



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Penobscot Bay YMCA 2022 SUMMER CAMP REGISTRATION FORM

What camp is your child attending?

- Discovery Camp (DC): Ages 4-6
- Snow Bowl Camp (SBC): Ages 7-10
- Before Care (BC)
- Camp Wonder (CW): Ages 7-10
- Adventure Camp (ADV): Ages 11-13
- After Care (AC)

Please check and indicate what weeks of camp will your child be attending by using the abbreviations listed above. Please also indicate if your child is in need of Before or After Care for those weeks.

- Week 1 (6/21-24) _____
- Week 2 (6/27-7/1) _____
- Week 3 (7/5-8) _____
- Week 4 (7/11-15) _____
- Week 5 (7/18-22) _____
- Week 6 (7/25-29) _____
- Week 7 (8/1-5) _____
- Week 8 (8/8-12) _____
- Week 9 (8/15-19) _____

CAMPER'S NAME: _____ Birth date: ____/____/____

Street/PO Box: _____ Home Phone: _____

Town/City: _____ State: _____ Zip Code: _____

Camper's T-Shirt Size: Youth Small Youth Medium Youth Large Youth X-Large
 Adult Small Adult Medium Adult Large Adult X-Large

PARENT/GUARDIAN #1 NAME: _____

Address: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Email: _____

What is the best way to reach Parent/Guardian #1? _____

Send all email communication to Parent/Guardian #1? Yes No

PARENT/GUARDIAN #2 NAME: _____

Address: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____ Email: _____

What is the best way to reach Parent/Guardian #2? _____

Send all email communication to Parent/Guardian #2? Yes No

If we should need to call during the time your child is in our care, which parent/guardian should we try to contact first? _____

EMERGENCY CONTACTS (in case a parent/guardian as listed above cannot be reached):

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Names of persons who are permitted to remove the child from the program:

1. _____ 2. _____ 3. _____

***PLEASE NOTE:** We must be able to contact someone on this form at any time your child is in our care. Please inform us in writing if any of your contact information changes or if you wish to add or remove anyone from the pick-up list.

Name of Physician: _____ Phone: _____

Address: _____

Health Insurance Carrier: _____ ID #: _____ Group #: _____

I hereby give my consent, in the event of a medical emergency when I cannot be contacted, for Y staff to obtain whatever treatment may be deemed necessary for:

_____ / ____ / ____

Your child's name

Date of birth

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department. I hereby give my authorization for emergency medical treatment as outlined above.

Date of last tetanus shot: ____ / ____ / ____

Does your child self-administer any medications such as an inhaler or epi-pen? Please list any medication your child will be taking at camp All medication given to camp director and must come in original bottle with the name of child, medication, dosage, and doctor's name.

Please list any medication your child will be taking at camp. All medication must be given to the Camp Director and come in original bottle with the name of child, medication, dosage, and doctor's name.

CAMPER MEDICAL HISTORY (Please check all that apply)

- | | | |
|--------------------------------------|--------------------------------------|-------------------------------------|
| <input type="radio"/> Asthma | <input type="radio"/> Hypertension | <input type="radio"/> Epilepsy |
| <input type="radio"/> German measles | <input type="radio"/> Whooping cough | <input type="radio"/> Mononucleosis |
| <input type="radio"/> Measles | <input type="radio"/> Scarlet fever | <input type="radio"/> Diabetes |
| <input type="radio"/> Heart disease | <input type="radio"/> Convulsions | <input type="radio"/> Other _____ |

ALLERGIES (Please check all that apply)

- | | | |
|-----------------------------------|---|--|
| <input type="radio"/> Animals | <input type="radio"/> Serious ivy, oak, sumac | <input type="radio"/> Insect bites, stings |
| <input type="radio"/> Penicillin | <input type="radio"/> Foods | <input type="radio"/> Medications |
| <input type="radio"/> Other _____ | | |

Does your child have any medical conditions we should be aware of? Also include anything about your child's health that will help the YMCA staff to better understand and work with your child, such as hearing/vision problems, physical needs or behavioral issues (Please attach letter if necessary).

Disabilities or Physical Restrictions: Please describe any disabilities or physical restrictions of which you want us to be aware and any reasonable adaptations or accommodations that are requested:

To ensure we can best serve your child, please answer the following questions:

Does your child have an IEP? No Yes If yes, please explain:

Is your child attending therapy? No Yes If yes, please explain:

Is there anything we should know about your child to ensure their success in our program?

CONSENT AND AUTHORIZATION

I approve of my child using his/her own:

Bug Spray No Yes **Sun Screen** No Yes

Parent/Guardian Initials: _____

Penobscot Bay YMCA
PO Box 840
116 Union Street
Rockport, Maine 04856
Benjie Blake, Camp Director
207.236.3375
bblake@penbayymca.org
www.penbayymca.org

