

South County Family YMCA
Summer Day Camp 2008

____ School Age ____ Sports ____ Gymnastics/Rock/Cheer ____ Wellness ____ Aquatics
____ Skate(Venice only)

Child's
Name _____ Nickname _____

DOB: _____ Age _____

Grade **completed:** _____

Home address _____ City _____

State _____ Zip code _____

**All persons authorized to remove child from the YMCA must provide
photo identification. List only authorized persons.**

Mother's Name _____ DOB: _____

Home address _____ City _____

State _____ Zip code _____ Home phone # _____

Work phone # _____ Cell phone # _____

Father's Name _____ DOB: _____

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/legal guardian or 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 the custodial parent(s) or legal guardian(s) cannot be reached. List only authorized persons.

1. Name _____ Relationship _____

Phone # _____ Work Phone # _____

Cell # _____

2. Name _____ Relationship _____

Phone # _____ Work Phone # _____

Cell # _____

Does your child have any:

- Allergies/special dietary needs? ____yes____no
- Physical disabilities or are there activities in which he/she should not participate? ____yes____no
- Any emotional/physical issues that our staff should be aware of? ____yes____no

If listed yes to any of the above, please explain _____

- Can he/she swim? ____yes____no
- 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
- Does your child need transportation between YMCA camps (Center Rd. and Medical Blvd. only)? ____yes ____no

If yes, please list:

FROM "Y" camp _____ TO "Y" camp _____ Week ____
FROM "Y" camp _____ TO "Y" camp _____ Week ____
FROM "Y" camp _____ TO "Y" camp _____ Week ____

Venice only:

Does your child need transportation FROM Summer School? ____yes ____no

Does your child need transportation TO/FROM YMCA Reads! ____yes ____no

I understand the 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 parent/guardian in the event of accident or illness. I hereby grant permission for YMCA staff 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.

***Licensed child care programs only**

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

Parent/Guardian

Signature _____ Date _____

Email address: _____ Date Beginning: _____