



## YMCA CAMP SPAULDING REGISTRATION FORM 2019

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in the Fall: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### PARENT/GUARDIAN INFO

### PARENT/GUARDIAN INFO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone: (     ) -     -

Second Phone: (     ) -     -

Email Address: \_\_\_\_\_@\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone: (     ) -     -

Second Phone: (     ) -     -

Email Address: \_\_\_\_\_@\_\_\_\_\_

### CAMPER BACKGROUND

Please tell us about your child (Likes, Dislikes, Demeanor, what he/she excels at, what challenges he/she faces). Any information you feel would help us work with your child.

Please tell us what kind of authority your camper responds to?

### CAMP SESSIONS

Please select your top choices of session you would like to attend, 1st and 2nd choice.

2 Week Traditional Camp

Session 1 (6/23- 7/6) \_\_\_\_\_ Session 2 (7/7-7/20) \_\_\_\_\_ Session 3 (7/21-8/3) \_\_\_\_\_ Session 4 (8/4-8/17) \_\_\_\_\_

1 Week Rite of Passage Camp

Session A (6/23-6/29) \_\_\_\_\_ Session B (6/30-7/6) \_\_\_\_\_

## NON- PARENT/ GUARDIAN EMERGENCY CONTACT INFO

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (     ) -     -

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (     ) -     -

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (     ) -     -

## CHILD'S CUSTODY

**WHO HAS LEGAL CUSTODY OF THE CHILD:**

**WHO DOES THE CHILD LIVE WITH:**

**IS THERE ANYONE NOT ALLOWED TO SEE THE CHILD**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERMISSION TO PARTICIPATE

Please check any of the following activities your camper has your permission to participate in (if he/she meets the age requirement). This does not guarantee participation in these activities, just permission.

- Water activities on the pool    
  Water activities on the river    
  Woodshop    
  Archery  
 Horseback Riding    
  Low Ropes/Climbing Tower (10+)    
  High Ropes (12+)

By checking the boxes above, I am giving permission for my child to participate in those activities.

## MEDICAL INFORMATION REQUIREMENTS

Camp Spaulding uses an online medical database called CampDoc to take information. You will receive an email at the address provided on the pervious page. If you do not have an email address, please fill out the following medical form.

We will need the following documentation whether you have an email or not:

- Most recent Physical (no older than 2 years from June 2017)
- Immunization Record
- Medical Insurance card for child

By signing this final box, I certify that I understand the information above and that it is accurate to the best of my knowledge. I also understand that the YMCA will make decisions based on the information here.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_