



# TIPTAREA YMCA

DATE:	_____
FEES PAID:	_____
PAYMENT	
METHOD:	_____
STAFF INITIALS:	_____

## 2020 SUMMER CAMP REGISTRATION FORM

- YMCA MEMBER REGISTRATION FEE \$20       YMCA MEMBER - \$90 WEEKLY FEE  
 POTENTIAL MEMBER REGISTRATION FEE \$20       POTENTIAL MEMBER - \$105 WEEKLY FEE

**CAMPER INFORMATION** Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade (currently in): \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Person(s) Permitted to Pick Up Child**

Mother  YES  NO

Father  YES  NO

**Legal Custody: Proof of Custody Required**

Mother Only  Legal Guardian

Father Only  Both Parents

**PLEASE LIST ALL OTHER PERSONS THAT ARE ALLOWED TO PICK UP YOUR CHILD BELOW:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Medical Information (attach copy of insurance card) Does your child have food allergies? Yes or No**

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE INFORM US OF ALL THAT APPLY TO YOUR CHILD. WRITE N/A IF NOTHING APPLIES.**

Allergies (type): \_\_\_\_\_

Medication (type & schedule): \_\_\_\_\_

Special Circumstances (list/explain): \_\_\_\_\_



# TIFTAREA YMCA

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I hereby agree to inform the YMCA Summer Camp Director or main office of any changes in my child's scheduled attendance. I understand that I must pay for all the time my child is registered regardless of attendance, and must notify the YMCA of changes at least two weeks in advance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*I have received a copy of the parent's handbook.*

I understand that this is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and is exempt from state licensure requirements. I understand that the YMCA of Georgia and the Tiftarea YMCA assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or other activities. While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child. The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application. I understand that no accident or medical insurance is provided with this activity. I give permission for my child to be transported by the bus service secured by the YMCA for related programs activities. I give my permission to the Tiftarea YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which include my child's image or voice for purpose of promoting or interpreting YMCA programs.

Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Place a "X" in the box below the weeks your child will be attending camp.**

Camp Dates	May 26– May 29	June 1– June 5	June 8 – June 12	June 15– June 19	June 22 – June 26	June 29 July 3	July 6 – July 10	July 13– July 17	July 19 – July 24	July 27– July 1		
Summer Camp												

**CIRCLE YOUR CHILD'S T-SHIRT SIZE**

**YXS YS YM YL AS AM AL AXL**

Parent/Extra Dri-fit Shirt (Please Circle One ONLY if interested): YXS YS YM YL AS AM AL (additional \$13) AXL AXXL (additional \$15)