



2022 Summer Day Camp Daily Registration Form

Camper Information:

First Name: _____ Last Name _____ Date of Birth: ____/____/____

Parent/Guardian #1:

Relationship to Camper: Mother Father Other: _____

First Name: _____ Last Name: _____

Primary Day Time Phone: _____ Secondary Phone: _____

Email Address: _____

Street Address: _____ City: _____ State/Zip: _____

Parent/Guardian #2:

Relationship to Camper: Mother Father Other: _____

First Name: _____ Last Name: _____

Primary Day Time Phone: _____ Secondary Phone: _____

Email Address: _____

Street Address: _____ City: _____ State/Zip: _____

Emergency Contacts & Authorized Pick-Up Persons (In addition to parents and guardians)

*Use this area to list individual(s) we may contact in an emergency and that you authorize to pick-up your camper if you are unable to do so. These persons **MUST** be 18 years of age or older. We will request a photo ID from anyone we do not recognize. **If their name is not on this list your child will not be allowed to leave the YMCA with them.**

1) Name: _____ 2) Name: _____
Phone: _____ Phone: _____

3) Name: _____ 4) Name: _____
Phone: _____ Phone: _____

YMCA Members Only:

Complete below only if your child is ten or older, a Y member, and may sign themselves in and out of camp each day. By completing the information below you are acknowledging that your child may sign in and out of camp every day and that camp staff are not responsible before they sign in or after they sign out. They cannot sign in before 8:50 am unless they are registered for pre-camp. They must sign out by 4:00 pm unless they are registered for post-camp.

My child, _____, is at least ten years old and a Y member. I give them permission to sign themselves in and out of camp each day.

_____ Parent Initials



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My child will attend the following sessions of summer day camp:

<input type="checkbox"/> Week 1 May 31-June 3	9:00 am-4:00 pm	PRE-CAMP 7:30-9am <input type="checkbox"/>	POST-CAMP 4-5:30pm <input type="checkbox"/>
		<input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> F
<input type="checkbox"/> Week 2 June 6-10	9:00 am-4:00 pm	PRE-CAMP 7:30-9am <input type="checkbox"/>	POST-CAMP 4-5:30pm <input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> F
<input type="checkbox"/> Week 3 June 13-17	9:00 am-4:00 pm	PRE-CAMP 7:30-9am <input type="checkbox"/>	POST-CAMP 4-5:30pm <input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> F
<input type="checkbox"/> Week 4 June 20-24	9:00 am-4:00 pm	PRE-CAMP 7:30-9am <input type="checkbox"/>	POST-CAMP 4-5:30pm <input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> F
<input type="checkbox"/> Week 5 June 27-July 1	9:00 am-4:00 pm	PRE-CAMP 7:30-9am <input type="checkbox"/>	POST-CAMP 4-5:30pm <input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> F
<input type="checkbox"/> Week 6 July 5-8	9:00 am-4:00 pm	PRE-CAMP 7:30-9am <input type="checkbox"/>	POST-CAMP 4-5:30pm <input type="checkbox"/>
		<input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> F
<input type="checkbox"/> Week 7 July 11-15	9:00 am-4:00 pm	PRE-CAMP 7:30-9am <input type="checkbox"/>	POST-CAMP 4-5:30pm <input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> F
<input type="checkbox"/> Week 8 July 18-22	9:00 am-4:00 pm	PRE-CAMP 7:30-9am <input type="checkbox"/>	POST-CAMP 4-5:30pm <input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> F
<input type="checkbox"/> Week 9 July 25-29	9:00 am-4:00 pm	PRE-CAMP 7:30-9am <input type="checkbox"/>	POST-CAMP 4-5:30pm <input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> F
<input type="checkbox"/> Week 10 August 1-5	9:00 am-4:00 pm	PRE-CAMP 7:30-9am <input type="checkbox"/>	POST-CAMP 4-5:30pm <input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> F
<input type="checkbox"/> Week 11 August 8-12	9:00 am-4:00 pm	PRE-CAMP 7:30-9am <input type="checkbox"/>	POST-CAMP 4-5:30pm <input type="checkbox"/>
		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> F

Program Fees:

Member: \$35 per day
Program Participant: \$45 per day

*\$2.00 discount for each additional child per day

Pre- and Post-Camp Fees:

Pre and Post camp fees are included in the registration fees for daily registrations.

