the YMCA
FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MONROEVILLE AREA YMCA
2018 SUMMER CAMP REGISTRATION

One Per Child

Campers Name: _____ **Age:**_____

Date of Birth: ___/___/___ **Grade Level (Entering Fall 2017):**_____ **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: _____$30_____ Paid: _____

T-Shirt: _____ Size: _____

Camp Bag: _____ Color:_____