

# LONG ISLAND CITY YMCA SUMMER DAY CAMP 2019 REGISTRATION FORM

**CAMP SELECTION: (please check off one)**  Early Childhood Camp  Making and Tinkering Kinder Camp  
 Summer Day Camp  Teen Camp  Swim Camp  Sports Camp

## PARTICIPANT INFO

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in September 2019: \_\_\_\_\_

School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

My child will:  Be picked up  Walk home (Only 10 yrs. or older, please sign bottom of page 2)

T-Shirt Size Child:  XS  S  M  L  XL Adult:  XS  S  M  L  XL

## PARENT/GUARDIAN INFO

Name of Parent/Guardian registering Child: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name of 2<sup>nd</sup> Parent/Guardian \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT INFO

Please list two (2) additional contacts, to be used if the parents/guardians cannot be reached.

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

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

## PHYSICIAN INFO

\*Additional medical form from physician required

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

## AUTHORIZATION / CONSENT

**EMERGENCY AUTHORIZATION:** I understand that in the event of an emergency affecting my child while participating in a YMCA program, a designated employee of the YMCA will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated by a medical professional or hospitalized by hospital selected by the YMCA.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Child's Name \_\_\_\_\_

Date \_\_\_\_\_



# LONG ISLAND CITY YMCA SUMMER DAY CAMP 2019 REGISTRATION FORM

## PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities of the Long Island City YMCA.  
I hereby grant permission for my child to leave the Long Island City YMCA premises, under proper supervision of Long Island City YMCA staff, for neighborhood walks, park activities and field trips. It is my understanding that these trips will be taken over the camp session without further consent from me.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name Signature: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZED PICK-UP FORM

The following individuals are **16 years old or older** and are allowed to pick up my child from the Long Island City YMCA Programs. Please include the Parents/Guardians. Those authorized to pick up your child, will be asked for photo ID for verification. **Please use additional space if needed and add as many people who can pick up your child. If the person is not listed on this authorized pick up list, your child will NOT be released to them.**

Name	Relationship	Phone Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that no one else will be allowed to pick up my child unless I notify the Long Island City YMCA in advance and in writing. This person will also be asked for their photo ID for verification.

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

## UNESCORTED DISMISSAL AUTHORIZATION:

**My child is 10 years of age or older and may sign themselves out and go home without an escort at the end of the day.**

Child's Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AGREEMENT

I, the undersigned, give permission for my child to participate in the camp for the days he/she attends the Long Island City YMCA. I am aware that a completed medical form signed by a physician is required before my child may begin Summer Camp. In addition, I am fully aware that to reserve a space, I must make a deposit of **\$100** per two-week session and submit a registration form. I am fully aware that should my child change camp sessions after the start of original session **there is a \$25 change fee**. I fully understand that credits will be given at the discretion of the Camp Director after submission of the credit form. I fully understand that enrollment is based on availability. Lastly, I fully understand that my child is responsible for his/her possessions. I have read, signed, and agreed to the registration requirements.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**There is a non-refundable \$100.00 deposit per session per child which is applied to session fee.**



