

RCT #: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Child Care receipt required

### Day Camps/Program Registration Form

PARTICIPANTS NAME: \_\_\_\_\_

BIRTHDAY: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE NUMBERS: DAY ( ) \_\_\_\_\_ EVENING ( ) \_\_\_\_\_

ALTERNATIVE CONTACT NAMES: \_\_\_\_\_

ALTERNATIVE CONTACT NUMBERS: \_\_\_\_\_

\*\*\*\*\*MEDICAL HISTORY\*\*\*\*\*

**CURRENT MEDICAL HISTORY**

\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

PREVIOUS INJURIES: \_\_\_\_\_ OTHER CONDITIONS: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOSPITALIZATION NUMBER: \_\_\_\_\_

The YMCA no longer uses the "password" plan to release your child to authorized, or unauthorized, adults at the conclusion of camp. We now require you to list all appointed individuals that may pick up your child from camp in your absence. Listed people are the only people your child may leave with. Photo ID is also required.

Email address: \_\_\_\_\_

Please check if we can e-mail future camp information to you

