

Camper Application Forms

**MUST BE
COMPLETED AT
REGISTRATION**

CAMP CHOICES

Check the dates desired, then write in the name of the camp that you want for that week.

Child #1 Name _____ Birth date ___/___/___

May 21-25, 2012

Camp Name _____ Location _____

May 29-June 1, 2012 (Pro-rated 4-day week)

Camp Name _____ Location _____

June 4-8, 2012

Camp Name _____ Location _____

June 11-15, 2012

Camp Name _____ Location _____

June 18-22, 2012

Camp Name _____ Location _____

June 25-29, 2012

Camp Name _____ Location _____

July 2-6, 2012 (Pro-rated 4-day week)

Camp Name _____ Location _____

July 9-13, 2012

Camp Name _____ Location _____

July 16-20, 2012

Camp Name _____ Location _____

July 23-27, 2012

Camp Name _____ Location _____

July 30-August 3, 2012

Camp Name _____ Location _____

August 6-10, 2012

Camp Name _____ Location _____

August 13-17, 2012

Camp Name _____ Location _____

Child #2 Name _____ Birth date ___/___/___

May 21-25, 2012

Camp Name _____ Location _____

May 29-June 1, 2012 (Pro-rated 4-day week)

Camp Name _____ Location _____

June 4-8, 2012

Camp Name _____ Location _____

June 11-15, 2012

Camp Name _____ Location _____

June 18-22, 2012

Camp Name _____ Location _____

June 25-29, 2012

Camp Name _____ Location _____

July 2-6, 2012 (Pro-rated 4-day week)

Camp Name _____ Location _____

July 9-12, 2012

Camp Name _____ Location _____

July 16-20, 2012

Camp Name _____ Location _____

July 23-29, 2012

Camp Name _____ Location _____

July 30-August 3, 2012

Camp Name _____ Location _____

August 6-10, 2012

Camp Name _____ Location _____

August 13-17, 2012

Camp Name _____ Location _____

PAYMENT – AMOUNT AND METHOD

Check one: Payment in full for all weeks desired Deposit of \$15 for each week desired

Check one: Program Registration Fee* \$30 Individual \$50 Household \$0 Y Facility Member

Optional: I would like to help another child attend Y Summer Camp by making a one-time donation of \$ _____ to the Y For All Campaign.

TOTAL PAID \$ _____

Payment method (check one): Cash Check VISA Mastercard Discover AMX
(Note: Faxed applications require deposit by credit card.)

For credit card deposits: Account number _____ Exp date: ___/___/___

Card Holder signature: _____

Facility Member of Y center? Yes No If yes, what center? _____

Participate in Y Before/After School Program? Yes No If yes, what school? _____

Participate in Y Preschool Program? Yes No If yes, what center? _____

***If your camper is not a Y Facility Member, a camp program registration fee is due upon registering.**

CAMPER INFORMATION

Please note: If registering on-line, this information is also needed. Please print, complete, and return to the Y.

Unity ID _____ Office Use Only

Child #1 Name _____

Birth date ___/___/___ Race _____ Sex _____

Age on first day of camp _____ Grade in the fall _____

Unity ID _____ Office Use Only

Child #2 Name _____

Birth date ___/___/___ Race _____ Sex _____

Age on first day of camp _____ Grade in the fall _____

Address _____

City _____ Zip _____

Phone Number _____

PARENT/GUARDIAN INFORMATION

1. Guardian Name _____

Relationship _____

Birth date (required) ___/___/___

Mailing Address _____

City _____ Zip _____

Place of Employment _____

Work phone _____

Home phone _____

Cell phone/pager _____

E-mail address _____

2. Guardian Name _____

Relationship _____

Birth date (required) ___/___/___

Mailing Address _____

City _____ Zip _____

Place of Employment _____

Work phone _____

Home phone _____

Cell phone/pager _____

E-mail address _____

PROMOTIONAL AGREEMENT

The Y **DOES NOT** have my permission to use photographs of my child(ren) in Y promotional material. _____ initial

Child(ren)'s Name(s) _____

FOR Y OFFICE USE ONLY

Initial info entered into Unity:

Pick Up List _____ Health Info _____

Health Info Update (if applicable) _____ Date _____

CAMPER PICK-UP INFORMATION

I authorize only the people named below to pick up my child. Parent/guardian(s) listed above are authorized to pick up child(ren), unless otherwise noted. For your child's safety, he/she will not be released to anyone else. **All authorized persons must be 18 years of age or older.** No changes to this list will be made unless the parent or legal guardian whose signature appears below requests such changes in writing. Photo identification is required at pick up at all locations.

1. Name _____

Address _____

Work phone _____

Other phone _____

Relationship _____

2. Name _____

Address _____

Work phone _____

Other phone _____

Relationship _____

3. Name _____

Address _____

Work phone _____

Other phone _____

Relationship _____

4. Name _____

Address _____

Work phone _____

Other phone _____

Relationship _____

How did you hear about our day camp program? _____

Y FOR ALL

Y membership and programs are affordable with Y For All. **The Y is unique because your membership rates and program fees are based on total household income.** The Y is able to offer this sliding fee scale thanks to generous donors whose contributions to our Y For All Campaign enable us to live our mission of being open and accessible for all. Please ask front desk for details.

