



Family YMCA of Fayette County - 2024 K-8th Grade Summer Day Camp

Weekly Registration Fees: \$125/Member, \$150/non-Member **lunch is NOT provided**

Add \$75 for each additional member child in same family, \$100 for non-members

Primary Parent/Guardian's Information Mother Father Other _____

Primary Parent/Guardian's Name	Date of Birth	Gender
Home Address	City/State/Zip	Cell Phone Number
Employer Name	Work Phone Number	Email Address
Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Phone Call at Work <input type="checkbox"/> Phone Call on Cell <input type="checkbox"/> Any		

Secondary Parent/Guardian's Information Mother Father Other _____

Secondary Parent/Guardian's Name	Date of Birth	Gender
Home Address	City/State/Zip	Cell Phone Number
Employer Name	Work Phone Number	Email Address
Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Phone Call at Work <input type="checkbox"/> Phone Call on Cell <input type="checkbox"/> Any		

Additional Authorized Pick Up (other than primary and secondary parents/guardians)

Name	Phone Number	Relationship to Child
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Arrival and Dismissal Options (Camp is scheduled from 9am-4pm. An extended care program is available at no extra cost in the mornings from 7:00am-9am, and in the evenings from 4pm-5pm.)

My child will be using the extended care program for: <input type="checkbox"/> morning <input type="checkbox"/> evening
Optional for children 10 years and older: <input type="checkbox"/> I give permission for my child to sign-out from the program at 4pm.

How did you hear about the Y's Summer Day Camp?

<input type="checkbox"/> Y Website <input type="checkbox"/> Friend's Facebook <input type="checkbox"/> Y's Facebook <input type="checkbox"/> School <input type="checkbox"/> Y's Mobile App Notification
<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Email from the Y <input type="checkbox"/> Signs in the Y <input type="checkbox"/> Other _____

Child's Information

Child's Name	Date of Birth
School Attended	Grade in Fall 2024
Gender	
Does the child suffer from any medical, physical, emotional, or behavioral conditions which might affect his/her safety while at camp? (If yes, please explain)	
Is the child allergic to any foods, medications, or insect stings? (If yes, please explain)	
<input type="checkbox"/> I am registering more than one child in my family (If yes, please complete their information on the back page)	

Which session(s) would you like to sign your child(ren) up for?

<input type="checkbox"/> All Summer 5/27-8/09 <input type="checkbox"/> 5/27-5/31 <input type="checkbox"/> 6/03-6/07 <input type="checkbox"/> 6/10-6/14 <input type="checkbox"/> 6/17-6/21 <input type="checkbox"/> 6/24-6/28 <input type="checkbox"/> 7/01-7/05
<input type="checkbox"/> 7/08-7/12 <input type="checkbox"/> 7/15-7/19 <input type="checkbox"/> 7/22-7/26 <input type="checkbox"/> 7/29-8/02 <input type="checkbox"/> 8/05-8/09

I understand that the Y assumes no responsibility for injuries or illnesses which any member of my family may sustain as a result of physical condition or resulting from participation in any athletic activities, sports programs, the use of any equipment, exercise, or any other activities or programs. I acknowledge that my family or I accept the responsibility of utilizing the YMCA and will not hold the YMCA liable for any disease, virus, or health related illness that I may sustain as a result of my participation. This includes but not limited to: communicable diseases, viruses, influenza, COVID-19, or any other pathogenic illness. I agree to abide by the rules and policies of the Y as stated in the Y's Membership Policies Packet. For my child's participation in activities to be conducted by the Y or any of its collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of video film or footage of my child, sound track recordings of my child, photo reproductions of my child, or any narrative account of my child's experience. I approve of the transportation of my child to each of the field trip sites. I understand that by completing and signing this waiver, I have read and understood the listed above guidelines, and have received a copy of the Membership Policies Packet if I requested one.

Primary Parent/Guardian Signature _____

Date _____

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