



## Hodding Carter Memorial Summer Camp 2023

YMCA Member \_\_\_\_\_ YMCA Non-Member \_\_\_\_\_

**Session 1**  
May 30, 31 & June 1  
June 5,6,& 7  
June 12,13 & 14  
\*30 campers per session

9am-12pm  
K-5th Grade  
\$120 non- members per session \$95 members per session

**Session 2**  
July 10, 11,12th  
July 17,18 & 19th  
July 24, 25 & 26<sup>th</sup>  
\*30 campers per session

My child will be attending Session 1: \_\_\_\_\_

My child will be attending Session 2: \_\_\_\_\_

### CHILD'S INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

(Circle one) Male or Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Fall 2023: \_\_\_\_\_ School: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Mailing Address if not the same: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### 2<sup>ND</sup> PARENT/GUARDIAN INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Mailing Address if not the same: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**OTHER INFORMATION:**

Are there any activities that he/she should be restricted from?

\_\_\_\_\_

Do you give permission to administer a non-aspirin pain reliever if needed?

\_\_\_\_\_

Is your child currently taking any medications? (Please List)

\_\_\_\_\_

List any allergies (including foods)?

\_\_\_\_\_

\_\_\_\_\_

Family Doctor Name and Number \_\_\_\_\_

**EMERGENCY CONTACT**

(Will be called if parent/guardian cannot be reached)

1. Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Initial to allow Pick-up \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Initial to allow Pick-up \_\_\_\_\_

Additional people allowed to pick up your child:

\_\_\_\_\_

To the best of my knowledge this health history is complete and accurate, and the participant has permissions to engage in all activities unless otherwise specified in writing. I understand the Hodding Carter Memorial YMCA assumes no responsibility for injuries or illnesses which my child may sustain because of his/her participation in day camp, athletics, sports programs, the use of any equipment, exercises, or other activities. I expressly acknowledge that I assume the risk of all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activities. I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless to the YMCA, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity. I give permission to the Hodding Carter Memorial YMCA, without limitation or obligation to use photographs, film footage, or tape recording which may lead to my child/children's image or voice for promoting or interpreting the YMCA programs and release the YMCA from any claim of any liability to that use.

I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH BY HODDING CARTER MEMORIAL YMCA.

Parent/Guardian (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only	
Payment Type: _____	
Amount: _____	Date: _____