



SUMMER DAY CAMP REGISTRATION FORMS

Attending Camp Apex AND Gymnastics Camp?

Each camp needs their own set of forms.
Please make a copy.
Camp Apex: due on the first day of camp.
Gymnastics: due by May 1, 2026
or upon registration thereafter.

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: _____

Address: _____

Address: _____

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. 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
If no please provide a picture of your child.

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.

 Parent/Guardian Signature _____ Date _____



SUMMER DAY CAMP PARENT-COUNSELOR CONFIDENTIAL FORMS / HEALTH RECORDS

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 PRIOR to the first day of camp. If papers are not delivered prior to their start of camp, camper WILL NOT be able to attend. Each camp requires a form – please make copies.

X Parent/Guardian Signature _____ Date _____

GYMNASTICS FORMS ARE DUE BY MAY 1, 2026. CAMP APEX FIRST DAY OF CAMP

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