

# Camp YUMKA REGISTRATION FORM

Camper's Name: \_\_\_\_\_ (A separate registration form must be filled out for each child)

Shirt Size (circle): Youth - S M L Adult - S M L XL Please circle the weeks you are registering for.

		Wk 1 June 14 - 18	Wk 2 June 21 - 25	Wk 3 June 28 - July 2	Wk 4 July 5 - 9	Wk 5 July 12 - 16	Wk 6 July 19 - 23	Wk 7 July 26 - 30	Wk 8 Aug 2 - 6	Wk 9 Aug 9 - 13	Wk 10 Aug 16 - 20	Wk 11 Aug 23 - 27	\$ Total
<b>DAY CAMPS AT MILL GROVE</b>													
30DC-MOHAWK	MOHAWK <i>Ages 5<sup>1/2</sup> - 6</i>		2	3	4	5	6	7	8	9	10	11	
30DC-ONEIDA	ONEIDA <i>Ages 7 &amp; 8</i>		2	3	4	5	6	7	8	9	10	11	
30DC-CAYUGA	CAYUGA <i>Ages 9 &amp; 10</i>		2	3	4	5	6	7	8	9	10	11	
30DC-SENECA	SENECA <i>Ages 11 &amp; 12</i>		2	3	4	5	6	7	8	9	10	11	
30DC-COLONI	COLONIAL CAMP			3									
30DC-DAYHIK	DAY HIKER							7					
30DC-TRAILI	TRAILING ALONG				4								
30DC-ROLLIN	ROLLING ALONG					4							
30DC-OUTDOO	THE GREAT OUTDOORS							6					
30DC-TENTSU	TENT'S UP								7	8	9		
30DC-CASTAW	YUMKA CASTAWAYS				3 & 4								
30DC-CASTIR	CAST IRON CHEFS				4						10		
30DC-HIDEAN	HIDE AND SEEK					5				9			
30DC-NATURE	NATURE NUTS		2		4				8				
30DC-GREENY	GREEN Y NATION							7		9			
30DC-WATERW	WATERWORKS					5							
30DC-SLEEPA	DAY & AWAY								8 & 9				
<b>TEENS ONLY CAMPS</b>													
30DC-CITSXX	CIT'S		2	3	4	5	6	7	8	9	10	11	
30DC-YMTVXX	YMTV (2 wks)			3 & 4									
30DC-MEDIAM	MEDIA MANICS (2 wks)								8 & 9				
30DC-TRIPPI	TRIPPIN' FOR TEENS				4	5	6	7					
30DC-TEENLE	TEEN LEADERS <i>Ages 13 &amp; up</i>		2	3	4	5	6	7	8	9	10	11	
<b>AUDUBON CAMPS</b>													
30DC-CLUBYU	CLUB YUMKA		2		4		6		8		10		
30DC-CSI	CAMP YUMKA CSI				4			7					
30DC-SLIMYS	SLIMY SCIENCE			3									
30DC-EXPLOR	EXPLORE, EXPERIMENT, BUILD					5							
30DC-DESIGN	DESIGN & BUILD						6						
30DC-STORYB	STORYBOOK ART (2 wks)			3 & 4					8 & 9				
30DC-BROADW	BROADWAY BASICS (2 wks)					5 & 6							
30DC-YCRATF	CRAFTY KIDS <i>Ages 8 - 10</i>		2		4		6		8		10		
30DC-TCRAFT	CRAFTY KIDS <i>Ages 11 - 14</i>			3		5		7		9			
<b>Sports Camps</b>													
30DC-SOCCER	SOCCER			3									
30DC-BASEBA	BASEBALL/SOFTBALL									9			
30DC-COURTS	COURT SPORTS						6						
30DC-FIELDS	FIELD SPORTS				4								
30DC-BASKET	BASKETBALL		2			5							
30DC-HIKESP	HIKE, SPIKE & KICK								8				
30DC-FLAGFO	FLAG FOOTBALL/ POWDER PUFF										10		
30DC-COMBOX	MIXED UP SPORTS COMBO											11	
30DC-ALTERN	ALTERNATIVE SPORTS							7					
30DC-STEPPI	<b>STEPPING STONES PRESCHOOL CAMP</b>	1	2	3	4	5	6	7	8	9	10	11	
	AM Care	1	2	3	4	5	6	7	8	9	10	11	
	PM Care	1	2	3	4	5	6	7	8	9	10	11	
										Program Member Fee			
										Total Program Fee			
										Deposit/Amt. Paid			
										Balance Due			

# Camp YUMKA Emergency Contact Form

(Required for every camper)

**CAMPER'S NAME:** \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age by 6/15/09: \_\_\_\_\_ M or F  
I have a current: (check one)  Y Family Membership  Y Youth Membership  Y Program Membership  
I need to purchase a:  Y Program Membership (\$40/child)  
Camper's Address, City, State, Zip : \_\_\_\_\_

**MOTHER'S NAME/LEGAL GUARDIAN:** \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_ Zip: \_\_\_\_\_

**FATHER'S NAME/LEGAL GUARDIAN:** \_\_\_\_\_ e-mail: \_\_\_\_\_  
Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

**EMERGENCY CONTACT PERSON(S)**

Name: \_\_\_\_\_ Phone number when child is in care: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name: \_\_\_\_\_ Phone number when child is in care: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PERSON(S) TO WHOM CHILD MAY BE RELEASED:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Check box if there is a custody agreement. *If box is checked, please provide a copy with your registration form.*

**CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER:** \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Child's Health Insurance/Medical Assistance Benefits: \_\_\_\_\_ Policy #(required): \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Special Disabilities (if any): \_\_\_\_\_ Medication, Special Conditions: \_\_\_\_\_  
Allergies (including medication reaction): \_\_\_\_\_  
Emergency Medical/Dietary Information: \_\_\_\_\_  
Additional information on special needs of child: \_\_\_\_\_  
 Check box if a severe allergy action plan is required. *If box is checked, please provide a copy with your registration form.*  
*Attach additional medical information as needed*

**AUTHORIZATION FOR EMERGENCY HOSPITAL OR MEDICAL TREATMENT**

In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize Freedom Valley YMCA to send my child to the nearest hospital. I agree to meet the counselor at the hospital as soon as possible after being notified. I understand that I must bear all expenses involved, including those incurred to transport my child to the hospital. In the event of a minor injury, I authorize Freedom Valley YMCA to administer minor First Aid to my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to Child: \_\_\_\_\_

**PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE CONSENT:**

Walks & Trips: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Transportation by the Facility: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Swimming: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Wading: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- 1). The YMCA may use photographs of the day camp in which my child may appear for publicity or promotions.
- 2). I have read the policies in this brochure and understand them:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_