



YMCA

DATE: _____
FEES PAID: _____
PAYMENT METHOD: _____
STAFF INITIALS: _____

SUMMER CAMP REGISTRATION FORM

REGISTRATION FEE \$35

YMCA MEMBER - \$95 WEEKLY FEE FEE

POTENTIAL MEMBER - \$115 WEEKLY

M-F 7:00 am - 6:00 pm

CAMPER INFORMATION:

Child's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: _____ Race: _____

School: _____ Grade (currently in): _____

Address: _____

Apt #: _____ City: _____ State: _____ Zip Code: _____

Mother/Guardian's Name: _____

Employer: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Mother's Email: _____

Father/Guardian's Name: _____

Employer: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Father's Email: _____

Person(s) Permitted to Pick Up Child	Legal Custody: Proof of Custody Required
Mother _____ YES _____ NO	Mother Only _____ Legal Guardian _____
Father _____ YES _____ NO	Father Only _____ Both Parents _____

PLEASE LIST ALL OTHER PERSONS THAT ARE ALLOWED TO PICK UP YOUR CHILD BELOW:

1) Name: _____ DOB _____ PH# _____

2) Name: _____ DOB _____ PH# _____

3) Name: _____ DOB _____ PH# _____

4) Name: _____ DOB _____ PH# _____

Emergency Contact Information

Name: _____

Relation to Child: _____

Employer: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Medical Information (attach a copy of insurance card). Does your child have food allergies?

YES or NO

Physicians Name: _____

Phone: _____

CIRCLE YOUR CHILD’S T-SHIRT SIZE:

YOUTH XS YOUTH S YOUTH M YOUTH L

YOUTH XL ADULT S ADULT M ADULT L

ADULT XL

Join our YMCA Summer Camp GroupMe!!!

We will update you on events, field trips, and more!



I understand that this is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and is exempt from state licensure requirements. I understand that the YMCA of Georgia and the Tiftarea YMCA assume no responsibility for injuries or illnesses that my child may sustain as a result of their physical condition or resulting from their participation in any athletic activities, sports program, the use of any equipment, exercise, or other activities. While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children who are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities, making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this before registration so that the YMCA can advise you as to whether we can make a reasonable accommodation for your child. The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for the individual named on this application. I understand that no accident or medical insurance is provided with this activity. I permit my child to be transported by the YMCA-provided bus service for related program activities. I give my permission to the Tiftarea YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings that include my child’s image or voice for the purpose of promoting or interpreting YMCA programs. I am requesting your permission for your child to participate in the Hello Insight Survey, which is a research-based platform designed to help you measure and enhance the mental health and well-being of the young people you serve.

Parent/Guardian Signature _____

Date _____

