

2023 DARIEN YMCA CAMP FORM

Complete, print then sign in pen. One form is required for each camper. Complete in full and return.

Campers Name	DOB	Sex	Grade Completing in June	
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		Parent/ Guardian 1 Email		
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:	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure	<input type="checkbox"/> Other
Is your camper allergic to:	<input type="checkbox"/> Food	<input type="checkbox"/> Bees	<input type="checkbox"/> Medication	<input type="checkbox"/> 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 John Novak, Youth Development Director- School Age Programs at jnovak@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 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 19 – June 23
Week 2	June 26 – June 30
Week 3	July 3 – July 7 (closed July 4 th)
Week 4	July 10 – July 14
Week 5	July 17 – July 21
Week 6	July 24 – July 28
Week 7	July 31 – August 4
Week 8	August 7 – August 11

**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 jnoval@darien-ymca.org prior to the start of camp.**