IMPORTANT

In order to reserve a space in the camp or camps of your choice, a minimum of a \$15 **non-refundable** deposit is required for each week your child is registered for camp. **Outstanding balances must be paid by 8:00 pm on the Tuesday before the week the camp begins. Failure to meet payment deadlines will result in the loss of the camp reservation and deposit. Also, please be aware that there is a late fee of \$1 per minute per child for those picking up after the close of the camp day at 6:00 pm.** Additional information about camp deadlines and payment procedures are detailed in the "Camper Pack-it."

(over)

PARENT AUTHORIZATION: I hereby do declare my child(ren) to be physically sound, having medical approval to participate in the activities of the Young Men's Christian Association of Greater Indianapolis ("YMCA.") This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child(ren) is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and "Camper Pack-it" and understand the contents thereof.

CAMP ACTIVITY AND TRANSPORTATION AUTHORIZATION: I hereby give permission for my child(ren) to participate in camp activities and to travel by bus with the Y Day Camp staff. I understand that only licensed and qualified personnel will operate any vehicle to and from Day Camp, and that there will be at least one Day Camp staff member present at all times. I agree to release the Young Men's Christian Association of Greater Indianapolis, its officers and directors, and the Y Day Camp staff from any and all claims of damages, demands or liabilities which may arise as a result of my child(ren)'s participation in camp activities and bus trips.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me or my child(ren), and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child(ren) as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

PARENT OR GUARDIAN PERMISSION: My signature below indicates that I have the legal authority to sign-up the child(ren) named on this form and that to the best of my knowledge the information on this application form is complete and accurate. I further understand that this is an application and the named child(ren)'s participation is contingent upon space being available in the program(s) in which I want the child(ren) to participate. I also understand that once my application is confirmed, I must complete payment(s) by the deadlines of said program(s) as contained in the "Camper Pack-it" and that, furthermore, all necessary health, security and waiver forms must be signed and on file with the Y prior to my child(ren) attending the program(s). Failure to comply with the above could result in the loss of the camp space.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

PRINTED NAME

HEALTH INFORMATION

Check all that apply, giving approximate dates, where applicable.

Child #1 Name _____

| | | | |
|-----------------------------|--------------------------|----------------------|--------------------------|
| Autism | <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| Frequent ear infection | <input type="checkbox"/> | ADD/ADHD | <input type="checkbox"/> |
| Convulsions | <input type="checkbox"/> | Heart Defect/Disease | <input type="checkbox"/> |
| Bleeding/Clotting Disorders | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Tetanus Innoc.* | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> |
| Date _____ | <input type="checkbox"/> | | |

*If no date is given, the Y will have tetanus shot administered in case of emergency.

Camper is up-to-date with all immunizations needed for enrollment in school. _____ initial

DISEASES

| | | | |
|----------------|--------------------------|------------------|--------------------------|
| German Measles | <input type="checkbox"/> | Food _____ | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | Medicine _____ | <input type="checkbox"/> |
| Chicken Pox | <input type="checkbox"/> | Poison Ivy, etc. | <input type="checkbox"/> |
| Hay Fever | <input type="checkbox"/> | Insect Stings | <input type="checkbox"/> |

Details of above: _____

Current medications (send prescription in original bottle): _____

Operations or serious injuries: _____

Disability due to chronic or recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Family physician: _____

Phone: _____ Date of last physical exam: _____

Insurance carrier: _____

Policy # _____

Special needs (physical, mental or psychological) for camp counselor awareness: _____

Swimming ability Non-swimmer Beginner
 Intermediate Advanced

Child #2 Name _____

| | | | |
|-----------------------------|--------------------------|----------------------|--------------------------|
| Autism | <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| Frequent ear infection | <input type="checkbox"/> | ADD/ADHD | <input type="checkbox"/> |
| Convulsions | <input type="checkbox"/> | Heart Defect/Disease | <input type="checkbox"/> |
| Bleeding/Clotting Disorders | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> |
| Tetanus Innoc.* | <input type="checkbox"/> | Hypertension | <input type="checkbox"/> |
| Date _____ | <input type="checkbox"/> | | |

*If no date is given, the Y will have tetanus shot administered in case of emergency.

Camper is up-to-date with all immunizations needed for enrollment in school. _____ initial

DISEASES

| | | | |
|----------------|--------------------------|------------------|--------------------------|
| German Measles | <input type="checkbox"/> | Food _____ | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | Medicine _____ | <input type="checkbox"/> |
| Chicken Pox | <input type="checkbox"/> | Poison Ivy, etc. | <input type="checkbox"/> |
| Hay Fever | <input type="checkbox"/> | Insect Stings | <input type="checkbox"/> |

Details of above: _____

Current medications (send prescription in original bottle): _____

Operations or serious injuries: _____

Disability due to chronic or recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Family physician: _____

Phone: _____ Date of last physical exam: _____

Insurance carrier: _____

Policy # _____

Special needs (physical, mental or psychological) for camp counselor awareness: _____

Swimming ability Non-swimmer Beginner
 Intermediate Advanced