

Venice YMCA- Summer Day Camp 2010

<p><u>Circle Weeks Attending:</u></p> <p>Week 1: 6/7-6/11 Week 6: 7/12-7/16</p> <p>Week 2: 6/14-6/18 Week 7: 7/19-7/23</p> <p>Week 3: 6/21-6/25 Week 8: 7/26-7/30</p> <p>Week 4: 6/28-7/2 Week 9: 8/2-8/6</p> <p>Week 5: 7/5-7/9 Week 10: 8/9-8/13</p> <p style="text-align: center;">Week 11: 8/16-8/20</p>	<p>**For Office Use Only**</p> <p>Registration Fee: _____ Receipt#: _____ Bank Draft Form completed _____</p> <p style="text-align: center;"><u>Please check camp attending:</u></p> <p>_____ Camp Victory (K-8th) @ YMCA Youth Center _____ Gymnastics/Rock/Cheer/Dance</p> <p>_____ Camp Island (K-5th) @ Venice Pres. Church _____ Quest Camp (Wellness Dept)</p> <p>_____ C.I.T. (Counselor in Training) Ages 13-15 _____ Sports Camp</p>
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Child's Name _____ Nickname _____
 Date of Birth _____ Age _____ Grade **completed as of 6/4/10:** _____
 Home address _____ City _____
 State _____ Zip code _____ **Date Starting Camp:** _____

Mother's Name _____
 Employer _____ Email Address _____
 Home address _____ City _____
 State _____ Zip code _____ Home phone # _____
 Work phone # _____ Cell phone # _____

Father's Name _____
 Employer _____ Email Address _____
 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.

Name _____ Relationship _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # _____ Work Phone # _____ Cell # _____

Name _____ Relationship _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # _____ Work Phone # _____ Cell # _____

- **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.**
- **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** _____