



## PENOBSCOT BAY YMCA 2018 CAMP REGISTRATION FORM

What camp is your child attending?

PBY KinderKamp \_\_\_\_ Camp-A-Homa \_\_\_\_ Adventure Camp \_\_\_\_

Rockland Summer Camp \_\_\_\_

Sports Camp (indicate which sports camp) \_\_\_\_\_

What weeks will your child be attending camp? (Please Circle)

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9

Campers Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ female/male

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Mothers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Date of Birth \_\_\_\_\_ Father's Date of Birth \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

Person to contact first \_\_\_\_\_

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

### EMERGENCY CONTACTS

*Please list the names of contacts in case of an emergency.*

*Contacts will also be authorized to pick up the child*

Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_

**REGISTRATION FORMS & IMMUNIZATION RECORDS  
NEED TO BE COMPLETED BEFORE REGISTERING FOR SUMMER CAMP.**

**PHOTO IDENTIFICATION IS REQUIRED AT PICK UP**

**CAMPER MEDICAL HISTORY** (Check all that apply)

Asthma    Hypertension    Epilepsy    German measles    Whooping cough    Mononucleosis  
 Measles    Scarlet fever    Diabetes    Heart disease    Convulsions

Other \_\_\_\_\_

**Allergies** (Check all that apply)

Chicken pox                       Mumps                                       Animals                                       Serious ivy, oak, sumac  
 Insect bites, stings               Penicillin                                       Foods     Medications

Other \_\_\_\_\_

**Please explain any medical/allergy history.** Also include anything about your child's health that will help the YMCA staff to better understand and work with your child, such as hearing/vision problems, physical needs or behavioral issues (Please attach letter if necessary).

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**Please list any medication your child will be taking at camp** (All medication given to camp director and must come in original bottle with the name of child, medication, dosage, and doctor).

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**FULL PAYMENT REQUIRED PRIOR TO PARTICIPANTS BEING ENROLLED IN CAMP.**

**Please read carefully and sign below:**

I hereby certify that my child is in normal health and capable of safe participation in the Penobscot Bay YMCA summer camp programs. I assume the risks and hazards of incidental injuries in this program. I hereby authorize the Penobscot Bay YMCA to obtain medical treatment for my child in the event that neither a parent nor the emergency contact can be reached.

I hereby authorize the Penobscot Bay YMCA to use any photographs taken of my child at camp for future promotional purposes.

I have read the Camp Handbook (available on our website)

I reviewed/understand all policies/procedures of the Penobscot Bay YMCA summer day camp.

I have reviewed with my child the Behavior Management/Bullying Procedures.

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

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