



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA of Selma-Dallas County Summer Day Camp

Participant Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

**Directions:** Mark beside each week you would like to register your child for (NOTE: Payments are due by the Friday prior to the start of the registered week.)

**Program Costs:** Member Rate: \$75/week Non-Member Rate: \$95/week. (NOTE: There will be a \$10 discount for the 2<sup>nd</sup> child and a \$15 discount for each additional child.)

**Deposits & Fees:** You are to pay a \$10 deposit for every week you check. This will secure your child's spot for each week.

**Week 1: June 8<sup>th</sup> – June 12<sup>th</sup>** (Payment due: June 5<sup>th</sup>)

**Week 2: June 15<sup>th</sup> – June 18<sup>th</sup>** (Payment due: June 12<sup>th</sup>)

**Week 3: June 22<sup>nd</sup> – June 26<sup>th</sup>** (Payment due: June 18<sup>th</sup>)

**Week 4: July 6<sup>th</sup> – July 10<sup>th</sup>** (Payment due: July 2<sup>nd</sup>)

**Week 5: July 13<sup>th</sup> – July 16<sup>th</sup>** (Payment due: July 10<sup>th</sup>)

## Camp Activities Include

- Academic Portions: Math & Reading
- STEM Activities
- Outdoor Adventures
- Sports & Recreation
- Arts and Crafts
- Movies & Games
- Breakfast/Lunch/Snacks Provided Daily



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Please complete the following information for each child enrolled in the program:

**Child's Name:** \_\_\_\_\_  
(Please Print) Last First Middle

**Date of Birth:** (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** (circle one) **M** **F**

**Grade entering** (Select one): K 1 2 3 4 5 6

**Child's Home Phone:** \_\_\_\_\_ **Child's Emergency Contact:** \_\_\_\_\_

**Child's Home/Mailing Address:**

Street City State Zip Code

**Parent/Guardian #1:** \_\_\_\_\_  
(Please Print) First Name Last Name

**Relationship to Child:** \_\_\_\_\_ **Allowed to Pick-up? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell/Other Phone:** \_\_\_\_\_

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

**Parent/Guardian #2:** \_\_\_\_\_  
(Please Print) First Name Last Name

**Relationship to Child:** \_\_\_\_\_ **Allowed to Pick-up? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell/Other Phone:** \_\_\_\_\_

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

Emergency Contact First & Last Name	Relationship to Child	Home Phone	Cell/Other Phone	Allowed to Pick-up?
1.				Yes _____ No _____
2.				Yes _____ No _____
3.				Yes _____ No _____



**Ethnicity Information:** Please check the ethnic group the child most identifies with:

- Caucasian/White
- African American/Black
- Hispanic/Latino
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Asian
- Two or More

**Primary Language Spoken at Home:**

- English
- Other, please specify \_\_\_\_\_
- Spanish

**Secondary Language Spoken at Home:** \_\_\_\_\_

**Is your child on any medication?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Medication taken at home: \_\_\_\_\_ Side Effects: \_\_\_\_\_

Medication taken at home: \_\_\_\_\_ Side Effects: \_\_\_\_\_

**Will medications be taken at Summer Camp?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Name of Medication: \_\_\_\_\_ Side Effects: \_\_\_\_\_

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**If medications are taken during SUMMER CAMP, please complete the Medication Consent Form. (SEPARATE FORM)**

Does your child have any allergies, diet restrictions or health alerts that we should be aware of?

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes, please explain** (including the reaction and treatment required should your child become exposed to the allergen):

\_\_\_\_\_

**Can your child swim without a lifejacket or adult assistance?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.



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## Electronic Photo & Video/Audio Recording Release Form

- **Cellular phones are not permitted while your child is at camp.** Should your child need to reach you, there is a phone at your child’s campsite. YMCA 334-874-9622
- The YMCA of Selma-Dallas County asks that **all electronic gaming devices** not be brought to camp.
- The YMCA of Selma-Dallas County cannot be held responsible for keeping track of any items brought to camp from home. All items brought to camp from home should be labeled with the child’s name.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, soundtrack recordings, and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience; and

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below:

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- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use of any video film, footage, soundtrack recordings, and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

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

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

**YMCA Selma-Dallas County**  
1 YMCA DR Selma, AL. 36701  
P (334)-874-9622



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## Medical Release Form

**Is your child on any medication?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Medication taken at home: \_\_\_\_\_ Side Effects: \_\_\_\_\_

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Medication taken at camp: \_\_\_\_\_ Side Effects: \_\_\_\_\_

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\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes, please explain** (including the reaction and treatment required should your child become exposed to the allergen): \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

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