



Summer Camp 2024



Registration Form

Child's First Name: _____ Child's Last Name: _____ D.O.B: ____/____/____

Gender: M F Age: ____ Shirt Size: _____ Grade Going into: _____

AHAResident: Y N Home Address: _____

State: ____ Zip: _____ Full Time Day Camp (M-F): _____ Part Time Day Camp (MWF ONLY): _____

E-mail address: _____

Please Indicate the group your child would be in:

Skippers (First Grade) Runners (Third/Fourth Grade) CIT (Seventh/Eighth Grade)

Joggers (Second Grade) Sprinters (Fifth/Sixth Grade)

Mother's Name: _____ Mother's Cell #: (____) _____ - _____

Mother's Employer: _____ Mother's Work #: (____) _____ - _____

Father's Name: _____ Father's Cell #: (____) _____ - _____

Father's Employer: _____ Father's Work #: (____) _____ - _____

EMERGENCY CONTACT (NOT PARENTS):

Name: _____ Relationship _____ Phone #: (____) _____ - _____

PICK-UP:

List those who are allowed to pick up your child other than the parents listed and the emergency contact. Your child will not be allowed to leave with anyone not on this list.

Name: _____ Relationship _____ Phone #: (____) _____ - _____

Name: _____ Relationship _____ Phone #: (____) _____ - _____

Please list any relevant custody issues or person/s unable to pick-up your child:

Medical Information

Medication: _____ Dosage: _____ Time: _____

Allergies/Medical Concerns: _____ Insurance Company: _____

Policy Holder's Name: _____ Policy #: _____

***Please mark the weeks your child will be attending:**

Week 1 (June 10-14)

SE: Introduction/Pool week

Week 2 (June 17-21)

Water aerobics

FT: Safari Nation/Mini Golf

Week 3 (June 24-June 28)

Yoga week

FT: Zoo Trip

Week 4 (July 1-5)

Baseball/water Week

Community service projects

Week 5 (July 8-12)

Soccer Week.

FT: Homeland Creamery

Week 6 (July 15-19)

Basketball Week

FT: Dan Nicholas Park

Week 7 (July 22-26)

Aerobics week

FT: HP Pool (subject to change pool location)

Week 8 (July 29-Aug. 8)

Volleyball Week

FT: Sports Plex

Week 9 (Aug. 5-9)

Boot Camp **Week**

FT: HP Childrens Museum

Week 10 (Aug 12-16)

SE: "Party in the YMCA"

Water Week

Medical Release:

I hereby give permission for my child to participate in planned field trips and activities corresponding with the summer camp program. I agree not to hold the YMCA or its staff (professional or volunteer) responsible for injuries sustained by my child while participating in Camp. If I am not available in the event that my child needs medical attention, I hereby give my permission to the YMCA staff or any competent medical authority to render such attention. I accept full financial responsibility for any medical attention or treatment administered to my child in connection with the YMCA camp activities. I carry medical insurance on my child and will provide the YMCA with that information or I pay independently for medical treatment & care. I fully understand the inherent risks involved in activities my child will be choosing or has already chosen. I accept all risks including those activities preliminary and subsequent to the chosen activities.

Media Release:

I grant permission to Randolph-Asheboro YMCA, its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child while at Summer Camp for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium. I hereby release Randolph-Asheboro YMCA and its legal representatives from liability for any violation or claims relating to said images or video.

PG-13 Movie Release:

Our Summer Camp travels to the movie theaters for field trips. Each time we go to the movies the director looks at the options and chooses an age appropriate movie. Only the older groups would have the opportunity to see a PG-13 Movie. If a camper wishes to see a film that is rated PG-13, parent consent is required. By signing this I give consent for this camper to go to a PG-13 rated movie.

Policy for non-payment in Afterschool or Summer Camp program

Scanner and laptop will be used for parents to check out their participant with a key fob.

Staff will look at the screen and determine if a participant is behind payment for afterschool/ summer camp program. Staff will tell parents if their account is delinquent. Parents will have one (1) week to make past payment. If payment is not made, the child will be asked to not participate in the program until payments are correct.

No child can come and participate in any program until past fees are paid and an additional \$50.00 will be added to payment if the child is pulled from the program due to delinquent account and re-entered into any program of the YMCA.

Parent/Guardian Signature: _____ Date: ____/____/____