



Vigo County YMCA Camp 2017 Registration



Child's First name: _____ Last: _____

YMCA Member: Yes No Siblings Attending Camp: _____

DOB: _____ Sex: _____ Race: _____ Age: _____ Grade in fall: _____

Shirt Size: YS YM YL Adult: S M L XL School child will attend: _____

Parent/ Guardian Information

Primary Contact Name: _____ Relationship: _____

DOB: _____ Phone: _____ Alternate Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____

Second Contact Name: _____ Relationship: _____

DOB: _____ Phone: _____ Alternate Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____

Pickup Information

Parent/Guardian(s) listed above are authorized to pick up child, unless otherwise noted. You may also authorize the people below to pick up your child.

Your child **will not** be released to anyone who is not on the form, or does not have their current state issued I.D. with them. All authorized persons must be 18 years of age or older. **Parent Initial:** _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Promotional Agreement

Please initial below to signify that the YMCAs of the Wabash Valley Inc. has permission to use photographs or videos of your child for promotional purposes.

Initial: _____ Child's Name: _____

Health Information

Family Physician: _____ Phone: _____

Date of last physical exam: _____ Insurance Carrier: _____
Policy #: _____

Camper is up to date on all immunizations needed for enrollment in school.

(Initial) _____

Allergies and Health Concerns:

At the YMCA, we strive to put Christian principles into practice that build healthy mind, body, and spirit for **ALL**, including kids with physical and/or developmental special needs. Many children with special needs can be included and benefit from recreation participation with typical kids, as long as we work with the child's caregivers **BEFORE THE 1st DAY of CAMP** to provide appropriate support and staffing, and have a solid understanding and awareness of your child's personality, behaviors, and needs.

To better serve your child, please **HONESTLY** answer the following questions. We will maintain confidentiality and only share information about your child with staff or volunteers that need to know to care for your child.

1. Does your child have any physical disabilities that need accommodation? **Yes or No**. If yes, please describe _____
2. Does your child have any developmental disabilities, intellectual/cognitive delays, neurological issues, learning disabilities, emotional disorders, or mental health diagnose? **Yes or No**. If yes, please describe _____
3. All things considered, how many leaders will it take at a time to keep your child physically and emotionally safe and comfortable, as well as to ensure your child has fun and benefits from camp? (Circle One)

1

2

3

4

Swimming Ability

Please circle the swimming ability of your child:

____ Non- Swimmer: not able to swim 50 continuous feet without dog-paddling or interrupting a stroke to stand in the water, or both.

____ Beginner: able to jump feet first into water deeper than camper is tall, level off, and begin swimming. Capable of swimming 50 continuous feet, including a sharp turn to return to the starting place.

____ Swimmer: able to jump feet first into water deeper than camper is tall, level off, and begin swimming. Capable of swimming 100 yards in a strong manner using more than one stroke. Must be able to float, use the diving board and slide.

Parent/ Guarding Authorization & Signature

PARENT AUTHORIZATION AND RELEASE: My child has the medical approval to participate in the activities of the YMCAs of the Wabash Valley, and in my judgement my child is in good health and physical condition and able to safely participate in the activities of the YMCA. My child has my permission to engage in all activities offered by the YMCA except as noted by me in writing. 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 promise and agree on behalf of myself, my spouse or partner or other family members not to sue and agree to waive, release, discharge, and hold harmless and indemnify the YMCA, its agents, employees, members and volunteers from all claims, demands, rights and causes of action of any kind, whether arising from my own acts, the acts of my child, or those of the YMCA. I hereby waive all claims of injury or damage, suffered by my child, myself, my spouse, my partner, or other family member in connection with or arising out of the participation of my child in YMCA activities. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant.

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 licenses and qualified personnel will operate any vehicle during Day Camp, and that there will be at least one YMCA Day Camp staff member present at all times. I agree to release the YMCA, and its officers, directors, and the YMCA Day Camp staff from any and all claims of damages or liabilities which may arise as a result of my child's participation in camp activities and bus trips.

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

PARENT OR GUARDIAN PERMISSION: My signature below indicates that I have the legal authority to sign up the child named on this form and that to the best of my knowledge the information on this application form is complete and accurate. I further understand that this application and the named child's participation is contingent upon space being available in the program in which I want the child to participate. I also understand that once my registration is confirmed, I must complete payment(s) by the deadlines of said program as outlined prior and that, furthermore, all necessary health, security, and waiver forms must be signed and on file with the Y prior to my child attending the program.

Signature of Parent or Legal Guardian

Date

Camp Dates and Themes

Please indicate which weeks your child will be attending. These are the weeks for which you will be billed.

Moovin' N Groovin'	(June 5 th -June 9 th)	_____
Dr. Suess	(June 12 th -June 16 th)	_____
Space Week	(June 19 th -June 23 rd)	_____
Sports of All Sorts	(June 26 th - June 30 st)	_____
World Tour	(July 3 rd -July 7 th)	_____
Shark Week	(July 10 th -July 14 th)	_____
Messtival	(July 17 th -July 21 nd)	_____
Local Heroes	(July 24 th -July 28 th)	_____
Camp Carnival	(July 31 st - August 4 th)	_____

If your child is attending **Sports of All Sorts** week, which activity would they like to learn, practice and play? Please circle one.

Swimming Football Soccer Volleyball
Pickleball General Games

Camp Locations

Parents have the option of choosing a location for their child to attend. **Regardless of the location chosen campers will attend camp at the YMCA every Friday and the last two weeks of camp.** Families are not permitted to switch between camp sites.

My Child(ren) will attend:

Meadows Elementary
55 S. Brown Ave
Terre Haute, In
47803

West Vigo Elementary
501 W. Olive Street
West Terre Haute, In
47885

