



We build strong kids, strong families, strong communities.

CAMP INTAKE FORM

Child's name _____

Parent Checklist

_____ Registration packet

_____ Registration Grid

_____ Payment

All of the above information is required to register. No exceptions can be made.

Office Checklist

(For office use only)

_____ Registration packet

_____ Registration Grid

_____ Payment/Deposit Received

Notes from Welcome Center Staff: _____

Staff signature

Date

Today's date: _____

Branch (Please circle)
Lionville Berwyn



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Registration Form

CAMPER INFORMATION

Child's Name _____ Child's Age _____ Gender M F

Child's Address _____

Child's Date of Birth _____ Family Email address _____

Mother's Name (or legal guardian) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name (or legal guardian) _____

Home Phone _____ Work Phone _____ Cell Phone _____

EMERGENCY CONTACTS

(If parents not available)

Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

ADULTS AUTHORIZED TO PICK-UP THE ABOVE CAMPER (Please include phone number):

_____	_____
_____	_____
_____	_____
_____	_____



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SPECIAL NEEDS INFORMATION (Medical, Physical, Behavioral)

Health History: Please describe *any* behavioral and/or medical issues of which camp directors should be aware:

Does your child have an individual aide at school? Yes No

If so, will an aide be attending camp with your child? Yes No

Does your child take any medications for a professionally identified medical or behavioral special need? Yes No

Will prescription medication need to be administered during camp hours? If yes, please list all medications and if camper knows how to manage his/her symptoms (including those administered at home) Yes No

Allergies i.e. food allergies or bee stings. If yes, will an EpiPen be required?

Additional comments:

Has your child had surgery in the past year? Yes No

Has you child had a head injury or concussion in the past year? Yes No

Medical Insurance Carrier _____ Group# _____ Child's ID _____

Childs physician or source of medical care: _____ phone #: _____

The above accurately represents my child's current medical information.

Signature of Parent or Guardian _____ Date _____

CAMP TEE SHIRT MUST BE WORN ON ALL DAY CAMP FIELD TRIPS!

Tee Shirt Size (Please circle):

Adult - S M L XL **Youth** - XS S M L



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CAMP RELEASE FORM

I give permission for the YMCA of the Upper Main Line to transport my child to program activities.

YES NO

I give permission for the YMCA of the Upper Main Line to use any photos taken of my child during camp for promotional purposes of the YMCA of the Upper Main Line.

YES NO

I give permission for my child to watch movies rated **G** _____ (sign) **PG** _____ (sign) **PG13** _____ (sign) **Please call first** _____ (sign) (Please note movies may be used on an occasion for a special theme or during rainy days.)

I understand that only individuals who are listed on my authorized pick-up list and are 16 years or older may sign my child out of camp with a photo ID and authorized pick up card.

YES NO

I give permission for the YMCA to apply sunscreen (that I have provided) to my child.

YES NO

My signature below signifies that I understand and agree to the following requirements and specifications

1. All required forms (including medical forms) must be completed at the time of registration.
2. Payment in full must be made according to the payment schedule to assure my child a spot in camp.
3. There is a non-refundable, non-transferable, non-applicable processing fee.
4. At the time of registration, there will be a **non-refundable non-transferable deposit per child per session**, which will be applied to the appropriate session.
5. All fees must be paid in full on or before the payment due date. Attendance **will not be guaranteed until full tuition payment is made.**
6. All payments should be made payable to the **YMCA of the Upper Main Line**
7. The YMCA does not assume any responsibility for accidents and/or medical or dental expenses incurred as a result of participation in the camp.
8. All persons authorized to pick up are required to show their picture ID and authorized pick up card daily.

Is there a custody order?(If yes please provide a copy.) YES NO

I have read the information listed above and agree to all conditions stated.

YES NO

Parent/Guardian signature Date

Lionville Community YMCA
Camp Registration Summer 2010

One-Week Camps

Camper Name: _____

Full Day Camps			Pre 1	Pre 2	1	2	3	4	5	6	7	8	Post 1	Post 2
Age	Camp	Code	6/7	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23
6-12	All Sports	14022												
8-14	Aqua Adventure	14030												
11-15	Babysitting Camp	14050												
6-12	Baseball/Softball	14082												
6-12	Basketball Camp	14090												
6-12	Build/Paint/Create	14175												
6-12	Cheerleading Camp	14125												
6-12	Fishing Camp	14241												
6-12	Flag Football Camp	14250												
6-12	Golf Camp	14290												
3-6	Little Golfers Camp	14525												
6-12	Soccer Camp	14692												
6-12	Tennis Camp	14760												
6-12	Tracks & Trails	14851												
3-6	T-Ball Camp	14720												
6-12	Field Hockey Camp	14230												
6-12	Lacrosse Camp	14485												
3-6	Tumbling/Cheerleading	14860												
			Pre 1	Pre 2	1	2	3	4	5	6	7	8	Post 1	Post 2
			6/7	6/14	6/21	6/28	7/5	7/12	7/19	7/26	8/2	8/9	8/16	8/23

Two-Week Camps

Full Day Camps			Pre 1	Pre 2	1 & 2	3 & 4	5 & 6	7 & 8	Post 1	Post 2
Age	Camp	Code	6/7	6/14	6/21	7/5	7/19	8/2	8/16	8/23
6-12	Lights/Camera/Action	14490								
			Pre 1	Pre 2	1 & 2	3 & 4	5 & 6	7 & 8	Post 1	Post 2
			6/7	6/14	6/21	7/5	7/19	8/2	8/16	8/23



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CAMP CANCELLATION/ADDITION FORM

(one per camper)

Date _____

Camper's Name _____

Parent/Guardian _____

Phone _____

Cancelled Camp	_____	_____	_____
	Camp Name	Week(s)	Dates

Cancelled Camp	_____	_____	_____
	Camp Name	Week(s)	Dates

Cancelled Camp	_____	_____	_____
	Camp Name	Week(s)	Dates

Additional Camp	_____	_____	_____
	Camp Name	Week(s)	Dates

Additional Camp	_____	_____	_____
	Camp Name	Week(s)	Dates

Additional Camp	_____	_____	_____
	Camp Name	Week(s)	Dates

Reason for Cancellation (must be completed for refund): _____

Parent/Guardian Signature _____

Signature of Member Services Staff _____

A \$50 deposit must accompany this form for each additional new camp choice because camp deposits are non-refundable and non-transferable.

Please forward to: Elena Seeman at Eagleview