Please indicate below camp weeks attending. All camps are based on the grade your child is entering effective September 2019.

CIRCLE CAMP ATTENDING:

<table>
<thead>
<tr>
<th>Entering Grades:</th>
<th>Discovery</th>
<th>Explorer</th>
<th>Adventure</th>
<th>Pioneer</th>
</tr>
</thead>
<tbody>
<tr>
<td>K &amp; 1</td>
<td>Week 1 6/24-6/28</td>
<td>Week 2 7/1-7/5</td>
<td>Week 3 7/8-7/12</td>
<td>Week 4 7/15-7/19</td>
</tr>
</tbody>
</table>

Weekly fee:  

- Full Member: $154  
- Basic Member: $179

Additional Options:

- Pre Camp 7-8:30am: $25  
- Post Camp 5-6:30pm: $25  
- Pre & Post Camp: $45  
- Trips: $25  
- Sports Camp: $50  

TOTAL: $50

Campers must wear their designated camp T-shirt on all field trips. All campers will receive one camp T-shirt. Additional shirts are available for $10 per shirt.

Preorder T-shirts?  

- YES  
- NO  

Quantity: ________  

Total: __________

Inquiring YMCA staff are eager to know...How did you hear about us?

- Previous Camper  
- Website  
- Direct Mail/Brochure  
- Friend  
- YMCA Employee  
- School  
- Other

Please list any siblings that will be attending either summer camp or our child care program.

1. ____________________
2. ____________________
3. ____________________
**Child’s Name:**

<table>
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<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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</thead>
</table>

**Birth Date:**

**Age:**

**Grade:** (Fall 2019)  
**Home Phone #:**

**Home Address:**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Mother’s Name:**

**Occupation:**

**Name of Co:**

**Address:**

**Business Hours:**

**Work Phone #:**

**Cell Phone #:**

**Additional #:**

**Email Address:**

**Father’s Name:**

**Occupation:**

**Name of Co:**

**Address:**

**Business Hours:**

**Work Phone #:**

**Cell Phone #:**

**Additional #:**

**Email Address:**

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**LIST ALL PERSONS OVER THE AGE OF 18 AUTHORIZED TO PICK UP YOUR CHILD**

(Child will not be released to anyone else without written permission)

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #</th>
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</table>

**LOCAL PERSONS TO BE CONTACTED IN AN EMERGENCY IF PARENTS CANNOT BE REACHED**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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</thead>
<tbody>
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</tbody>
</table>

**Doctor:**

**Address:**

**Phone #:**

**Address:**

**Phone #:**
2019 SUMMER CAMP
PLEASE PRINT CLEARLY

Child’s Name ____________________________

Camp ____________________________

Immunization History
Please record the date (month & year) of the basic immunizations and the most recent booster. If you have any questions, please consult with your doctor.

DPT Booster ________________ HBV ________________ Polio OPV (sabin) ________________
MMR ________________ Pertussis ________________ Tetanus Booster ________________
HIB ________________ Varicella ________________
Tuberculin Test ________________ Result ________________
Date of last medical examination ____________________________

*Please attach immunization record

Health History
Has your child had any of the following? If so, at what age?

Allergies  Conditions

Hay Fever ____________________________ Ear Infections ____________________________
Ivy Poisoning ____________________________ Heart Defect/Disease ____________________________
Insect Stings ____________________________ Convulsions ____________________________
Penicillin ____________________________ Bleeding Disorders ____________________________
Sun Screen ____________________________ Asthma/Reactive Airway ____________________________
Bug Spray ____________________________

Food Allergies: ____________________________

Medical Allergies: ____________________________

Does your child carry an asthma inhaler? _______ Does your child carry an Epipen? _______

Has your child had any operations or serious injuries? ________________ At what age? ________________

If so, please describe: ____________________________

Has your child ever been hospitalized? ________________ Under what circumstances? ________________

Does your child have any chronic or recurring illness including seizures: ____________________________

If yes, please explain ____________________________

Does your child have emotional or behavioral problems? ____________________________

Please list any additional health history information we should be aware of: ____________________________

Does your child have any limitations to physical activity? ____________________________

If yes, please explain: ____________________________

IMPORTANT: PLEASE NOTIFY THE CAMP IF THIS CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE.

This health history is correct as far as I know, and the person herein described is in good condition and has permission to engage in all in all usual activities except as noted above by me.

Permission for emergency treatment: In order to meet all legal requirements, I hereby authorize representatives of The Gateway Family YMCA to give consent for any and all necessary emergency medical care for my child while he/she attends The Gateway Family YMCA camp program.

Parent/Guardian Signature: ____________________________ Date: ____________________________
2019 SUMMER CAMP
PLEASE PRINT CLEARLY

Parent Agreement

- I have received The Gateway Family YMCA Parent Handbook, and I will review the camp safety and behavioral guidelines with my child. I understand my communication will support my child in having a safe, happy, and memorable camp experience.

- I understand the importance of completing all registration materials prior to enrolling my child in camp. The registration materials support the YMCA in meeting licensing standards and are therefore a requirement. I understand that full payment is needed prior to my child’s participation in camp.

- I understand that full payment is needed prior to my child’s participation in camp.

- To ensure the safety of all campers, I understand that a child may be suspended or terminated from the program, at the discretion of the Camp Director, for behaviors that violate YMCA rules and procedures. I also understand that there are no refunds for suspensions or terminations.

- I understand that The Gateway Family YMCA is not responsible for lost or damage belongings, and that a lost and found is provided throughout the camp season.

Parental Authorization and Consent

I hereby enroll my child, ____________________________, in The Gateway Family YMCA Summer Camp, and I:

- Give permission for my child to participate in walking trips within the YMCA neighborhood. I understand these walks do not involve entrance into any facility and the route of any walk involves no safety hazards.

- Give consent for my child to take part in all field trips or excursions under proper supervision. I also give my consent for my child to be transported to and from field trips/excursions.

- Give consent for my child’s picture to be taken by childcare staff or area media personnel to be used for promotional purposes as deemed appropriate.

- Give permission for my child to participate in all Healthy U activities and I give The Gateway Family YMCA permission to fitness test my child in cooperation with the Healthy U-CATCH initiative.

_________________________________________  ____________________________________
Parent’s Signature  Date