

# Summer Camp Enrollment Form

## Belvidere Family YMCA

Staff Member: \_\_\_\_\_

### DATES ATTENDING (Please Circle All Applicable)

Week 1 (June 3-7)    Week 2 (June 10-14)    Week 3 (June 17-21)    Week 4 (June 24-28)    Week 5 (July 1-5)  
Week 6 (July 8-12)    Week 7 (July 15-19)    Week 8 (July 22-26)    Week 9 (July 29-Aug 2)  
Week 10 (Aug 5-9)    Week 11 (Aug 12-16)    \*Children do not need to attend every week of summer camp

### INFORMATION ABOUT YOUR CHILD(REN)

Child 1 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*First Middle Last*

Age \_\_\_\_\_ Grade \_\_\_\_\_ Medical Concerns/Allergies: \_\_\_\_\_

Child 2 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*First Middle Last*

Age \_\_\_\_\_ Grade \_\_\_\_\_ Medical Concerns/Allergies: \_\_\_\_\_

Child 3 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*First Middle Last*

Age \_\_\_\_\_ Grade \_\_\_\_\_ Medical Concerns/Allergies: \_\_\_\_\_

### INFORMATION ABOUT GUARDIANS

Guardian's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian To Be Contacted First in Case of Emergency: \_\_\_\_\_

### CHILD RELEASE FORM

In the event that I am unable to pick up my child/children personally, or if I cannot be reached in an emergency, I give consent for my child/children to be released **ONLY** to the following individuals who are over the age of 18 (Written parental consent can be given for siblings ages 15-18).

Contact #1 Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Contact #2 Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Contact #3 Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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

Date \_\_\_\_\_

## MEDICATIONS- RULES & REGULATIONS

1. The Belvidere Family YMCA requires a prescription for all medications that are to be administered to your child while enrolled in Y Kids' Care.
2. Over-the-counter products are administered **ONLY** with a note from a physician indicating...
  - a. The dosage amount.
  - b. The frequency of the dosage.
  - c. The duration of the medication.
3. Medications are **ONLY** given from the original prescription container, having the child's name, date, prescription number, doctor's name, and dosage amount printed. **NO EXCEPTIONS!**
4. Medications are to be given at home at least once before it can be given at the Belvidere Family YMCA, in case of an allergic reaction.
5. All medications are administered by the Program Director, Assistant Director, or by a Counselor.
6. Parents must fill out the medication request form before any medications can be give

Name of Child's Doctor: \_\_\_\_\_  
 Doctor's Phone Number: \_\_\_\_\_  
 Name of Child's Dentist: \_\_\_\_\_  
 Dentist's Phone Number: \_\_\_\_\_

*First* *Last*

*First* *Last*

## EMERGENCY MEDICAL CARE RELEASE FORM

I give permission for my child/children to receive emergency medical treatment. I understand that the Belvidere Family YMCA will provide medical treatment in an emergency situation. This may include, but is not limited to, First Aid and CPR given by Staff or care by a physician, paramedic or local hospital. I understand that I will be responsible for any fees incurred in emergency care.

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

## PHOTO RELEASE FORM

Please be advised that your child may be photographed or videotaped at various camp activities for the Belvidere Family YMCA.

\_\_\_ **YES**, I give permission for my child's photograph or video to be used in promotional ads.

\_\_\_ **NO**, I do not give permission for my child's photograph or video to be used in promotional ads.

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

## TRANSPORTATION RELEASE FORM

During the summer camp program, children may be transported to the pool, library, or park via the YMCA Kids' Care Program Van or contracted transportation. If you give consent for your child to be transported by YMCA staff, sign below.

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

## LIABILITY WAIVER/HANDBOOK RECEPTION (Waiver details included in handbook)

I have received, read, and understood the summer camp handbook and YMCA policies.

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