VACATION CAMP REGISTRATION FORM

Fill out one registration form to be used for the whole 2018– 2019 school year

You will still be required to register at the front desk for each individual vacation days.

Child's Name _____ Grade _____

Home Phone # _____ Address _____

Mother's Name _____ Work Phone # _____

Father's Name _____ Work Phone # _____

Any known allergies _____

*If your child requires medication, you must provide us with an Authorization of Medication form signed by the Dr. and the Parent/Guardian. All medicine must be in the original container with the prescription label.

Emergency Contact:

1. _____ Day Phone _____ Eve Phone_____
2. _____ Day Phone _____ Eve Phone _____

ALL PARTICIPANTS MUST HAVE A MEDICAL FORM ON FILE AT THE YMCA

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.
- 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.
- 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.

Parent/ Guardian Signature_____ Date _____

MEDICAL FORM MUST BE ON FILE FOR EACH CHILD!