

# YMCA Camp TSN

Stanly County Family YMCA  
2010 Registration Package and Checklist



You must provide **ALL** of the following before your child will be registered for camp.

- Signed and completed Health History, with shot records completed
- Signed Waiver form
- Completed Camper Information form, including Code Word  
(Please fill out a separate form for each child)
- Either payment in full or the first installment of \$10 per week registered  
**(Deposits are non-refundable)**

**Mail** Registration Package to:  
Stanly County Family YMCA  
427 North First Street  
Albemarle, NC 28001

**Bring** Registration Package to:  
Stanly County Family YMCA  
**Fax to:** 704-982-4451  
**Email to:** kbigger@ctc.net

**Please make checks payable to the Stanly County Family YMCA.**

**Parents.** Just as you are making your summer plans, so are we. To prepare for camp we are busy hiring staff, ordering materials, and planning schedules based on the number of camp registrations. Please select your week(s) carefully, as the first installment is non-refundable. Registration is open to everyone through June 15th. After that time, registrations can only be accepted where space is available. Thank you for allowing us to plan appropriately in order to give all campers a great day camp experience!

## Registration Information

**Registration Dates:** Each registration is processed on a first-come basis, by mail, fax or in person. Registration is open April 28th –June 15th. **Late Registration is only accepted as** space is available. With late registration, the weekly fee is increased by \$5 which must be paid with the first installment.

**Registration Changes: Please notify camp in writing at least one week in advance if you need to cancel, add or change a camp week. The "Schedule Change Form" is available in your packet. CHANGES WILL NOT BE TAKEN BY PHONE.**

**Changes:** Use the "Schedule Change Form" to make any changes. They may be requested up to one week prior to the start of a new session. Once a session begins, a transfer cannot be requested for that week.

**Cancellations:** Use the "Schedule Change Form" to make any cancellations. **Cancellations made less than one full week before a session will result in your forfeiture of camp fees for that session.** The 1<sup>st</sup> installment paid at the time of registration for the week is non-refundable. If the form is turned in at least one full week before the scheduled week, only 50% of the 2<sup>nd</sup> installment will be due.

YMCA Camp TSN

# Registration Form 2010

\* Complete and bring this form to the YMCA \* Signatures required on back \*  
\* Fill out entire page \* Print or type \*

## CAMPER INFORMATION

Name of child \_\_\_\_\_  
first/middle/last name called  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
BirthDate \_\_\_\_\_ CurrentAge \_\_\_\_\_ Sex \_\_\_\_\_

## INFORMATION ABOUT YOUR CHILD (To help staff meet your child's needs, please check all that apply.)

Immunization records current \_\_\_\_\_yes \_\_\_\_\_no  
Allergies(type) \_\_\_\_\_  
Emotionally, Behaviorally, Intellectually or Physically Challenged (Please give details)  
\_\_\_\_\_  
Use of Medication (type and schedule) \_\_\_\_\_  
Other special needs or fears \_\_\_\_\_

## INFORMATION ABOUT THE FAMILY (Please check to indicate the parent to contact for payment or other questions.)

Mother's  
name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's  
name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

## EMERGENCY CARE INFORMATION

Name of child's doctor \_\_\_\_\_ Office Phone \_\_\_\_\_  
Name of child's dentist \_\_\_\_\_ Office Phone \_\_\_\_\_  
Insurance company \_\_\_\_\_ Insurance policy # \_\_\_\_\_

**\*If neither father nor mother can be contacted, please list emergency contacts and those to whom the child may be released, as well as their relationship to the child :**

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work/Cell phone \_\_\_\_\_  
relationship  
Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work/Cell phone \_\_\_\_\_  
relationship

## CODE WORD \_\_\_\_\_

(All campers must have a code word.) Code words are used as an added assurance when your camper is being picked up. This code will be confidential. **Anyone who picks up your child must use this code.**

## Health History Form

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**CAMPER'S NAME** \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

**INSURANCE INFORMATION:**

Is camper covered by insurance? yes no

Carrier/Plan Name \_\_\_\_\_

Group # \_\_\_\_\_ Policy Holder # \_\_\_\_\_

Name of Insured \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

**ALLERGIES : Please list ALL known medication, food and other allergies.**

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH HISTORY:**

I have enclosed a copy of my child's immunization record.