# 2019 LONG ISLAND CITY YMCA SUMMER CAMP FEE SCHEDULE

PARTICIPANT NAME: \_\_\_\_\_

CAMP PROGRAM: \_\_\_\_\_

EARLY CHILDHOOD CAMP AGE 3			MAKING & TINKERING KINDER CAMP AGES 4-5		
SESSION DATES	MEMBER	COMMUNITY	SESSION DATES	MEMBER	COMMUNITY
<input type="checkbox"/> Session I July 1 – July 12	\$600	\$640	<input type="checkbox"/> Session I July 1 – July 12	\$600	\$640
<input type="checkbox"/> Session II July 15 – July 26	\$600	\$640	<input type="checkbox"/> Session II July 15 – July 26	\$600	\$640
<input type="checkbox"/> Session III July 29 – Aug. 9	\$600	\$640	<input type="checkbox"/> Session III July 29 – Aug. 9	\$600	\$640
<input type="checkbox"/> Session IV Aug. 12 – Aug. 23	\$600	\$640	<input type="checkbox"/> Session IV Aug. 12 – Aug. 23	\$600	\$640
DAY CAMP AGES 6-11			TEEN CAMP AGES 12-14		
SESSION DATES	MEMBER	COMMUNITY	SESSION DATES	MEMBER	COMMUNITY
<input type="checkbox"/> Session I July 1 – July 12	\$530	\$570	<input type="checkbox"/> Session I July 1 – July 12	\$530	\$570
<input type="checkbox"/> Session II July 15 – July 26	\$530	\$570	<input type="checkbox"/> Session II July 15 – July 26	\$530	\$570
<input type="checkbox"/> Session III July 29 – Aug. 9	\$530	\$570	<input type="checkbox"/> Session III July 29 – Aug. 9	\$530	\$570
<input type="checkbox"/> Session IV Aug. 12 – Aug. 23	\$530	\$570	<input type="checkbox"/> Session IV Aug. 12 – Aug. 23	\$530	\$570
SWIM CAMP AGES 7-12			SPORTS CAMP AGES 9-14		
SESSION DATES	MEMBER	COMMUNITY	SESSION DATES	MEMBER	COMMUNITY
<input type="checkbox"/> Session I July 1 – July 12	\$640	\$680	<input type="checkbox"/> Session I July 1 – July 12	\$640	\$680
<input type="checkbox"/> Session II July 15 – July 26	\$640	\$680	<input type="checkbox"/> Session II July 15 – July 26	\$640	\$680
<input type="checkbox"/> Session III July 29 – Aug. 9	\$640	\$680	<input type="checkbox"/> Session III July 29 – Aug. 9	\$640	\$680
<input type="checkbox"/> Session IV Aug. 12 – Aug. 23	\$640	\$680	<input type="checkbox"/> Session IV Aug. 12 – Aug. 23	\$640	\$680
JAPANESE SUMMER CAMP AGES 3-7			EXTENDED CARE		
SESSION DATES	MEMBER	COMMUNITY	AGES 3-14	MEMBER	COMMUNITY
<input type="checkbox"/> Session I July 1 – July 12	N/A	N/A	AM	\$100	\$120
<input type="checkbox"/> Session II July 15 – July 26	\$650	\$680	PM	\$100	\$120
<input type="checkbox"/> Session III July 29 – Aug. 9	\$650	\$680	AM & PM	\$190	\$220
<input type="checkbox"/> Session IV Aug. 12 – Aug. 23	N/A	N/A	<input type="checkbox"/> Session I <input type="checkbox"/> Session II <input type="checkbox"/> Session III <input type="checkbox"/> Session IV		
*Please make sure to indicate the camp type(s) child will be attending and the session(s) child will be attending. *					
Camp Type(s): _____					
Camp Session(s): _____					

### Payment Information

Check     Credit Card     Bank Draft     Money Order

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

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

# YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

## STANDARD RELEASE FORM

From time to time, the YMCA of Greater New York (the "YMCA") takes pictures or records videos of members and non-members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.
2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.
3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.
5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Email (optional): \_\_\_\_\_

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

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

(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM: Long Island City YMCA Summer Camp

Permit No. \_\_\_\_\_

\_\_\_\_\_  
CHILD'S LAST NAME FIRST NAME BIRTHDATE / / SEX  M  F

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: Father (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

If Parent, Guardian are not available in an emergency, notify: \_\_\_\_\_

Phone: \_\_\_\_\_

or 2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Important:** Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:

Yes  No (If yes, state type of exposure: \_\_\_\_\_)

**HEALTH HISTORY:** (Check, giving approximate dates)

Ear Infections \_\_\_\_\_ Hay Fever \_\_\_\_\_ Chicken Pox \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_ Ivy Poisoning, etc. \_\_\_\_\_ Measles \_\_\_\_\_

Convulsion \_\_\_\_\_ Insect Stings \_\_\_\_\_ German Measles \_\_\_\_\_

Diabetes \_\_\_\_\_ Penicillin \_\_\_\_\_ Mumps \_\_\_\_\_

Behavior \_\_\_\_\_ Other Drugs \_\_\_\_\_ Other Contagious Illnesses \_\_\_\_\_

Asthma \_\_\_\_\_

Other Past Illnesses \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Hospitalization (Dates) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Conditions that require activity to be restricted? \_\_\_\_\_

Permission for all program activities unless otherwise noted by Dr. \_\_\_\_\_

Appliance worn (glasses, contacts, etc.) \_\_\_\_\_

Medication taken \_\_\_\_\_

Suggestion from Parent/Guardian \_\_\_\_\_

**\*\*\*\*\*CONSENT FOR EMERGENCY MEDICAL TREATMENT\*\*\*\*\***

*I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.*

Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Tele.# \_\_\_\_\_

# PHYSICAL EXAMINATION

(To be filled out by Physician – please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information, which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center Programs.

