun, and any other time as necessary. Please note that this means that your child may have sunscreen applied for them by the day camp staff. Please explain this to your child before the camp season begins.
- For campers who are fair-skinned and tend to burn easily we recommend an extra tee-shirt brought to wear in the water for extra protection. Hats are also recommended.
- Day camp staff have been trained and understand their responsibilities and consequences for failure to comply with this policy.
- The YMCA reserves the right to disallow anyone from participating in camp at any time for failure to comply with this policy.

I verify that I have read, understand, and for the protection and well-being of my child, agree to comply with the YMCA Day Camp Sun Screen Policy.

Signature: _____ Date: _____

FIELD TRIP & PHOTO RELEASE AGREEMENT

1. I give permission for my child to go on field trips with Wayne County YMCA Day Camp.
2. I give permission to use the photograph or likeness of my child for the purpose of educational or promotional matter.

Signature: _____ Date: _____

MEDICAL TREATMENT POLICY

- YMCA staff will only administer medication when directed in writing by a parent or guardian.
- In the event of an emergency in which a parent, guardian, or emergency contact cannot be reached, Emergency Medical Staff and the YMCA will take appropriate action to best serve the interest of the child.
- In the case of an emergency situation, when medical attention is necessary, the camper's parents or guardians will be responsible for any medical cost.

Therefore, in consideration of your acceptance of this registration: I hereby for myself, my heirs and assignees, waive any and all claims for damages that I might have against the Wayne County YMCA staff, volunteers, the Board of Directors, the Honesdale Borough, Wayne Highlands & Wallenpaupack School Districts, Transportation Contractors and all field trip sites, for any and all injuries suffered by my child.

I have read, understand and agree to the Medical Treatment Policy stated above and I authorize the YMCA to obtain emergency medical treatment for my child in case of emergency.

Signature: _____ Date: _____



WAYNE COUNTY YMCA
105 Park Street
Honesdale, PA 18431
(570) 253-2083
www.ymcawayne.com

**To complete enrollment, please drop off
or mail completed registration form,
doctor's physical & immunization records,
and \$20 down payment per registered week.**

PICK UP AUTHORIZATION

Child's Name: _____ Grade this fall: _____ Camp: H W

In addition to Parents/Guardians indicated on Registration Forms, only the following individuals will be allowed to pick up this child. Written notification is required prior to pickup for anyone not listed on this form.

Identification will be required to release any camper.

Name: _____

Name: _____

Relationship to Camper: _____

Relationship to Camper: _____

Phone #: _____

Phone #: _____

Name: _____

Name: _____

Relationship to Camper: _____

Relationship to Camper: _____

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Name: _____

Name: _____

Relationship to Camper: _____

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Phone #: _____

Phone #: _____

Parent/Guardian Signature: _____

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Phone #: _____

Phone #: _____

Name: _____

Name: _____

Relationship to Camper: _____

Relationship to Camper: _____

Phone #: _____

Phone #: _____

Parent/Guardian Signature: _____