



We build strong kids, strong families, strong communities.

2009 Summer Day Camp Registration Form

(Tuition Rates are Listed On Last Page of the Parent Handbook)

**THE LINCOLN AREA YMCA REQUIRES THAT EACH LINE
BE COMPLETED WITH INFORMATION OR WITH "N/A" INSERTED.**

Summer Camp: _____ K – 3rd grade _____ 4th - 6th grade _____ C.I.T. (7th – 9th grade)

Child's Name _____ School Attended _____

Birthdate _____ Entering Grade _____ Age _____ Male/Female _____

Address _____ City _____ State _____ Zip Code _____

Email Address: _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Name _____ Home Phone _____

Mother's Address (if varies from above) _____

Mother's Employment _____ Work Phone _____

Father's Name _____ Home Phone _____

Father's Address (if varies from above) _____

Father's Employment _____ Work Phone _____

****MUST BE FILLED OUT! LOCAL CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENT)**

Name _____ Relation _____

Phone _____ Alternate Phone _____

Persons other than parent who may remove child from center: **Local Numbers Only**

Name _____ Phone _____ Alt. Phone _____

Name _____ Phone _____ Alt. Phone _____

Name _____ Phone _____ Alt. Phone _____

T-Shirt (optional) _____ **Yes** _____ **No** (\$6.00 K-3 Camp T-Shirt) (\$6.50 Preteen Camp T-Shirt)

Youth: S M L or Adult: S M L

(6-8) (10-12) (14-16)

YMCA Waterproof Backpack (optional, but recommended) \$5.00 _____ **Yes** _____ **No**

- **CONTINUE TO COMPLETE REGISTRATION PAGES 1 – 4 IN FULL.**
- **DETACH & KEEP PARENT POLICY HANDBOOK PORTION FOR REFERENCE.**
- **SUBMIT REGISTRATION AND PAYMENT(S) TO YMCA OFFICE PERSONNEL**

Lincoln Area YMCA * 604 Broadway, Suite #1 * Lincoln, IL 62656 * www.lincolnymca.org

Phone: 217.735.3915 or 800.282.3520 * Fax: 217.735.1816 * lincolnymca@lincolnymca.org

**ACTIVITY AND FIELDTRIP PERMISSION SLIP
RELEASE OF LIABILITY FORM**

AUTHORIZATION FOR MEDICAL TREATMENT

I give permission for the above listed child, a participant in the Lincoln Area YMCA Summer Camp program, to participate on all scheduled fieldtrips, all regular daily camp activities, and swim activities, during days/weeks that he/she is a participant during the 2009 YMCA Summer Camp program. I understand that a notice of fieldtrip plans including dates, times, locations, and all other related details for each fieldtrip will be posted by the sign in/sign out locations prior to each fieldtrip.

I hereby release the Lincoln Area YMCA and their staff members, administration, board members, volunteers, and any other related entity, agency, or organization collaborating or working with the YMCA from responsibility and liability from any injury or illness that my child may sustain during the camp and fieldtrip activities.

In case of emergency, I hereby authorize the Lincoln Area YMCA staff, as an agent for me, to consent to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the State of Illinois where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible and before hospitalization or surgery is administered (unless the injury or illness is life threatening). I will accept responsibility for payment of medical services rendered.

MEDICAL INFORMATION

Physician Name/Address/Phone _____

Allergies/Medication _____

Physical Limitations/Special Needs _____

Health Insurance Company _____ Exp. Date _____

Policy #/Group #/Phone # _____

Signature of Parent/Legal Guardian _____ **Date** _____

STATEMENT OF AGREEMENT

1. I, parent/guardian of registered child, hereby sign that I have read and completed in full the registration packet and that I understand, agree with, and agree to abide by policies and procedures of the Lincoln Area YMCA that are contained in the Parent Policy Handbook.
2. I have received in writing the disciplinary practices used by the Summer Day Camp program.
3. I have read the registration policy and tuition payment policies, understand and agree to abide by these policies and procedures of the Lincoln Area YMCA.
4. I have read the vacation/absence/illness policies and agree to abide by such policies and procedures of the Lincoln Area YMCA.
5. I **DO / DO NOT (Please circle one)** grant full permission to the Lincoln Area YMCA to use photographs / videotape of my child for publication for YMCA advertising and program informational purposes. Failure to circle either choice automatically provides authorization to use photos and videotapes.

SIGNATURE OF PARENT/GUARDIAN

DATE



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2009 SUMMER CAMP PARTICIPANT SCHEDULE

Summer Camp: June 4 - August 21, 2009*

Child's Name (please print) _____

Camp: _____ K – 3rd _____ 4th - 6th _____ C.I.T. (7th – 9th grade)

SESSION # & DATE

CHECK WEEKLY OR DAILY

Sess. 1 June 4 - June 5	TH-F _____	or	(School still in session) Th _____ F _____
Sess. 2 June 8 - June 12	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 3 June 15- June 19	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 4 June 22 - June 26	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 5 June 29 – July 2	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 6 July 6 - July 10	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 7 July 13 - July 17	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 8 July 20 - July 24	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 9 July 27 – July 31	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 10 August 3 - August 7	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 11 August 10 - August 14	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 12 August 17 – August 21	M-F _____	or	M _____ T _____ W _____ Th _____ F _____

***SCHOOL'S OUT FUN DAYS or an EXTENDED CAMP PROGRAM will be offered from the end of Summer Camp to the first full day of school. More information will be available in early July 2009.**

BEFORE AND AFTER SCHOOL PROGRAMS begin on the *first full* day of school.

I have registered my child for the above marked dates for Summer Camp. I have read and understand the policies regarding registration, registration changes, attendance and tuition payments that are contained in the 2009 Summer Day Camp Parent Policy Handbook.

Parent/Guardian Signature

Date