

SUMMER 2010 CAMP Registration

Register online today at ymcalouisville.org

PARENTS PLEASE NOTE: To register for summer camps, submit the completed registration form and the deposit/registration fee. CEP, Creative Adventures, Bullitt County & Chestnut Street participants must also provide a copy of their immunization record and a recent photo.

Email address to receive confirmation: _____

Check here if your child/children is a YMCA Employee Dependent Check here if your child/children is a School Partnership Employee Dependent.

CAMPER'S INFORMATION (Must be siblings to register on the same registration)

1st Camper's Name: _____ Birthdate: _____ / _____ / _____
Race: _____ Gender: M F Age: _____ Grade in Fall 2010: _____

HEALTH INFORMATION

In order to better serve your child, please indicate if he/she has been diagnosed with any of the following. Some conditions may require additional information to complete registration.

___ ADD/ADHD ___ Convulsions ___ Bleeding/clotting Disorders
___ Autism ___ Aspergers ___ Fragile X
___ Cerebral Palsey ___ Bipolar Disorder ___ Tourettes
___ Rhett Syndrome ___ Down Syndrome ___ Chronic Health Problems
___ Asthma, severe allergies ___ Diabetes ___ Heart defect/disease
___ Other: _____

Does your child have an IEP ___ Yes ___ No
Allergies _____

Current Medications _____

PARENT/GUARDIAN INFORMATION

1. Parent/Guardian Name: _____ City: _____
Mailing Address: _____ Employer: _____
Home Phone: _____ Cell Phone: _____
2. Parent/Guardian Name: _____ Employer: _____
Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACTS/AUTHORIZED PICK-UP INFORMATION

In addition to the parents/guardians listed above, I authorize the following people to pick up the child/children and/or be contacted in an emergency:

1. Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
2. Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

PHYSICIAN/INSURANCE INFORMATION

Name of Family Physician: _____ Phone: _____
Insurance Carrier: _____ Policy Number: _____

2nd Camper's Name: _____ Birthdate: _____ / _____ / _____
Race: _____ Gender: M F Age: _____ Grade in Fall 2010: _____

HEALTH INFORMATION

In order to better serve your child, please indicate if he/she has been diagnosed with any of the following. Some conditions may require additional information to complete registration..

___ ADD/ADHD ___ Convulsions ___ Bleeding/clotting Disorders
___ Autism ___ Aspergers ___ Fragile X
___ Cerebral Palsey ___ Bipolar Disorder ___ Tourettes
___ Rhett Syndrome ___ Down Syndrome ___ Chronic Health Problems
___ Asthma, severe allergies ___ Diabetes ___ Heart defect/disease
___ Other: _____

Does your child have an IEP ___ Yes ___ No
Allergies _____

Current Medications _____

Relationship: _____ Birthdate: _____ / _____ / _____
State: _____ Zip: _____
Work Phone: _____
Relationship: _____ Birthdate: _____ / _____ / _____
Work Phone: _____

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CAMP/SESSION CHOICES

Please check the session dates desired. Write in the name of the camp that you select for that session and the corresponding deposit. **IMPORTANT!** In order to reserve a space in the camp(s) of your choice, a non-refundable deposit or registration fee is required. Deposit and registration fee amounts vary from camp to camp. Bank and credit card drafting is available for weekly balances.

1st Camper's Name: _____			2nd Camper's Name: _____				
Week	Camp Name	Camp Location	Deposit/Registration Fee	Week	Camp Name	Camp Location	Deposit/Registration Fee
A) June 1-4	_____	_____	_____	A) June 1-4	_____	_____	_____
B) June 7-11	_____	_____	_____	B) June 7-11	_____	_____	_____
C) June 14-18	_____	_____	_____	C) June 14-18	_____	_____	_____
D) June 21-25	_____	_____	_____	D) June 21-25	_____	_____	_____
E) June 28-July 2	_____	_____	_____	E) June 28-July 2	_____	_____	_____
F) July 5-9	_____	_____	_____	F) July 5-9	_____	_____	_____
G) July 12-16	_____	_____	_____	G) July 12-16	_____	_____	_____
H) July 19-23	_____	_____	_____	H) July 19-23	_____	_____	_____
I) July 26-30	_____	_____	_____	I) July 26-30	_____	_____	_____
J) Aug 2-6	_____	_____	_____	J) Aug 2-6	_____	_____	_____
K) Aug 9-13	_____	_____	_____	K) Aug 9-13	_____	_____	_____
Total Deposits/Registration Fees :			_____	Total Deposits/Registration Fees :			_____

CEP participants – please indicate your weekly schedule. 1-3 days 4-5 days

SPRIT CAMPAIN I would like to help a child attend YMCA Summer Camp. Please indicate your gift amount and it will be added to your total. \$10 \$25 \$50 \$100

PAYMENT INFORMATION (PLEASE CHECK ONE)

- I currently receive a Spirit Program discount, 4-C or other 3rd party subsidy discount and my application/contract is on file.
- I am currently on automatic draft. Please use the information on file to draft my account for my registration fee(s)/deposits and to set up my weekly payments.
 - EFT Credit Card Account ending in _____.
- I am authorizing a NEW bank draft from my checking account and I have attached a voided check. I am authorizing a new credit card draft and I have provided all the information below:

Credit Card type: Visa MasterCard Discover

Name as it appears on the card: _____ Card Number: _____ Expiration Date: _____

Billing Address: _____ Billing Zip: _____

PARENT/GUARDIAN AGREEMENT

I have the legal authority to sign up the child/children named on this form and to the best of my knowledge, the information on this application form is complete and accurate. I further understand that this is an application and the named child/children's participation is contingent upon space being available in the program(s) in which I want the child to participate. I also understand that once my application is confirmed, I must complete payment(s) by the deadlines of said program(s). I understand that the YMCA prohibits staff members from being alone with children they meet in YMCA programs outside of the YMCA. This includes but is not limited to baby-sitting, tutoring, sleep-overs, etc. This health history is correct as far as I know and the child herein described has my permission to engage in all activities and field trips except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order medications, anesthesia or surgery for this child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian. If my child(ren) attend Jefferson County Public Schools, by signing this form I am giving the YMCA permission to communicate and exchange information with JCPS for the purpose of providing and enhancing services to my child(ren). I understand that this release may be revoked by me at any time by written request.

The YMCA has my permission to photograph/interview my child(ren) for promotional purposes while attending camp. (Initial one) _____ Yes _____ No _____

Signature of Parent/Guardian: _____ Date: _____