



One form must be filled out for each camper and turned in at the time of registration.

For more information, please contact Camp Registrar at registrar@nsymca.org

Form must be submitted to complete registration.

Child's Full Name:

School & Grade:

What should we know about your camper? Please give any information which will help us make this your camper's best summer ever! Include behavior management techniques that your camper responds to positively. Let us know what activities interest your camper.

Allergies:

Additional Health Form Required. See website.

List any medications your child has taken in the last 12 months:

Does your child need an EpiPen?

Yes

No

Will your child require medication during camp?

Yes

No

If Yes, please fill our medicine form at nsymca.org

If your child has an allergy please fill out additional allergy information and if your child has an epi-pen or inhaler, please fill out our medicine administration form at nsymca.org

Medical or Physical Restrictions (If Any)

Does your child have an IEP?

Yes

No

Does your child have an inclusion aide at school?

Please describe any additional support your child receives at school and/or during the year (E.G speech, behavior therapy, social work, counseling, etc.)

REGISTRATION FOR HAWKS CAMPS REQUIRES AN ADDITIONAL SPECIAL SERVICES QUESTIONNAIRE (Download at nsymca.org)

AUTHORIZED PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1 Name:

Cell Number:

Work Phone:

Home Phone:

Parent/Guardian 2 Name:

Cell Number:

Work Phone:

Home Phone:

Pick-up/Emergency Contacts: (When Parent or Guardian cannot be reached)

Name:

Cell:

Name:

Cell:

Name:

Cell:

PARENT STATEMENT OF UNDERSTANDING

Please read this form carefully. Sign this form and return to the NSYMCA. No child can attend camp unless all completed forms are on file.

1. I understand that the North Suburban YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA camp program, with the exception of relationships established outside of the YMCA and prior to the start of the camp session. Immediate disciplinary action will be taken toward staff and volunteers if a violation is discovered.

2. I understand that I am not to leave my child at the North Suburban YMCA or any off-site NSYMCA location unless a YMCA camp staff is there to receive and supervise my child.

3. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed in my child's registration forms or a note written and signed by a parent or legal guardian must be received by NSYMCA staff at least one day prior to the pick up.

4. I understand that should a person arrive to pick up my child who is obviously under the influence of alcohol or drugs, for the child's safety, staff may have no recourse but to contact police. Please do not put staff in a position where they have to make this judgment call.

5. I understand that the North Suburban YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

6. I consent to my child's participation with evaluations and surveys for camp.

6. I understand that the North Suburban YMCA Camp Director reserves the right to dismiss a camper from camp. Such situations will mean the total loss of camper fees as paid by the parent or scholarships given to the child.

7. I have received, read, understand, and agree with the policies above and the North Suburban YMCA's Camp policies and parent handbook.

8. I give the North Suburban YMCA the right to take pictures and video for marketing purposes.

9. I give permission for the North Suburban YMCA to transport the child named above off the property for the purpose of medical care or program activities as deemed appropriate by the director and in the event I cannot be reached in an EMERGENCY. I hereby give permission to the physician selected by the Camp Director, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above if I cannot be reached.

10. I attest that this registration form in its entirety is correct to my knowledge and understand any changes to the information must occur in writing. I give permission for the child mentioned herein to engage in all camp activities except as noted.

11. I give permission for the YMCA Staff to help apply sunscreen to my child according to the instructions on the bottle.

Camper Name (Please print)

Parent Signature

Date: