Camp Registration Form 2027

For office use only	Date:	Initials:
Registration Completed		
Household updated		
Director Approval		

Child Full Name:		**Grade:** (Fall 2027)		**Gender:**		**D.O.B**	
Parent/Guardian Name:		**Address:**					
		City, State, Zip:					
Cell Phone:		**Email 1:**					
Emergency Phone (Must be able to receive text messages)		**Email 2:**					

Week 1 6/7–6/11	Week 2 6/14–6/18	Week 3 6/21–6/25	Week 4 6/28–7/2	Week 5 7/5–7/9	Week 6 7/12–7/16	Week 7 7/19–7/23	Week 8 7/26–7/30	Week 9 8/2–8/6	Week 10 8/9–8/13

Camp	AM	PM	Full	Week of Camp									
				1	2	3	4	5	6	7	8	9	10

Additional Camp	AM	PM	Full	Days of the Week					Week of Camp										
				M	Tu	W	Th	F	1	2	3	4	5	6	7	8	9	10
Little Pioneers: (3 Day minimum)																		
Pathfinders: (3 Day minimum)																		
Extended Camp (Proration Available)																		
Swim Lessons (Optional)																		

Payment Options: Please Check One.

- ☐ Payment Plan
- ☐ Pay in Full

For Payment Plans Only: All Payment Plans Must end by 7/15

Please draft my account on: (Choose one) ☐ 1st of the month ☐ 15th of month

Starting month on:

Payment Information

☐ Credit Card ☐ Check ☐ Cash

Credit Card # CVV

Exp: Name on Card

I understand that if I fail to make a payment, my camper(s) will not be allowed to attend camp until payment is made. If payment is not made by the Wednesday before the camp starts, my camper will lose their spot in camp. I understand that if I incur any fees, late registrations or change requests, late pick up, t-shirt, extended camp charges, shack shack, and camp store, I authorize the North Suburban YMCA to charge my account using the payment information on file.

☐ By initialing here, I hereby acknowledge that I've read and understand the parent handbook and NSYMCA's policies available online.

Signature:

Membership:

Members must have a consecutive membership for 6 months to receive the special member-only discount.

- ☐ Registering child who is an NSYMCA member and has been an NSYMCA member prior to 10/01/26
- ☐ Registering child who became an NSYMCA member after 10/01/26
- ☐ Registering Child who will not become an NSYMCA Member

Would you like to donate to help others by supporting our Community Strong Scholarship Fund?

$100	$50	$25	$10	$5	OTHER

WAIVER OF RISK & RELEASE

I agree to abide by the facility, program, and membership policies of the NSYMCA at all times while on the premises. I give permission for the above-named participant to be included in photos for publicity purposes. I understand the NSYMCA is not responsible for personal property or personal injury sustained by the participant and I hereby agree to identify and hold harmless the NSYMCA from such losses or injuries. In the event I cannot be reached in an emergency situation involving the above-named participant, I hereby give permission to the program leader to seek medical treatment for the above-named participant. The NSYMCA reserves the right to change or alter any program without notice.

POLICIES

Membership must remain current throughout the entire camp period to qualify for member rates. Prices are subject to change. A refund will be issued if you cancel prior to the registration deadline, or if the NSYMCA cancels camp. **A $30.00 processing fee will be issued for any cancellations or transfers at any time. Additionally, there will be a $30.00 NSF fee for any declined camp payments (payment plans only).** Refunds will be given by check or NSYMCA credit voucher only. Refer to parent guide for complete registration policy. **A non-refundable associated fee of 3% will be added to all credit card transactions. Avoid the fee by paying with cash or check.** The NSYMCA does not turn anyone away due to inability to pay. If you need assistance, please stop by the Guest Services Desk. Policies are subject to change. By signing below, I acknowledge all of the NSYMCA's Policies.

Signature:

This form must be completely filled out with form of payment to be processed or the form is considered void.

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

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Submitted to SS for Review:	YES	NO
SS Signature:		Date:

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 you child need an Epipen?	Yes	No	**Will your child require medication during camp?**	Yes	No	**If yes, please fill out our medication 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 adminstration form at nsymca.org								
Medical or Physical Restrictions (If Any)	Yes	No	**Does your child have an IEP?**	Yes	No	504 plan	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:				
Primary Phone Number:		**Secondary Phone Number:**		
Parent/Guardian 2 Name:				
Primary Phone Number:		**Secondary Phone Number:**		

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 stagff 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.

7. 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.

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

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

10. 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.

11. 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.

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

13. I am responsible for any damage incurred to YMCA property.

Camper Name (Please print)		**Parent Signature**		**Date:**	