

Fulton County YMCA - 2010 Summer Camp Registration Form - Please print & return at registration

Camp Agaming Sessions: ___ 1 (6/28-7/9) ___ 2 (7/12-23) ___ 3 (7/26-8/6) ___ 4 (8/9-8/20) ___ 5 (8/23-9/3)

Camp Iroquois Sessions: ___ 1 (6/28-7/2) ___ 2 (7/5-9) ___ 3 (7/12-16) ___ 4 (7/19-23) ___ 5 (7/26-30)
 ___ 6 (8/2-6) ___ 7 (8/9-13) ___ 8 (8/16-20) ___ 9 (8/23-27) ___ 10 (8/30-9/3)

Sports Camps: ___ Basketball (7/5-9) ___ Tennis (7/12-16) ___ Sport Sampler (7/19-23) ___ Soccer (7/26-30)
 ___ Field Hockey (8/2-6) ___ Gymnastics (8/9-13) ___ Sport Sampler (8/16-20)

Extended Care Needed? ___ NO ___ YES: ___ AM only (7-9am) ___ PM only (4-5:30pm) ___ Both AM & PM

How did you hear about our camp? _____ **Is this your first year at our camp?** ___ Yes ___ No

Camper's Name _____ DOB _____ Age as of 6/28/10 _____

Street Address _____ City _____ Zip _____

Parent/Guardian E-mail _____

Emergency Contact:

 Parent/guardian home phone work phone cell phone

 Parent/guardian home phone work phone cell phone

Doctor's name: _____ Phone _____

Insurance or Government Program _____ ID or Contract # _____

Use additional paper if necessary:

Physical, Medical, Developmental Conditions:

Allergies/Symptoms:

Medications:

Food Restrictions:

Immunization Record – Required annually by NYS Dept of Health & before your child is permitted in camp.

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

Pick-Up Authorization & Emergency Contacts

Parent/Guardian A

Photo ID required for pick-up

Name _____
Home # _____
Cell # _____
Work/Daytime # _____
Address _____

Parent/Guardian B

Photo ID required for pick-up

Name _____
Home # _____
Cell # _____
Work/Daytime # _____
Address _____

Other Emergency Contacts & Authorized To Pick-up *(must be at least 18 years old)*

Photo ID required for pick-up

Name _____
Relationship to Child _____
Home # _____
Cell # _____ Work # _____

Photo ID required for pick-up

Name _____
Relationship to Child _____
Home # _____
Cell # _____ Work # _____

Photo ID required for pick-up

Name _____
Relationship to Child _____
Home # _____
Cell # _____ Work # _____

Photo ID required for pick-up

Name _____
Relationship to Child _____
Home # _____
Cell # _____ 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, extended care fees, 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. Please choose wisely when registering as we are reserving staffing, trips, & a spot in camp for your 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 as well as go on field trips. 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 camp & 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 conditons: _____

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 28, 2010 – SEPTEMBER 3, 2010**. THIS LEGAL DOCUMENT SHALL BE PRESENTED TO A PHYSICIAN, DENTIST, OR APPROPRIATE MEDICAL PERSONNEL AT SUCH TIME AS UNEXPECTED MEDICAL, DENTAL, SURGI-CAL CARE OR HOSPITALIZATION MAY BE REQUIRED. **I HAVE READ & UNDERSTAND BOTH PART A & PART B.**

PARENT/GUARDIAN NAME _____ SIGNATURE _____ DATE _____

ADDRESS _____