**OR**

I have completed this form and signed here \_\_\_\_\_

Doctor's Signature

Which of the following has the camper had?

- Measles German Measles  
Chicken Pox Mumps  
Hepatitis

Please give date of last immunization for:

Date	Vaccine	Date	Vaccine
_____	DTP	_____	Measles
_____	Rubella	_____	TD (Tetanus/diphtheria)
_____	Tetanus	_____	Varicella Zoster
_____	Polio	_____	Haemophilus Influenza B
_____	Hepatitis B		

Date of last TB Mantoux test \_\_\_\_\_  
Result \_\_\_\_\_

Please list ANY additional information about the camper's health history (behavior, physical, emotional or mental health) of which we should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Health History Form (cont.)

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General Questions (Please explain "yes" answers below)					
	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?			7. Ever been dizzy during or after exercise?		
2. Have a chronic or recurring illness/condition?			8. Ever had seizures?		

3. Have frequent headaches?			9. Have an orthodontic appliance being brought to camp?		
4. Wears glasses, contacts, or protective eyewear?			10. Have diabetes?		
5. Ever had frequent ear infections?			11. Have asthma?		
6. Ever passed out during or after exercise?			12. Other		

**Please explain any "yes" answers, noting the number of the questions**

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## WAIVER & Statement of understanding

\*\*This information given is complete and accurate. My child has permission to participate in all activities unless otherwise stated in writing.

\*\*I understand that the Stanly County Family YMCA assumes no responsibility for injuries or illnesses my child may sustain as a result of his/her participation in day camp.

\*\*Prior to time of registration, I will discuss any special needs (behavioral problems or physical, emotional, or psychological) with the Family Services Director or site director. YMCA staff will not administer any medications.

\*\*I understand the policies concerning payment and refunds. My child will not be allowed to participate in camp if payments are not made on time.

\*\*I give permission to the Stanly County Family YMCA to use pictures or videos of my child as a program participant in promotional literature and social media published and used by the YMCA.

\*\*In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child.

\*\*I understand that I am responsible for primary insurance for my child.

\*\*I have read and agree to all of the policies and financial expectations of the Stanly County Family YMCA Summer Day Camp.

I understand and accept the above policies.

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

Camper's Name \_\_\_\_\_



Weekly Program Fee:

***T-shirt size:*** (please circle one)

**2-4**

**6-8**

**10-12**

YMCA Members \$55.00  
 Program Participants \$60.00  
 \*\*1<sup>st</sup> Installment of \$10/wk is due upon registration (Will be subtracted from wkly fee)

Check the week(s)  
your child will be  
attending camp

\_\_\_\_\_ Session 1: June 21-25  
 \_\_\_\_\_ Session 2: July 19-23  
 \_\_\_\_\_ Session 3: August 16-20  
 \_\_\_\_\_ Total weeks registered



Stanly County Family YMCA  
 427 North First St.  
 Albemarle, NC 28001  
 704-982-1916  
[www.stanlycountyyymca.org](http://www.stanlycountyyymca.org)  
 Visit us on Facebook

<b>TOTAL DUE AT REGISTRATION:</b>			
April 28-June 15		June 16-August 9	
# of weeks registered	_____	# of weeks registered	_____
	X \$10=		X \$15=
1 <sup>st</sup> Installment:	_____	1 <sup>st</sup> Installment:	_____
1 <sup>st</sup> INSTALLMENTS MUST BE PAID UPON REGISTRATION & ARE NON-REFUNDABLE.			

**Staff Use Only:**  
 Is child a YMCA member? \_\_\_\_\_ If yes, PIN # \_\_\_\_\_  
 Amount paid \_\_\_\_\_ Receipt # \_\_\_\_\_  
 Ck # \_\_\_\_\_ I# \_\_\_\_\_ Cash \_\_\_\_\_  
 Paid by \_\_\_\_\_  
 Date \_\_\_\_\_ Staff initials \_\_\_\_\_

**Business Manager Use:**  
 Scholarship % \_\_\_\_\_ = \$ \_\_\_\_\_ Date approved \_\_\_\_\_  
 Sib Disc \$ \_\_\_\_\_ Weekly Fee Due \$ \_\_\_\_\_  
 FSD \_\_\_\_\_ BM \_\_\_\_\_ ☀☀☀☀