



# ADVENTURE CAMP SUMMER REGISTRATION FORM 2019

## Grades 1-8

Child's Name: \_\_\_\_\_ M F Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Grade in Fall: \_\_\_\_\_

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

Parent's Email: \_\_\_\_\_

Primary email used for newsletters, program updates & billing.

Child Resides with:  Both  Mother  Father  Legal Guardian

### Parent/Guardian #1

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

Home/Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Responsible for Payment:  Yes  No

### Parent/Guardian #2

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

Home/Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Responsible for Payment:  Yes  No

#### AGE GROUPS

- Discoverers (grade 1)
- Seekers (grades 2-3)
- Explorers (grades 4-5)
- Challengers (grades 6-8)

#### LIT's (grades 7-9)

- Session 1: July 22 - August 2
- Session 2: August 5 - 16

#### DISCOVERERS / SEEKERS / EXPLORERS / CHALLENGERS DATES

- Week 1: June 24 - 28 (CAMP SATURNA WEEK!)
- Week 2: July 1 - 3 (No Camp July 4 or 5, short week, pro-rated.)
- Week 3: July 8 - 12
- Week 4: July 15 - 19 (CAMP SATURNA WEEK!)
- Week 5: July 22 - 26
- Week 6: July 29 - August 2
- Week 7: August 5 - 9
- Week 8: August 12 - 16
- Week 9: August 19 - 23

#### DROP-OFF LOCATIONS

- Bellingham Y: 7:30-8:30am
- Carl Cozier: 7:00-8:00am
- Ferndale Y: 7:30-8:00am
- Lynden Y: 7:30-8:00am

#### PICK-UP LOCATIONS

- Bellingham Y: 4:30-6:00pm
- Carl Cozier: 5:00-5:30pm
- Ferndale Y: 5:00-6:00pm
- Lynden Y: 5:00-6:00pm

### EMERGENCY MEDICAL INFORMATION

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_ Immunizations Current (please circle): Yes No On file at: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

ALLERGIES: 1. \_\_\_\_\_ Reaction: \_\_\_\_\_  
2. \_\_\_\_\_ Reaction: \_\_\_\_\_

OTHER MEDICAL CONDITIONS OR SPECIAL NEEDS: (please describe)

Does your child have an IEP?  Yes  No Does your child require aide in the classroom?  Yes  No  
If special needs exist, please meet with Program Director before finalizing registration.

**EMERGENCY PICK-UP & SIGN OUT AUTHORIZATION:** The following adults 16 years of age or older have my permission to sign out the above named child from YMCA and should be contacted in an emergency when I cannot be reached. I accept responsibility for informing the YMCA when the below information changes. **AT LEAST TWO NAMES ARE REQUIRED!**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_ 3. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

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

