

Fulton County YMCA 2018 Summer Camp Registration Form

Camp Agaming Sessions: _1 (6/25-6/29) _2 (7/2-7/6) _3 (7/9-7/13) _4 (7/16-7/20) _5 (7/23-7/27)
 _6 (7/30-8/3) _7 (8/6-8/10) _8 (8/13-8/17) _9 (8/20-8/24) _10 (8/27-8/31)

Camp Iroquois Sessions: _1 (6/25-6/29) _2 (7/2-7/6) _3 (7/9-7/13) _4 (7/16-7/20) _5 (7/23-7/27)
 _6 (7/30-8/3) _7 (8/6-8/10) _8 (8/13-8/17) _9 (8/20-8/24) _10 (8/27-8/31)

LIT (Leader In Training): JUNIORS (13+14 year olds) _1 _2 _3 _4 _5 _6 _7 _8 _9 _10
 SENIORS (15+16 year olds) _A (6/25-7/6) _B (7/9-7/20) _C (7/23-8/3) _D (8/6-8/17) _E (8/20-8/31)
*****EXTENDED CARE:** __AM only (7-9am) __PM only (4-5:30pm) __ BOTH AM & PM

CAMPER NAME _____ DOB _____ AGE AS OF 6/25/18 _____
 STREET ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT INFORMATION

Parent/guardian	home phone	work phone	cell phone
Parent/guardian	home phone	work phone	cell phone

PHYSICIAN: _____ PHYSICIAN PHONE _____
 HEALTH INSURANCE CARRIER _____ ID# _____ GROUP _____

PHYSICAL, MEDICAL, DEVELOPMENTAL CONDITIONS:

ALLERGIES/SYMPTOMS:

MEDICATIONS:

FOOD RESTRICTIONS:

IMMUNIZATION RECORD (required annually)

DPT	1st /	2nd /	3rd /	Booster /	Booster /
Oral Polio	1st /	2nd /	3rd /	Booster /	Booster /
Hib	1st /	2nd /	3rd /	4th /	
Hepatitis	1st /	2nd /	3rd /		
MMR	1st /	2nd /			
Varicella - Chicken Pox	1st /				

PICK-UP AUTHORIZATION & EMERGENCY CONTACTS

Parent/Guardian A

Parent/Guardian B

Photo ID required for pick-up

Photo ID required for pick-up

Name _____
 Employer _____
 Work/daytime phone # _____
 Home # _____ Cell # _____
 Current Address _____
 Email Address: _____

Name _____
 Employer _____
 Work/daytime phone # _____
 Home # _____ Cell # _____
 Current Address _____
 Email Address: _____

OTHER EMERGENCY CONTACTS & AUTHORIZED TO PICK-UP (MUST BE AT LEAST 18 YEARS OLD)

Photo ID required for pick-up

Photo ID required for pick-up

__ EMERGENCY CONTACT __ AUTHORIZED PICK-UP

NAME: _____
 RELATIONSHIP TO CHILD: _____
 HOME# _____ WORK# _____

__ EMERGENCY CONTACT __ AUTHORIZED PICK-UP

NAME: _____
 RELATIONSHIP TO CHILD: _____
 HOME# _____ WORK# _____

Photo ID required for pick-up

Photo ID required for pick-up

__ EMERGENCY CONTACT __ AUTHORIZED PICK-UP

NAME: _____
 RELATIONSHIP TO CHILD: _____
 HOME# _____ WORK# _____

__ EMERGENCY CONTACT __ AUTHORIZED PICK-UP

NAME: _____
 RELATIONSHIP TO CHILD: _____
 HOME# _____ WORK# _____

Part A

I understand that my child is not registered for camp until payment is received in full & all paperwork is complete & submitted. I understand that a \$15 late fee will be assessed on all balances not received by the first day of each camp session. I understand that Fulton County YMCA does not offer refunds of camp deposits, membership fees, late payments, field trip fees or camp payments. There is a \$25 transfer fee per camp or camp session, if I change my child's camp schedule. I understand the Fulton County YMCA is reserving staff, trips, & a spot in camp for my child. If I wish my child not to be photographed for YMCA publicity purposes, I understand that I must submit a do not photo request in writing to the YMCA prior to my child's first day of camp. I give my child permission to participate in all swimming related activities, both at the YMCA & at any off-site facility, attend field trips & participate in face painting. I understand that a parent handbook is available on the YMCA website & at the Member Service Desk, which outlines the camp code of conduct & discipline procedures. The YMCA reserves the right to send home or suspend a camper from camp for disruptive, unsafe, or persistent behavior issues. I understand that no refunds will be issued for children removed from camp for disciplinary reasons. I understand that the YMCA reserves the right to refuse pick-up to anyone who is not listed on the Pick-up Authorization or is unable to show photo ID. I understand that if I have a custodial agreement, I must submit a copy of my court documentation before my child's first day of camp. I understand there is a \$15 late pick-up fee for the first 15 minutes & \$5 for each additional 5 minutes if my child is not picked up by the close of extended care & it must be paid at the time of pick-up.

Part B - Authorization for Medical Treatment of Minors:

NAME OF MINOR: _____ DOB: _____
 Allergies, medical or special conditions: _____

I/WE, BEING THE PARENT(S) OR LEGAL GUARDIAN(S) OF THE ABOVE NAMED MINOR, DO HEREBY APPOINT FULTON COUNTY YMCA STAFF - 213 HARRISON ST. JOHNSTOWN, NY 12095 TO ACT ON MY/OUR BEHALF IN AUTHORIZING UNEXPECTED MEDICAL, DENTAL, SURGICAL CARE AND HOSPITALIZATION FOR THE ABOVE NAMED MINOR IN MY ABSENCE JUNE 25, 2018 - AUGUST 31, 2018. THIS LEGAL DOCUMENT SHALL BE PRESENTED TO A PHYSICIAN, DENTIST, OR APPROPRIATE MEDICAL PERSONNEL AT SUCH TIME AS UNEXPECTED MEDICAL, DENTAL, SURGICAL CARE OR HOSPITALIZATION MAY BE REQUIRED. I HAVE READ & UNDERSTAND BOTH PART A & PART B.

PARENT/GUARDIAN NAME _____ SIGNATURE _____
 ADDRESS _____ DATE _____