2018 DARIEN YMCA EMERGENCY FORM

Name: _____ Date of Birth: _____ Sex: _____ Grade Completed _____

Address: _____ Town: _____ Zip Code: _____ Phone: _____

Mother's Name: _____ Business Address: _____ Phone: _____

Father's Name: _____ Business Address: _____ Phone: _____

Who does your child live with? ___ Mom ___ Dad ___ Both E-Mail Address _____
please print clearly

In the event of an emergency please notify the following:

Name: _____ Day Phone: _____ Eve Phone: _____ Cell Phone: _____

Name: _____ Day Phone: _____ Eve Phone: _____ Cell Phone: _____

Does camper have: [ ] Asthma [ ] Diabetes [ ] Seizures [ ] Other
Is the camper allergic to: [ ] Medication [ ] Bees [ ] Food [ ] Other

If you checked any of the above, please explain: _____

Will your child require medication at camp? [ ] Yes [ ] No If yes, please see the Administration of Medication form. **No medication can be administered without this form.**

Is your child assisted by a special needs paraprofessional at school? [ ] Yes [ ] No If so, please contact Terri Accomando, Special Needs Director at (203) 655-8228 ext. 1351 before May 1 to secure a paraprofessional for the time your child attends camp.

Please provide us with any information you feel is important for us to know about your child: _____

_____

PARTICIPATION AGREEMENT

- By enrolling my child in the Darien YMCA Program, I grant permission for him/her to participate in all of the activities of the program except where medical restrictions apply.
- I agree to all YMCA policies and procedures that are stated in the Summer Camp Handbook that will be available to all parents.
- The Darien YMCA will not assume responsibility for a child until the staff member has acquired supervision of your child at the Darien YMCA program facility
- I grant permission for my child to leave the Darien YMCA facility with adequate supervision of a staff member and/or parent volunteers for field trips. All field trips will be posted online at the start of camp and reminders will be sent home weekly.
- I grant permission for any photographs of my child, connected with the Darien YMCA programs, to be used for program publicity.
- I hereby grant permission for the staff to take whatever steps necessary to obtain medical care for my child if warranted. These steps include the following: (1) To administer First Aid; (2) To contact parent/guardian or person listed on emergency contact. If the parent or emergency contact can not be contacted, we will contact the child's physician. If the child's physician is not available, we will contact our consulting physician. If necessary, Post 53 of Darien will be called to transport the child to an emergency medical center.

_____ _____
Signature of Parent/ Guardian Date

According to state law, we must have written permission for a child to leave the YMCA program with anyone other than his/her parent/guardian. Please list those persons who might be picking up your child.

Remember: a written note is required at the time the child is dropped off even if person's name is listed below.

1. _____ 2._____ 3. _____

Check desired session(s) **___ Session 1 (6/18 – 6/29)** **___ Session 2 (7/2 – 7/13)** **___ Session 3 (7/16 – 7/27)** **___Session 4 (7/30– 8/10)**

__ HH 5 AM __ HH 5 PM __ HH 3 AM __ HH 3 PM __ HH 5 AD __ SFC AM
__ SFC PM __ SFC 3 AM __ SFC All Day __ SUPER __ EXPLORER __ ADVENTURE
__ PIONEERS __ CIT __ GYMNASTICS __ SPEC. NEEDS SWIM & SAIL
__ MORNING NAVIGATORS __ AFTERNOON NAVIGATORS

Friend Request: Please list max. 2 campers that you'd like your child to be placed in the same group with. Please note: This is a request only, not a guarantee. We will do our best to accommodate. _____ _____