

***Please
note that the YMCA does not
guarantee any specific group assignments***

Camper's Name: _____

Birth date: _____ Grade Just Completed _____

Shirt Size: **Youth:** Small - Medium - Large **Adult:** Small - Medium - Large - Xlarge

Address _____
City _____ State _____ Zip: _____

Mother's Name: _____ Work Phone: _____

Father's Name _____ Work Phone: _____

Camper Lives With: Mother / Father / Both / Other _____

Allergies / Medical Condition _____

In the event that we are unable to reach either parent, please provide the name and phone number of a relative or friend that we may contact in an **emergency**.

Name: _____ Phone: _____

Authorized to pick up camper (other than parents)

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

As the parent of the camper, I authorize my child to attend and participate in all prescribed YMCA camp activities. I give of the Program Director and any other designated camp staff to administer first aid in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscious effort will be made to locate me or my spouse before action is taken. I understand and accept that this expense will be my responsibility.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Registration Fee Paid: _____

Weekly Amount: _____