



2012 Summer Day Camp Registration Form

Tuition Rates are Listed On Last Page of this Packet

EACH LINE MUST BE COMPLETED WITH INFORMATION OR WITH "N/A" INSERTED.

Camp: _____ **KIDCAMP** _____ **PRETEEN** _____ **L.I.T. (See**
office) _____
(Entering K- 2nd Grade) (Entering 3rd – 6th Grade) (Entering 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 COMPLETED**** LOCAL CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENT)

Name _____ Relationship _____

Lincoln Area YMCA * 604 Broadway, Suite #1 * Lincoln, IL 62656 * www.lincolnymca.org
Phone: 217.735.3915 * Fax: 217.735.1816 * lincolnymca@lincolnymca.org

Address _____ Phone _____

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

Name _____ Address _____
Phone _____

Name _____ Address _____
Phone _____

Name _____ Address _____
Phone _____

T-Shirt Size: Youth: **S M L** or Adult: **S M L**
(6-8) (10-12) (14-16)

- T-SHIRT SIZES DISTRIBUTED ON FIRST COME/SERVE BASIS -LIMITED QUANTITY SIZES AVAILABLE
- COMPLETE PAGES 1- 3 IN FULL & SUBMIT WITH PAYMENTS TO Y OFFICE ONLY.
- DETACH & KEEP PARENT POLICY HANDBOOK PORTION FOR REFERENCE.

**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 2012 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.

Physician Name/Address/Phone _____

Allergies/Medication _____

Physical Limitations/Special Needs _____

Health Insurance Company _____ Exp. Date _____

Policy #/Group #/Phone # _____

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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 2012 Parent Policy Handbook.
2. I have received in writing the disciplinary practices used by the 2012 Summer Day Camp program.
3. I have read the registration policy and revised 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



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

2012 YMCA SUMMER CAMP PARTICIPANT SCHEDULE

Summer Camp: May 30 – August 16, 2012*

Child's Name (please print): _____

Camp: _____ Kid Camp (Entering K – 2nd) _____ Preteen Camp (Entering 3rd - 6th) _____ L.I.T. Camp (Entering 7th – 9th)

SESSION # & DATE

MUST CHECK WEEKLY OR DAILY

Sess. 1 May 30 - June 1	W-F _____	or	W _____ Th _____ F _____
Sess. 2 June 4 - June 8	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 3 June 11- June 15	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 4 June 18 - June 22	M-F _____	or	M _____ T _____ W _____ Th _____ F _____
Sess. 5 June 25 – June 29	M-F _____	or	M _____ T _____ W _____ Th _____ F _____

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Sess. 6 July 2- July 6 M-F ____ or M ____ T ____ W ____ Th ____ F ____

Sess. 7 July 9 - July 13 M-F ____ or M ____ T ____ W ____ Th ____ F ____

Sess. 8 July 16 - July 20 M-F ____ or M ____ T ____ W ____ Th ____ F ____

Sess. 9 July 23 – July 27 M-F ____ or M ____ T ____ W ____ Th ____ F ____

Sess. 10 July 30 - August 3 M-F ____ or M ____ T ____ W ____ Th ____ F ____

Sess. 11 August 6 - August 10 M-F ____ or M ____ T ____ W ____ Th ____ F ____

Sess. 12 August 13 – August 16 M-Th ____ or M ____ T ____ W ____ Th ____

I have registered my child for the above marked dates for Summer Camp. I have read and understand the policies regarding registration, schedule changes, attendance and the revised tuition payment policy contained in the 2012 Summer Day Camp Parent Policy Handbook.

Parent/Guardian Signature Date

***SCHOOL'S OUT FUN DAYS or EXTENDED CAMP PROGRAM may be offered from the end of Summer Camp to the first full day of school. (More info available July 2012). YMCA BEFORE & AFTER SCHOOL PROGRAMS begin on the first full day of school.**

For Office Use: Check/Money Order # _____ Total Amount Paid \$ _____ Amount of Scholarship \$ _____

Tuition Paid \$ _____ for session(s) _____ Registration Fee \$ _____ Date App. _____

Rcv'd _____ Membership Fee \$ _____ Subsidy _____

Program _____

Names of other children with the registration payment _____ Additional Comments: _____