



# MONROEVILLE AREA YMCA 2025 SUMMER CAMP REGISTRATION

One Per  
Child

**Campers Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Grade Level (Entering Fall 2025):** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Parents/ Guardians Name:** \_\_\_\_\_  
**Parents/ Guardians Cell:** \_\_\_\_\_ **Cell 2:** \_\_\_\_\_  
**Parent/ Guardian Email:** \_\_\_\_\_

**Emergency Contact:**  
Name: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_  
**The following people (in addition to the person listed above) are authorized to pick-up my child:**  
Pick-Up #1 Name: \_\_\_\_\_  
Pick-Up #1 Cell: \_\_\_\_\_  
Pick-Up #2 Name: \_\_\_\_\_  
Pick-Up #2 Cell: \_\_\_\_\_  
**Optional - Additional authorized pick ups**  
Pick-Up #3 Name: \_\_\_\_\_  
Pick-Up #3 Cell: \_\_\_\_\_  
Pick-Up #4 Name: \_\_\_\_\_  
Pick-up #4 Cell: \_\_\_\_\_  
Pick-Up #5 Name: \_\_\_\_\_  
Pick-Up #5 Cell: \_\_\_\_\_

**Please list allergies and/ or medications:**

**Is there anything else we should know about your child (Medical/Social Concerns)?**

**T-Shirt Size (circle one)**  
**YXS / YS / YM / YL / YXL**  
**AS / AM / AL / AXL / 2XL**

As the parent of the camper, I authorize my child to attend and participate in all prescribed YMCA camp activities I give the Program Director and any other designated camp staff to administer first aid in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscious effort will be made to locate me or my spouse before action is taken. I understand and accept that this expense will be my responsibility.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

**Check When Completed**  
**Registration Fee:** \_\_\_\_\_ **\$40** **Paid:** \_\_\_\_\_  
**T-Shirt Size:** \_\_\_\_\_