

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

## PORTAGE YMCA SCHOOL-AGE SUMMER CAMP REGISTRATION FORM

CHILD'S INFORMATION												
This form must be returned in order to register your child. Please inform us of any changes in information as they occur.												
Name:				Prefer	red Name:							
Address: _				City:		_ State & Zip Code:						
Upcoming	School Grade:		Date of	Birth:		Age:						
Gender: M	l F	Race:			Hispanic: Y	N						
o No	Bummer	Summer	Camp	o Adve	enture Camp	o CIT Program						
				MEDICAL INF	ORMATION							
					uld be aware of such as: a you feel necessary here:	asthma, diabetes, ADHD, food allergies, medication used on a :						
PARENT/GUARDIAN INFORMATION												
Parent/Guardian Name 1:												
Home:			Cell:			Work:						
Email: _												
Parent/Gu	ardian Name 2:				Relationship	·						
Home			Cell:			Work:						
Email: _												
			EMERGENCY	CONTACTS (MUS	T BE 18 YEARS OR	OLDER)						
Name:				_								
Home:				_	Home:							
				_	Cell:							



Monday

Start Date:

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Friday

Thursday

Arrival Time:										
Pick Up Time:										
				<b>'</b>		<u> </u>	_			
How did you hear a	about Portage YMCA d	lay camp? (Plea	se select one	<u>:</u> )						
Flyer Facebook	Website	Friend V	MCA Staff	Marquee	Ret	urn Camper				
iyei Tacebook	Website	THENG I	MCA Stail	Maiquee	-					
hereby agree and	confirm all of the stat	ements listed	below. My ini	tials acknowled	ge that:					
nitial here:	Medical Relea	Medical Release The child named on this form has my permission to engage in the activities of the Summer Camp program with the Portage Township YMCA. If I cannot be reached in the event of an emergency, I hereby give my								
	with the Port									
	-	permission to the medical personnel selected by the responsible staff of the YMCA to perform any								
	procedure ne	procedure necessary to protect my child.								
nitial here:	Hold-Harmles	ss Release								
	If consideration of the Portage Township YMCA accepting my child into the Summer Camp progr									
	_	Portage Township Schools providing transportation to and from the program, I waive any and all rights and								
	_	claims for injuries and damages suffered by my child related to or arising from his/her participation in the program, including transportation to and from the program; and I release the Portage Township YMCA,								
		•			•		•	•		
		including its staff, volunteers, and Board of Directors, from any liability associated with any and all such injuries and damage.								
mikini bana	Dhata Dalaas	_								
nitial here:	<u>Photo-Release</u> I give the Portage Township YMCA permission to photograph and/or quote myself and/or my child/ren for									
	_	advertisemen	•		rapirana/c	, quote mysen	ana, or my child/len	. 01		
	a a									
hereby agree and	confirm all of the stat	ements listed	above. My sig	Inature acknow	ledges tha	t I:				

Wednesday

Tuesday

Have read the policies and procedures written in said welcome packet.

Signature:

YMCA building.

Will address any further questions, complaints, or concerns to the SACC Coordinator via e-mail, telephone, or in person at the

Agree to uphold myself and my child(ren) to the policies and procedures listed in the welcome packet.

If your child attends summer school at Portage Township Schools this summer. A PTS school bus will arrive a camp at a TBD time and take our camper to summer school and return to camp after summer school. Camp coordinator MUST be notified in writing when a camper is attending summer school.