## IMMUNIZATION HISTORY – This is a record of dates of basic immunization and most recent booster doses.

DpaP, DTP or TD	Date _____	Date _____	Date _____	Date _____	Date _____
Polio\	Date _____	Date _____	Date _____	Date _____	Date _____
MMR\	Date _____	Date _____	Date _____	Date _____	Date _____
Hemophilus Influenzae type b	Date _____	Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	Date _____
Varicella	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	_____	_____	_____	Date _____	Date _____

## MEDICAL EXAMINATION – To be filled out by licensed physician

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory      X = No Satisfactory (Explain)      0 = Not Examined

General Appearance \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Hgb. Test (Date) \_\_\_\_\_

Urinalysis (Date) \_\_\_\_\_ Posture & Spine \_\_\_\_\_ Throat – Tonsils \_\_\_\_\_

Eyes \_\_\_\_\_ Vision \_\_\_\_\_ w/Glasses \_\_\_\_\_ Extremities \_\_\_\_\_ Heart \_\_\_\_\_

Ears \_\_\_\_\_ Hearing \_\_\_\_\_ Feet \_\_\_\_\_ Lungs \_\_\_\_\_ Skin \_\_\_\_\_

Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_

Genitalia \_\_\_\_\_

Neurological Findings \_\_\_\_\_

Describe Abnormal Findings and/or Handicapping Conditions \_\_\_\_\_

Has child ever received products containing horse serum? \_\_\_\_\_

Allergy: (Please specify) \_\_\_\_\_

Recommendations and restrictions while in camp.

Special Diet \_\_\_\_\_

Special Medicine (name it) \_\_\_\_\_

Is parent/guardian sending special medicine? \_\_\_\_\_

Swimming \_\_\_\_\_ Diving \_\_\_\_\_

Activity Restrictions \_\_\_\_\_ General Appraisal: \_\_\_\_\_

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

EXAMINING PHYSICIAN (SIGNATURE)

Telephone \_\_\_\_\_

Date of Examination \_\_\_\_\_

PHYSICIAN'S NAME (PLEASE PRINT)

Address \_\_\_\_\_

# CONSENT FORMS

I do/do not (circle one) hereby give permission for my child \_\_\_\_\_  
to participate in the **swim portion** at the Long Island City YMCA Holiday Camp.

I do/do not (circle one) hereby give permission for my child \_\_\_\_\_  
to participate in the **sports portion** at the Long Island City YMCA Holiday Camp.

I do/do not (circle one) hereby give permission for my child \_\_\_\_\_  
to participate in the **trip portion** at the Long Island City YMCA Holiday Camp.

Comments:

---

---

---

---

Child's Full Name: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Hello Families,  
Thank You for choosing the Long Island City YMCA Summer Camp.

As you know, our Summer Day Camp at the LIC Y will engage your child in swimming, sports, culture, STEM, arts, and craft and much more. To ensure further information and in the spirit of communication all Parents/Guardians registered for camp MUST attend one of our Mandatory Parent Orientations from one of our available scheduled dates. It is crucial that you attend our Parent Orientation, as it entails important information about our camp day to day. We want to best serve you all the necessary information needed before your child's first day of camp. During orientation you will meet our Youth and Family Director, Summer Camp Directors and Camp Lead Counselors that will assist you with any further questions or concerns regarding summer camp. In the section below please check which Mandatory Parent Orientation you will be attending and give in along with all your registration documents. Thank You.

Sincerely,  
Julia Defeo

---

### MANDATORY PARENT ORIENTATION

Child(ren) Name: \_\_\_\_\_

Age: \_\_\_\_\_

Child Session(s) Attending: \_\_\_\_\_

Camp Type(s): \_\_\_\_\_

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

Parent Email: \_\_\_\_\_

Please check off which Mandatory Parent Orientation date you will be attending:

Wednesday June 5<sup>th</sup>, 2019 at 7pm

Saturday June 15<sup>th</sup>, 2019 at 2pm

Friday June 21<sup>st</sup>, 2019 at 7pm