



We build strong kids, strong families, strong communities.

CORTLAND COUNTY FAMILY YMCA 2010 Summer Camp Registration Form

Contact Information

Child's Name _____ Birth Date _____ Age _____ M or F
 Parent/Guardian Name(s) _____ Home Phone _____ Work Phone _____
 Address _____ E-Mail _____
 City _____ State _____ Zip _____
 Alternate contact in event of emergency: Name _____ Phone _____

Release Information

Our staff is responsible for the safety of your child. We will only release children to those individuals who are approved in writing by you, the parent or guardian. You may change this list at any time.

Name _____ Phone _____ Relation _____
 Name _____ Phone _____ Relation _____

Health Information and Medical History

Medical or developmental conditions requiring special attention: _____
 Allergies (food or other): _____ Restricted activities: _____
 If medication is regularly taken, please specify drug and condition: _____
 Hearing/visual/dental conditions requiring special attention: _____
 If a special diet is required, please specify diet and condition: _____
 Immunization Records (Give Dates): DPT _____ Varicella _____ TB Screen *Positive Negative* HepB _____
 MMR _____ Polio _____ Hib _____ Pneumococcal _____
 (Immunization records are a necessary component of the registration sheet. Children will not be allowed to participate without them.)
 Name of Physician _____ Phone _____

Parental Authorization

I have provided the YMCA with all pertinent information to assist them in caring for my child. This medical history is correct, and my child has had a physical exam by a certified physician within the last year. In the event of an emergency, I hereby give permission to the Camp Director or designee to act for my child according to his/her best judgment where medical or surgical treatment is required. I accept responsibility for the costs of all medical care. I understand that the deposit fee is non-refundable and registration fees must be paid in full one-week prior to the start of camp. I hereby give permission for my child to take part in field trips, including bus transportation, off camp property under proper supervision. I consent and authorize the Cortland YMCA to use videos or photographs of my child for promotional use. Staff may apply sunscreen to my child as needed.

Parent/Guardian Signature _____ Date _____

<u>Check Sessions Attending</u>	<u>Amt Due</u>	<u>Amt Paid</u>	<u>Balance</u>
<input type="checkbox"/> Session 1: June 28-July 2.....	_____	_____	_____
<input type="checkbox"/> Session 2: July 5-9.....	_____	_____	_____
<input type="checkbox"/> Session 3: July 12-16.....	_____	_____	_____
<input type="checkbox"/> Session 4: July 19-23.....	_____	_____	_____
<input type="checkbox"/> Session 5: July 26-30.....	_____	_____	_____
<input type="checkbox"/> Session 6: August 2- 6.....	_____	_____	_____
<input type="checkbox"/> Session 7: August 9-13.....	_____	_____	_____
<input type="checkbox"/> Session 8: August 16-20	_____	_____	_____
<input type="checkbox"/> Session 9: August 23-27	_____	_____	_____

YMCA Jr. Camp Adventure

Return completed form and payment to:
Cortland County Family YMCA
22 Tompkins Street
Cortland, NY 13045

Note: If registering for a single session, payment must be made in full. Each additional session requires a \$25 non-refundable deposit. Balance must be paid two-weeks prior to the start of camp.

Please make checks payable to: **YMCA**