



**BARBARA B. JORDAN YMCA  
DAY CAMP 2021**

Date T-shirt given \_\_\_\_\_

**Which camp will your child attend their first week? Adventure Camp or Camp BBJ**

**CHILD'S SECTION**

**CHILD INFORMATION**

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Birthday \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

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

School \_\_\_\_\_ Grade in Fall \_\_\_\_\_

Please select youth race and ethnicity from the list below:

- Race:
- American Indian       Hawaiian/other Pacific Islander  
 Asian       White  
 Black/African American       Unknown  
 More than one race

Ethnicity:  Hispanic or  Non-Hispanic

Is your child eligible for Free and Reduced Lunch  Yes  No

**MILITARY INFORMATION**

Is your child a military dependent?  Yes  No

Do you have a military affiliation?

- Active Duty Military     Retired/Veteran     No military

**Whom does the child live with? (Select all that applies)**

- Mom     Dad     Stepparent     Grandparent(s)  
 Foster Parent     Other guardian

**ANNUAL HOUSEHOLD INCOME**

(Please select from the choices below)

- Less than \$30,000     \$30,001-\$45,000     \$45,001-\$60,000  
 \$60,001 - \$75,000     More than \$75,001

**HEALTH DATA/HISTORY**

Allergies: \_\_\_\_\_

Chronic/recurring illness or medical conditions: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Current Medications: (send with instructions :) \_\_\_\_\_

Special

Needs/Physical/Limitations: \_\_\_\_\_

Family Physician: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Hospital: \_\_\_\_\_

City: \_\_\_\_\_ Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance Company; \_\_\_\_\_

Policy Number: \_\_\_\_\_

**PARENT SECTION**

**PARENT OR GUARDIAN (1)**

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_ Parent's Date of Birth \_\_\_\_\_

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

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

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

Employer's Name \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

Employer's/Business Address \_\_\_\_\_

**PARENT OR GUARDIAN (2)**

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Cell Phone Number \_\_\_\_\_ Parent's Date of Birth \_\_\_\_\_

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

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

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

Employer's Name \_\_\_\_\_ Employer's Phone Number \_\_\_\_\_

Employer's/Business Address \_\_\_\_\_

**PICK UP AUTHORIZATION & EMERGENCY CONTACTS**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Any other information that is not on this form that you would like us to know in order to best serve you and your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REVERSE SIDE MUST BE COMPLETED (OVER)**



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**Parental Consent-Please circle YES or NO for the following:**

I authorize my child to participate in the following activities while enrolled in Day Camp  
 Swimming/Water Activities Travel on YMCA arranged transportation.  
**YES NO** **YES NO**  
 Participate in camp activities-including filed trips Participate in photos or videos for YMCA publication.  
**YES NO** **YES NO**

**TRANSPORTATION AGREEMENT:** Your child may be using bus transportation provided by the YMCA. I give my permission for my child to travel by bus with the YMCA staff. I understand that only licensed and qualified personnel will operate any vehicle to and from the site, and that there will be at least one staff member present at all times. I agree to release the Barbara B Jordan YMCA and the YMCA staff from any and all claims of damages, demands or liabilities, which may arise because of my child's participation of these bus trips. \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**EMERGENCY AUTHORIZATION:** I authorize any representative of the YMCA to seek medical attention for my child when immediate medical care is warranted by the circumstances and I cannot be reached, or if under any circumstances, there is not time to reach me because of the nature of the injury or illness. I further authorize the health care profession selected by the YMCA to provide necessary care of my child \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**PARTICIPATION IN ACTIVITIES**

In consideration of my child's participation in the activities of the Barbara B. Jordan YMCA, I do hereby agree to hold free from any and all liability the YMCA and its respective officer's, employed and member and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or hereinafter accrue to me arising out of or connected with my child's participation in any activities of the YMCA. I do hereby declare my child physically sound, having medical approval to participate in the activities of the YMCA.

**CHILD BEHAVIOR CONTRACT:** Disciplinary problems may require a 5-15 minute time out periods. Time-out may be given up to three times per day. Parents may be called to pick up any child who does not behave after three time outs. A behavior contract is the first formal step to help solve repeated rule violations. The contract involves parents, child, and staff. It requires participants of all parties. A suspension may be necessary, at the Program Director's . Upon continued disciplinary problems, a child may be removed from the program indefinitely

**LARGE GROUP FORMAT:** I understand that, due to the large group format of our program, the YMCA is unable to provide one-on-one care and makes no claim to do so for any child except on the intermitted basis. Such instances include; injury, immediate disciplinary issues, and certain personal care needs customarily provided to all children.

**SWIMMING:** We will test the campers weekly, has your child swum before? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
 Has your child participated in swim lessons before? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**  
 Do you wish your child to wear a swim belt? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Parent and Participant Statement of Agreement**

- I understand that it is my responsibility to read the brochure and the parent handbook.
- I understand there is a non-refundable registration fee for each child registered.  
I understand payment is due on Monday of the week. A child may not be allowed to return if payments are more than two weeks delinquent.
- I understand that I may not leave my child at the camp location unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member.  
Authorized person must be over 18 and have a valid photo ID.
- I understand that the Y is mandated by Indiana Law to report any suspected cases of child abuse or neglect
- I understand that Y staff may not baby-sit, transport, or care for children other than during the Y program hours.
- I understand that I will be charged a late fee if I fail to pick my child up on time.
- I understand that my child may be removed from a YMCA program for any of the following reasons.  
Failure to pay program fees by designated deadlines.  
Inappropriate behavior of a child/parent that endangers anyone involved in the YMCA.
- I understand that it is my responsibility to read the brochure and the parent handbook

I certify that I am the parent or legal guardian of this child and that I have authority to make the representations and grant the authorizations contained herein.

\_\_\_\_\_  
Signature of Parent or Guardian

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

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

**REVERSE SIDE MUST BE COMPLETED (OVER)**