



We build strong kids, strong families, strong communities.

AMSTERDAM FAMILY YMCA - SUMMER DAY CAMP 2010 REGISTRATION FORM

Camper Information

Date of Registration _____

Child's Name _____ Date of Birth _____ Age _____

Nickname for your child: _____ Sex _____

Address _____

Phone _____ Last Grade attended _____

Parent/Guardian Information

Parent/Guardian #1 Name _____ Relationship _____

Home Address _____

Place of Employment _____

Home Phone _____ Work Phone _____ Cell _____

Parent/Guardian #2 Name _____ Relationship _____

Home Address _____

Place of Employment _____

Home Phone _____ Work Phone _____ Cell _____

Email Address (for camp updates and information) _____

Child Pick-up Information

I authorize the following people to pick up my child(ren) from camp. If you have a specific situation that you feel is important to bring to our attention, please call the Camp Director prior to camp.

Name	Relationship	Home/Cell #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registration Fee

 One time \$25.00 with maximum of \$55 per family, non-refundable

Check/Money Order Check # _____ Cash VISA/MC Amount: \$ _____

OFFICE USE

Staff initials _____ Date Recvd _____ Receipt # _____

Private OR Agency _____ PC entry date _____

MEDICAL FORM

Medical/Emergency Information

- If the parents are divorced, who has custody? _____
- In case of emergency, whom should we contact if parents cannot be reached?
_____ Relationship _____ Phone # _____
_____ Relationship _____ Phone # _____
- Family or Camper's medical insurance company _____
- Policy # _____ Name of Insured _____
- Employer _____
- Please indicate any disabilities or illness which your child currently has

- Please list any allergies or dietary restrictions your child has

- Please list any medications (Oral, Inhalants, Injections) your child routinely uses

Parental Authorization for Treatment

In the event I cannot be reached, In case of an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize and to secure treatment for my child.

The health history is correct to the best of my knowledge, and my child, who is named above, has permission to engage in all camp activities except as noted by me (on this form) and/or the examining physician.

Print Parent/ Guardian Name

Signature

Date

PARENTAL AGREEMENT

My child may attend the Amsterdam Family YMCA Summer Camp and I certify that he/she is capable of participating in camp activities. I also grant the Amsterdam Family YMCA and its agents, full authority to take whatever action they deem necessary regarding my child's health and safety: and I fully release the Amsterdam Family YMCA from any liability in connection with those decisions. I understand my child must comply with camp rules and standard of particular behaviors. I agree that the Amsterdam Family YMCA has the right to enforce appropriate standards of conduct and may dismiss, without refund, any camper who infringes upon the rights of others.

Further, I give my consent for the use of any photographs, slides or video tapes, which may include my child, to be used in Amsterdam Family YMCA promotional materials. I also give my permission for my child to be transported from the Amsterdam Family YMCA on various trips or events. Objections to either of these must be done so in written form and should be submitted to the Camp Director.

Signature

Date