



SUMMER CAMP PROGRAM

Bob Freesen YMCA

2025-2026

Registration & Enrollment Forms

Child's Name _____
 Birth Date _____ Gender _____
 Lives With _____
 School Attending: _____
 T-shirt size (circle): YS YM YL AS AM AL AXL AXXL

Program (please check appropriate line(s))
 3-5 Year Olds
 6-8 Year Olds
 9-11 Year Olds

Parent, Guardian, or Other Person(s) Placing the Child

Name _____ Relation to Child _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____
 Employer _____ Position _____ Working Hours _____
 Work Address _____ City _____ State _____ Zip _____

Name _____ Relation to Child _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____
 Employer _____ Position _____ Working Hours _____
 Work Address _____ City _____ State _____ Zip _____

Other Person(s) to Contact in Emergency and Authorized to Pick Up the Child

Name _____ Relation to Child _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____

Name _____ Relation to Child _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Email _____

Other Person(s) NOT Authorized to Pick Up the Child

Name _____ Relation to Child _____
 Name _____ Relation to Child _____
 Name _____ Relation to Child _____
 Name of Child _____

EMERGENCY MEDICAL CARE

This authorizes YMCA Staff to secure EMERGENCY medical care for my child when I/We cannot be immediately reached at the time of emergency. I/We will be responsible for the emergency medical charges upon receipt of the statement.

Preferred Physician _____ Phone _____
 Hospital or Clinic _____
 Address _____

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

MEDICAL INFORMATION

If the child has any of the following, please explain:

Medical problems: _____

Physical handicaps: _____

Dietary Restrictions: _____

Restrictions for play – outdoors: _____

Restrictions for play – indoors:

Other information that will help provide a positive experience for the child: _____

Health Information – check all that apply

Illness		Disease		Allergies	
Frequent Ear Infections		German Measles		Hay Fever	
Heart Attack / Disease		Mumps		Poison Ivy, etc.	
Convulsions		Chicken Pox		Insect Stings	
Diabetes		Other (describe)		Peanut	
Bleeding Clotting Disorders				Other (describe)	
Hypertension					
Tetanus Inoculation					
Mononucleosis					
Asthma					

Parent Authorization

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Bob Freesen YMCA. This health history is correct, 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 is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and the Parent Handbook and understand the contents thereof.

Signature Parent/Guardian

Date

I release the Bob Freesen YMCA from any liabilities or claims arising from _____ (child's name) participation in a YMCA program. I agree that I will never prosecute or in any way aide in prosecuting any demand, claim, or suit against the Bob Freesen YMCA for any loss, damage, or injury to my child's person or property that may occur from any cause whatsoever as a result of taking part in this activity. I, _____, parent/legal guardian of the above-said child, consent to his/her taking part in this YMCA program and will abide by the above.

Signature Parent/Guardian

Date

ADMINISTER PATENT MEDICINE / EMERGENCY MEDICAL DECISIONS

I authorize YMCA Staff to administer patent medicine to my/our child as specified in written instructions and to make emergency medical decisions in my/our absence.

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I authorize YMCA Staff to take my child on walking trips, field trips, special excursions, and to nearby park facilities. I also authorize the child to ride as a passenger in transportation provided by our program. I understand all such trips are under supervision of the program staff.

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

SUNSCREEN PERMISSION

I understand that I will apply sunscreen on my child prior to arrival at the YMCA Afterschool Care. Sunscreen will be applied as needed. In the event my child would need help applying sunscreen, I hereby give permission to the YMCA Staff of the Bob Freesen YMCA to help my child apply additional sunscreen.

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

PHOTOGRAPHS

I give YMCA Staff my permission to take photos and videos of my child at YMCA programs. I understand the photos and videos may be used for promotional or display purposes (flyers, website, Facebook, Instagram, newsletter, brochures or other YMCA communications and publicity).

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

SWIMMING

I consent to my/our child using the swimming pool of the Bob Freesen YMCA.

Signature Parent/Guardian

Signature Parent/Guardian

Relationship to Child

Relationship to Child

Date _____

Date _____

Authorization for the Administration of Medication Form

Authorization for the Administration of Medication by YMCA Personnel

Parents/guardians requesting medication administration to their child by YMCA staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed.

Medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order:

Name of Child: _____

Date of Birth: ____/____/____

Medication Name: _____

Dosage: _____ Method: _____ Time of Administration: _____

Specific Instructions for Medication Administration: _____

Relevant Side Effects of Medication: _____

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above and attest that I have administered at least one dose of the medication to my child without adverse effects. I request that medication be self-administered to my child as described and directed above.

Name of YMCA Program: _____

Name of Parent/Guardian Authorizing Administration of Medication: _____

Relationship to Child: _____

Signature of Parent/Guardian: _____



SUMMER CAMP PARENT AGREEMENT FORM

Please read, sign, and return to YMCA

I have read the YMCA Child Care Handbook for Day Camp/After School Care and agree to comply with the policies and procedures of the program regarding all items specified in the Parent Handbook. to discuss the child's responsibilities with my child.

Signature Parent/Guardian

Date:

Relationship to Child

Child(ren)'s First and Last Name

Child Connection Form

(To be given to Counselors to help in understanding your child and making their experience the best it can be.)

At the Y we continue trying to build stronger relationships with our campers. In order to do so we would like to ask you some questions regarding your child. Please take a few minutes to answer the following questions with your child. This will help our Summer Camp Leaders get to know your child better.

Child's Name _____

Names of special people in your child's life:

What type of extracurricular activities does your child participate in?

Have any major life events occurred recently for your child? Yes No

Explain: _____

What types of responsibilities does your child have at home?

What are the names of your child's pets, if any?

What type of extracurricular activities does your child participate in?

What else would you like us to know about your child?

Indicate your child's swimming abilities:

Beginning Swimmer Some Swimming Skills Average Swimmer Strong Swimming Skills

Note: All children must pass a swimming test with the lifeguard to be able to swim in the deep water.

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Child Completes the following:

When I'm not at school I like to:

I'm excited about going to Summer Camp because:

Things I would like to do at Summer Camp care:
