



SUMMER DAY CAMP REGISTRATION FORMS

**Attending Camp Apex AND
Gymnastics Camp?**
Each camp needs their own set of forms.
Please make a copy.

Camper Name _____ DOB _____ Gender _____ Age: _____

Parent E-mail (for parent information and confirmation): _____

Street: _____ City: _____ State: _____ Zip: _____

1) Parent/Guardian Name: _____ 2) Parent/Guardian Name: _____

Business Name: _____ Business Name: _____

Phone: _____ Phone: _____

Hours at Work: _____ Hours at Work: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Release information if the parent or legal guardian cannot be reached:

1) Name: _____ 2) Name: _____

Day Phone: _____ Day Phone: _____

Cell Phone: _____ Cell Phone: _____

Relationship to child: _____ Relationship to child: _____

I give permission to the YMCA staff to release my child to the persons listed above other than the natural parent or legal guardian. Photo I.D. must be presented when picking up child. Please note that we cannot deny release to a natural parent unless legal action denying visitation has been taken and is documented.

Please check each statement below and sign.

1. I understand that **ALL camp fees** must be paid **IN FULL TWO WEEKS** before camp starts and that my child will not be able to attend camps that are not paid in full. YES ☐ NO ☐
2. I will provide a signed copy of my child's physical and immunization records or immunization waiver on the first day of camp. **If registered for two camps each camp must have a copy.** My child will not be able to attend camp if forms are not turned in. YES ☐ NO ☐
3. Does your child have an IEP? YES ☐ NO ☐
If yes, please provide a copy with your enrollment forms to better serve your child. Please read the Special Needs Policy of the handbook.
4. I have received, read, and understand the Camp Handbook provided to me. YES ☐ NO ☐
This includes the Agreement Contract, Termination of Agreement, Procedure, and Basic Discipline Policy
5. I give my permission to the Y staff to administer any standard first aid as needed. YES ☐ NO ☐
6. In case of medical or surgical emergency, I authorize the camp staff to obtain emergency transport to Baystate Franklin Medical Center. I further authorize the administration of medication as described in the Camp Handbook. YES ☐ NO ☐
7. I give my child permission to use bug repellent YES ☐ NO ☐
and/or sun screen as needed. YES ☐ NO ☐
Parents must provide their own sun screen and repellent. This will be kept by the Camp Staff for the duration of camp weeks.
8. In the event that my child should experience anaphylaxis and does not have an EpiPen, I give permission for Camp Staff to give my child Benadryl to slow the reaction until emergency services can respond. YES ☐ NO ☐
More information on this subject can be found on the website of the Asthma and Allergy Foundation of America, www.aafa.org
9. I give my permission for photographs of my child to be used in any promotional materials for the YMCA, including print in newspapers, Social Media (website, facebook, instagram, etc.) YES ☐ NO ☐

By signing below, you acknowledge your responses to all of the statements above and agree to cooperate with the general policies of the program as outlined in this Camp Handbook and herein.

X Parent/Guardian Signature _____ Date _____

RETURN COMPLETED FORMS WITH CAMPER ON FIRST DAY OF CAMP!



SUMMER DAY CAMP PARENT-COUNSELOR CONFIDENTIAL FORMS / HEALTH RECORDS

**Attending Camp Apex AND
Gymnastics Camp?**
Each camp needs their own set of forms.
Please make a copy.

Please fill out and answer ALL questions

Camper Name _____ Nickname _____ DOB _____ Age _____

Family Physician _____ Telephone _____ Address _____

Health/Medical Insurance covering child (name of provider and ID number) _____ Participating hospital _____

Things your camper likes to do _____

Does your child have specific skill development goals that he/she would like to attain? _____

How does the child get along with others the same age? _____

Does your child currently have an IEP? YES ☐ NO ☐ Does your child work with a paraprofessional at school? YES ☐ NO ☐

With whom is the camper living? _____

Is there anything about your child's development or behavior that his/her counselor should know in order to better work with him/her**? _____

Please list your objectives for sending your child to camp _____

Any chronic or long-term illness? _____ If yes, please specify _____

Any operations or serious injuries? _____ If yes, please specify _____

Name any known allergies Food _____ Drugs _____

Plants _____ Animals _____

Other _____

Explain reaction and medication used _____

Does your child have any of the following? Fainting spells ☐ Seizures ☐ Stomach upsets ☐ Emotional problems ☐

Other _____

Details _____

Medication Is your child taking any medication? YES ☐ NO ☐ If yes, give name of medication _____

Note: Directions for administering medication must be on label, with name of medication and child's name.

Anything else we should know about your child's mental / physical health**? _____

Any other suggestions? _____

****FAILURE TO DISCLOSE ALL VITAL INFORMATION REGARDING YOUR CHILD MAY RESULT IN DISMISSAL OF CAMP.**

PER THE MASSACHUSETTS DEPARTMENT BOARD OF HEALTH:
All campers MUST have a physician provided PHYSICAL & CERTIFICATE OF IMMUNIZATION
on file when entering camp the first day. If papers are not enclosed on first day, camper WILL NOT be able
to attend camp. Each camp requires a form – please make copies.

X Parent/Guardian Signature _____ Date _____

RETURN COMPLETED FORMS WITH CAMPER ON FIRST DAY OF CAMP!