



Hodding Carter Memorial Summer Camp 2024

YMCA Member _____ YMCA Non-Member _____

<p align="center">Session 1 June 17-21st ;8am-2pm K-5th Grade</p> <p align="center">Members: \$75</p> <p align="center">Non-Members: \$90</p>
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<p align="center">Session 1 July 8-12th ;8am-2pm K-5th Grade</p> <p align="center">Members: \$75</p> <p align="center">Non-Members: \$90</p>

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 2024: _____ 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: _____

2ND 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: _____