



SCHOOL'S OUT THE Y IS IN!

Spend winter break with your friends at the Y! Holiday Camp keeps your kids moving with structured play, gym games, and swim led by trained and caring staff.

AGES 4 - 10

DATES Tues. 2/18 - Fri. 2/21

RATES	Member	Community
9 am - 5 pm	\$100	\$110
8 am - 9 am	\$20	\$30
5 pm - 6 pm	\$20	\$30

REGISTRATION NOW OPEN!

Return the following registration forms with payment to the McBurney YMCA.

Questions? contact Savannah Green at sagreen@ymcanyc.org | 917-275-4125



**YMCA OF GREATER
NEW YORK**

Where there's a Y,
there's a way.



**McBURN EY YMCA HOLIDAY CAMP REGISTRATION FORM
FEBRUARY 18TH – 21ST, 2020**

GENERAL INFORMATION

Child's Name: _____ Date of Birth: _____

Street Address: _____ City & State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Race/Ethnicity: White Black Hispanic/Latino American Indian Asian Other: _____

Name of Parent/Guardian #1: _____ Work Phone: _____

Cell Phone #: _____ Email Address: _____

Name of Parent/Guardian #2: _____ Work Phone: _____

Cell Phone #: _____ Email Address: _____

In the event of an emergency, and guardian is not available, please contact:

Name: _____ Relation: _____ Cell Phone: _____

Name: _____ Relation: _____ Cell Phone: _____

MEDICAL AND SOCIAL HISTORY

Doctor's Name: _____ Phone: _____

Medical Insurance: _____ Policy: _____

Allergies (Medication, Foods, etc.): _____

Please List any Medical Problems, including diagnosis: _____

Is your child currently on any medications, including inhalers? Yes No

If yes, name of medication(s): _____

If yes, does the medication need to be taken during Holiday Camp hours? Yes No

If yes, written permission must be submitted by the guardian allowing the child to self administer.

Is there anything else that would be helpful for us to know about your child? Please let us know.

(If you would like to discuss something confidential via phone or in person, please contact Savannah Green 917-275-4125)

WHEN WOULD YOU LIKE TO JOIN?				
<input type="checkbox"/>	Tuesday, February 18 th , 2020	Extended Day?	AM <input type="checkbox"/>	PM <input type="checkbox"/>
<input type="checkbox"/>	Wednesday, February 19 th , 2020	Extended Day?	AM <input type="checkbox"/>	PM <input type="checkbox"/>
<input type="checkbox"/>	Thursday, February 20 th , 2020	Extended Day?	AM <input type="checkbox"/>	PM <input type="checkbox"/>
<input type="checkbox"/>	Friday, February 21 st , 2020	Extended Day?	AM <input type="checkbox"/>	PM <input type="checkbox"/>



McBURNY YMCA HOLIDAY CAMP REGISTRATION FORM
FEBRUARY 18TH – 21ST, 2020

EMERGENCY RELEASE

I give permission, in the event of an emergency, for first aid to be administered to my child. I understand that this may include transportation by ambulance to the nearest hospital and that every effort will be made to contact me.

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

PHOTO RELEASE

Yes, I give permission to allow my child's photograph to be taken during after school. I further give permission that these photographs may be published and used at the YMCA to promote YMCA OF GREATER NY programs.

No, I do not give permission to allow my child's photograph to be used by the YMCA.

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

AUTHORIZED PICK UP & RELEASE

At dismissal, my child will: (Please check the one that applies)

Be picked up by a parent or authorized adult

Go home on his/her own (MUST BE 10 YEARS OR OLDER)

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

****Individuals authorized to pick-up your child MUST be listed below and MUST have proper I.D. when picking up your child****
Any individual picking up the child must be at least 16 year of age or older.

Please supply the names and phone numbers of individuals AUTHORIZED to pick your child up from McBurney Y Holiday Camp:

1) Name: _____ Contact Number: _____ Relationship: Parent/Guardian

2) Name: _____ Contact Number: _____ Relationship: Parent/Guardian

3) Name: _____ Contact Number: _____ Relationship: _____

4) Name: _____ Contact Number: _____ Relationship: _____

5) Name: _____ Contact Number: _____ Relationship: _____

6) Name: _____ Contact Number: _____ Relationship: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM McBurney YMCA – Holiday Camp

CHILD'S LAST NAME _____ FIRST NAME _____ BIRTHDATE ____/____/____

M F
SEX

Home Address: _____

Phone: _____

Parent or Guardian: _____

Phone: _____

Place of Employment: Father (Guardian) _____
Mother (Guardian) _____

Phone: _____
Phone: _____

In case of an emergency, notify _____

Phone: _____

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

- 1. _____
- 2. _____

Phone: _____
Phone: _____

Important:

Has this participant been exposed to any communicable disease during the three weeks prior to holiday camp?
Yes No (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check, giving approximate dates)

	<u>Allergies</u>	<u>Diseases</u>
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 or/Guardian _____

PARENT/GUARDIAN PLEASE COMPLETE ALL FIELDS AND SIGN CONSENT FOR EMERGENCY MEDICAL TREATMENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the McBurney YMCA 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 _____ Phone # _____