

2024 DARIEN YMCA CAMP FORM

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

Camper's 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:	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 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 17 – June 21
	Week 2	June 24 – June 28
	Week 3	July 1 – July 5 (Closed July 4 th)
	Week 4	July 8 – July 12
	Week 5	July 15 – July 19
	Week 6	July 22 – July 26
	Week 7	July 29 – August 2
	Week 8	August 5 – August 9
	Week 9*	August 12 – August 16

**Week 9 available for Preschool and School-Age only.*

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