However, you must select whether or not your child will be attending during those times.

Lunch (Provided by Summer Feeding Program)

Yes, my child will need lunch.
 No, my child will not need lunch.

*Lunch will be provided Mon-Wed for anyone who needs it. You will be required to send a packed lunch every Friday.

Helpful Information about the YMCA Summer Day Camp Program:

- Daily Campers will need to register for lunches if they will need one. Lunches will be provided Monday-Wednesday. Campers will have to pack a lunch on Fridays.
- Students will be swimming here at the Y, so please be sure to send all necessary items with your child. Your child will have to be approved by a YMCA lifeguard in order to swim without a life jacket, or to swim in water deeper than their height when standing. This testing will take place during the camp day.
- Please send your child with snacks EVERY DAY. Snacks are not provided by the YMCA. We have designated times each day for the campers to eat snacks.
- DAILY REGISTRATIONS ARE EXCLUDED FROM FIELD TRIPS.
- YMCA Summer Camp Program will be using the REMIND App for all daily communication and updates. Please plan to participate in this system via the app, e-mail, or text messaging. The class code is @ysummer22.
- Participants must be registered by 5:00pm the Sunday before the start of the week.
- Payments must be received by Monday morning at drop off.

HARDIN COUTNY FAMILY YMCA

918 W Franklin ST Kenton, OH 43326

P 419-673-6131 F 419-675-3492 W hardincoyymca.net



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Child's Name: _____

Medical/Health Information

Disability or chronic/recurring illness: _____

Allergies: _____

Medications child is currently taking: _____

Is your child up to date on all immunizations? Yes No

If no, which immunizations are they missing? _____

Does your child have any special needs requiring an accommodation? _____

AUTHORIZATION TO PARTICIPATE:

Yes No I give my child, _____, permission to swim or otherwise participate in water activities in bodies of water two or more feet in depth. During any scheduled swimming activity, a certified lifeguard will be on duty. *All campers who cannot touch the bottom of the YMCA swimming pool or who do not take and pass the swim test to swim in the deep end will be required to wear a lifejacket while swimming with day camp. The YMCA will provide this equipment.*

Yes No I would like my child to swim in shallow water only. *I understand that if my child cannot touch the bottom of pool in shallow water, they will be required to wear a lifejacket while swimming with day camp. The YMCA will provide this equipment.*

By registering for summer camp, you agree to all of the following regarding your child's participation:

I give my permission for my child to participate in all trips or excursions away from the program site. I understand that transportation for these trips or excursions may be by public transportation, walking, or leased bus.

I give my permission for my child to use all of the equipment and participate in all activities of the program. I give this permission understanding that the nature of some activities may carry the risk of injury and no matter how careful camp counselors or campers are, the risk cannot be eliminated.

I do hereby consent and authorize the Hardin County Family YMCA staff to take any action, including the use of emergency medical transportation, medical services, and hospital facilities as they deem appropriate in the event my child should become ill or otherwise injured under the care of the Hardin County Family YMCA.

I understand that medical expenses resulting from any illness or injury my child may incur while attending this YMCA program are my responsibility. I understand that the Hardin County Family YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.

I agree to sign my child in and out of camp each day. I understand that the Hardin County Family YMCA will not assume responsibility for a child who has not been signed in when he/she arrives for the day. I understand that only those people designated by me on this form may pick up my child from camp and that I or the person picking up my child must sign out each afternoon and may be requested to show identification. Children age nine and older who are Y members may sign themselves in/out of camp, provided you specifically permit this the first page of this form.

I give my permission for my child to be included in evaluations, pictures, and videos associated with the program including those which may be used for marketing the program.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian