

# Venice YMCA- Summer Day Camp 2009

### Circle Weeks Attending:

Week 1: 6/1-6/5	Week 8: 7/20-7/24
Week 2: 6/8-6/12	Week 9: 7/27-7/31
Week 3: 6/15-6/19	Week 10: 8/3-8/7
Week 4: 6/22-6/26	Week 11: 8/10-8/14
Week 5: 6/29-7/3	Week 12: 8/17-8/21
Week 6: 7/6-7/10	
Week 7: 7/13-7/17	

### Please check:

<input type="checkbox"/> Camp Victory (K-8 <sup>th</sup> ) @ YMCA Youth Center	<input type="checkbox"/> Gymnastics/Rock/Cheer/Dance
<input type="checkbox"/> Camp Island (K-5 <sup>th</sup> ) @ Venice Pres. Church	<input type="checkbox"/> Wellness
<input type="checkbox"/> C.I.T. (Counselor in Training) Ages 13-15	<input type="checkbox"/> Aquatics
<input type="checkbox"/> Skate- Venice Only	<input type="checkbox"/> Sports

### **\*\*Office use\*\***

**Registration Fee:** \_\_\_\_\_ **Receipt#:** \_\_\_\_\_ **Bank Draft Form completed** \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade **completed as of 5/30/09:** \_\_\_\_\_  
 Home address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip code \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Home address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip code \_\_\_\_\_ Home phone # \_\_\_\_\_  
 Work phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Father's Name \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Home address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip code \_\_\_\_\_ Home phone # \_\_\_\_\_  
 Work phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Child lives with: \_\_\_\_\_

### Additional contacts:

Child will be released to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached. **\*NOTE:** we will not release your child to anyone who is not listed on this form. **DO NOT put anyone on this form that cannot pick up your child. If both parents are listed, that indicates to us that either parent is authorized to pick up your child unless otherwise noted.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**All persons authorized to pick-up children should be prepared to show identification (photo i.d.) at the time of sign-out for the child to be released to them.**

Does your child have any allergies/special dietary needs? \_\_\_\_yes \_\_\_\_no

Please list \_\_\_\_\_

Does your child have any physical disabilities or are there activities in which he/she should not participate? \_\_\_\_yes \_\_\_\_no

Please list \_\_\_\_\_

Does your child have any emotional/physical problems that our staff should be aware of? \_\_\_\_yes \_\_\_\_no

Please list \_\_\_\_\_

Can he/she swim? \_\_\_\_yes \_\_\_\_no If known, what is his/her swim level? \_\_\_\_\_

I will allow my child's picture to be taken for promotional purposes: \_\_\_\_yes \_\_\_\_no

I will allow my child to attend field trips and participate in special events: \_\_\_\_yes \_\_\_\_no

My child will be participating in other activities at the Venice YMCA.

Name of program, times and weeks attending:

\_\_\_\_\_

\_\_\_\_\_

I understand the Venice YMCA is not responsible in the event of an accident or injury, and I understand that it is my responsibility to carry medical insurance for my child. I authorize the use of available medical services and understand that every effort will be made to contact parents or guardians in the event of accident or illness. I hereby grant permission for the staff of the facility to contact the following medical personnel or obtain emergency medical care if warranted.

Doctor's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Security password \_\_\_\_\_. This password will be asked to verify authorized persons calling the YMCA with questions or instructions regarding your child.

In addition, I have received the Venice YMCA's Parent Handbook and a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

I hereby acknowledge that I have received the above items, agree to the medical & emergency provisions and that all the information on this registration form is complete and accurate.

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

Date Beginning \_\_\_\_\_