

# Y SPORTS SPECTACULAR

SUMMER CAMP REGISTRATION

ENTERING 1ST-3RD GRADES

## CAMPER'S INFORMATION

CHILD'S NAME	GRADE NEXT YR	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
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CIRCLE ONE YMCA COMMUNITY MEMBER      YMCA FACILITY MEMBER		MEMBER #
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Session	Weekly Dates	Non Member	Member	Extended Care		Official Use Only
[ ] 1	June 22-26	[ ] \$140	[ ] \$120	[ ] am \$10	[ ] pm \$15	
[ ] 2	June 29-July 3	[ ] \$140	[ ] \$120	[ ] am \$10	[ ] pm \$15	2
[ ] 3	July 6-10	[ ] \$140	[ ] \$120	[ ] am \$10	[ ] pm \$15	3
[ ] 4	July 13-17	[ ] \$140	[ ] \$120	[ ] am \$10	[ ] pm \$15	4
						5 FULL
[ ] 6	July 27-31	[ ] \$140	[ ] \$120	[ ] am \$10	[ ] pm \$15	6
[ ] 7	August 3-7	[ ] \$140	[ ] \$120	[ ] am \$10	[ ] pm \$15	7
[ ] 8	August 10-14	[ ] \$140	[ ] \$120	[ ] am \$10	[ ] pm \$15	8
[ ] 9	August 17-21	[ ] \$140	[ ] \$120	[ ] am \$10	[ ] pm \$15	9
[ ] 10	Augsut 24-28	[ ] \$140	[ ] \$120	[ ] am \$10	[ ] pm \$15	10

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

<b>My child has allergies</b>	<b>Yes</b>		<b>No</b>	
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List:	
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<b>My child needs a car seat/booster</b>	<b>Yes</b>		<b>No</b>	
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	weight		age	
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<b>Child has a physical, developmental condition, chronic illness or other problem?</b>
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Explain:
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<b>Up to Date Immunizations</b>	<b>Yes</b>		<b>No</b>	
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	Date of last Tetanus		Date of Last DTP	
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<b>Current Medication</b>
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List:
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<b>Has your child had</b>
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Measles		Whooping Cough		Scarlet Fever	
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Mumps		Chicken Pox	
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<b>Meal Considerations:</b>
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Vegetarian		Vegan		Diabetic	
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<b>General Information</b>
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*Please give any information concerning your child which will be helpful for staff:*

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<b>Emergency Medical Treatment Authorization &amp; Registration Agreement</b>
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◆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.

<b>Signature</b>		<b>Date</b>	
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<b>EUGENE FAMILY YMCA</b>
<b>It's Where Your Family Belongs!</b>
2055 Patterson Eugene OR 97405 541-686-9622 www.eugeneymca.org