



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

<b>Ages</b>	5-12
<b>Fee</b>	\$25/Y-Members   \$35/Community Participants
<b>Scholarship Deadline</b>	October 14 (Financial Assistance)

# Parkway Family YMCA Teacher Planning Day Camp: October 22nd



### CAMPER INFORMATION

Camper's Full Name \_\_\_\_\_

Gender:  Male  Female      Age \_\_\_\_\_      Grade \_\_\_\_\_      Date of Birth \_\_\_\_\_

Primary Guardian Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Family Email\* \_\_\_\_\_

*(\*Please be sure this email address is valid. You will receive correspondence to this email.)*

Second Guardian Name \_\_\_\_\_

Second Guardian Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Family Status \_\_\_\_\_ Custody \_\_\_\_\_

List Any Known Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

### FAMILY AND AUTHORIZED PICK UP INFORMATION

*Include extension, cell phone, pager, or beeper numbers that will help us reach you in case of an emergency!*

Unless presented with court authorized documents, both parents are assumed to have permission to pick up your child. Please list parents as well as other adults (18 and older) who have your permission to pick up your child from this program. The YMCA will not release your child to anyone other than those listed below unless notified in writing by a parent.

Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_

I also understand that fee's are non-refundable, except for medical reasons accompanied by a doctor's note give consent for my child's full participation in all day camp activities and hereby do release the Capital Region YMCA its officers, employees, volunteers, and representatives from all liability deriving.

Signature \_\_\_\_\_ Date \_\_\_\_\_