2020 DARIEN YMCA CAMP FORM

Please print clearly. One form is required for each camper. Complete in full and sign.

Campers Name	DOB	Sex	Grade Completed

Street Address	City	State	Zip

Parent/Guardian 1 (authorized pick up)	Parent/Guardian 2 (authorized pick up)
Cell Phone	Cell Phone
Work Phone	Work Phone
Parent/Guardian DOB	Parent/ Guardian DOB
Parent/ Guardian 1 Email (all camp updates- Print clearly)	Parent/ Guardian 1 Email (all camp updates- Print clearly)
Parental Custody/ Special Arrangements (please list here)	

ADDITIONAL AUTHORIZED PICKUP AND EMERGENCY CONTACTS

In addition to parent/guardians, those listed below will be authorized to pick up the child identified on this registration form. In the event an individual needs to pick up your child that is not on the list, please call or email the camp director stating the name, relationship and telephone numbers applicable of the individual picking up that day. Campers will not be released at any time to any individual that is not listed below. If you have a babysitter, grandparent, or other person who will pick up on a regular basis, you may send in one note at the start of camp authorizing them to do pick up. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited or restricted visitation by court order, a copy of the order must be given to the YMCA and kept on file at the camp site.

Name	Relationship	Cell #	Home/Work #
Address	City/State	DOB	Email
Name	Relationship	Cell #	Home/Work #
Address	City/State	DOB	Email

Does your child have:		Asthma		Diabetes		Seizure		Other
Is your camper allergic to:		Food		Bees		Medication		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.**

Does your child receive special services or support at school? ( ) Yes ( ) No
If so, please contact Suzanne Richards, Director of Youth Development & Special Needs Programs at srichards@darien-ymca.org to discuss whether your child will need additional support at camp.

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 Parent Manual that is available to all parents. I understand that my child must comply with the camp's rules and standards of conduct and that if positive outcomes cannot be achieved the camp reserves the right to suspend or terminate my child from the program if he/she does not comply with our standards.
- 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 are posted online at the start of camp and reminders are sent home weekly.
- I grant permission for any photograph 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 cannot 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

OFFICE USE ONLY

	HH 5 Day AM		HH 3 Day AM		HH 3 Day PM		HH 5 Day All Day
	SFC 5 Day AM		SFC 3 Day AM		SFC 5 Day All Day		Super Camp
	Explorer Camp		Adventure Camp		Pioneers		Gymnastics Camp
	Afternoon Navigators		CIT		Innovative Vocations (special needs)		Swim & Sail Camp (special needs)

	Week 1	June 22 – June 26
	Week 2	June 29 – July 3
	Week 3	July 6 – July 10
	Week 4	July 13 – July 17
	Week 5	July 20 – July 24
	Week 6	July 27 – July 31
	Week 7	August 3 – August 7
	Week 8	August 10 – August 14

Physical Forms and Authorization of Medication forms must be returned to the Darien YMCA at 2420 Post Road, Darien, CT 06820 Attn: Camp
or can be email to srichards@darien-ymca.org prior to the start of camp.