



NCU SPORTS

NORTHWEST CHRISTIAN UNIVERSITY ATHLETICS GO BEACONS

CAMPERS INFORMATION

SUMMER 2009

CHILD'S NAME		GRADE	AGE
			BIRTHDAY
PARENT/GUARDIAN		RELATIONSHIP	
		HOME PHONE	
ADDRESS		CITY	ZIP
		CELL PHONE	
		WORK PHONE	
PARENT/GUARDIAN		RELATIONSHIP	
		HOME PHONE	
ADDRESS		CITY	ZIP
		CELL PHONE	
		WORK PHONE	

EMAIL ADDRESS

EMERGENCY CONTACT RELATIONSHIP PHONE

CIRCLE ONE

YMCA COMMUNITY MEMBER YMCA FACILITY MEMBER

MEMBER #

Session	Weekly Dates	Days	Time	Member			Official Use Only
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VOLLEYBALL

[]	June 22-25	4th-6th Grade	9:00 am-11:30 am	[] \$80			
[]	June 22-25	7th-8th Grade	9:00 am-11:30am	[] \$80			
[]	June 22-25	All Skills 9th-11th Grade	1:00pm-4:00pm	[] \$100			
[]	June 22-25	Positional 9th-12th Grade	1:00pm-4:00pm	[] \$100			

BOYS BASKETBALL

[]	July 13-16	Kinder-2nd Grade	9:00 am-10:30 am	[] \$45			
[]	July 13-16	3rd-4th Grade	9:00 am-Noon	[] \$90			
[]	July 13-16	5th-9th Grade	1:00 pm-4:00 pm	[] \$100			

GIRLS BASKETBALL

[]	July 20-23	2nd-5th Grade	9:00 am-Noon	[] \$90			
[]	July 20-23	6th-9th Grade	1:00 pm-4:00 pm	[] \$100			

SOCCER

[]	August 3-6	3rd-5th Grade Half Day	9:00 am-Noon	[] \$70			
[]	August 3-6	3rd-5th Grade Full Day	9:00 am-4:00 pm	[] \$120			
[]	August 3-6	6th-8th Grade Full Day	9:00 am-4:00 pm	[] \$120			

RECEIPTED BY	RECEIPT #	DATE	TOTAL \$
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[] Yes, I would like to donate to the strong kids campaign camp scholarship fund. Amount \$



EUGENE FAMILY YMCA

2055 Patterson Eugene OR 97405 541.686.9622 www.eugeneymca.org

We build strong kids, strong families, strong communities.





YMCA SUMMER CAMP Health Form

Information and Authorization

YMCA Program (circle)				
RB FR EXP VOY SS ADV EXT YQ UK HOR NCU				
Name of Child		Nickname	Gender	Birthdate
			B G	
Child's Home Address				Phone Number
Parent/Guardian Name		Home Address		Phone Number
Employer	Work hours	Work Phone	Cell Phone	
Parent/Guardian Name		Home Address		Phone Number
Employer	Work Hours	Work Phone	Cell Phone	
Child's Doctor		Address		Phone Number
Child's Dentist		Address		Phone Number

Besides those listed above, the following people are authorized to pick up my child

Please contact this person
in case of an emergency

Name	Relationship	Phone	Yes	No

My child has allergies	Yes		No	
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List:	
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My child needs a car seat/booster	Yes		No	
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	weight		age	
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Child has a physical, developmental condition, chronic illness or other problem?

Explain:

Up to Date Immunizations	Yes		No	
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	Date of last Tetanus		Date of Last DTP	
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Current Medication

List:

Has your child had

Measles		Whooping Cough		Scarlet Fever	
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Mumps		Chicken Pox	
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Meal Considerations:

Vegetarian		Vegan		Diabetic	
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General Information

Please give any information concerning your child which will be helpful for staff:

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Emergency Medical Treatment Authorization & Registration Agreement

◆As a parent or legal guardian of the following child: _____, I hereby authorize the Eugene Family YMCA, 2055 Patterson, Eugene OR, 97405, 686-9622, to seek dental, medical or surgical treatment for the above named child, when qualified staff deem necessary, if a parent or legal guardian cannot reasonably be located when the child is brought for treatment. In an emergency, the Eugene Family YMCA has my permission to call an ambulance or take my child to any available physician or hospital at my expense.

◆I have read the parent handbook and I understand and will adhere to all YMCA policies. As a participant in programs at the Eugene Family YMCA I understand the following: my child will be taken on field trips or excursions by van, bus or private motor vehicle under proper supervision, my child may participate in swimming activities at the YMCA, my child may have sunscreen applied, and my child may be photographed and the photos may be used for publicity or news purposes for the YMCA.

Signature		Date	
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EUGENE FAMILY YMCA
It's Where Your Family Belongs!
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