



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MONROEVILLE AREA YMCA 2019 SUMMER CAMP REGISTRATION

One Per Child

Campers Name: _____ **Age:** _____
Date of Birth: ___/___/___ **Grade Level (Entering Fall 2019):** _____ **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:** _____