

# ANGEL CAMP REGISTRATION CHECKLIST

Office Use ONLY:

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

Time submitted: \_\_\_\_\_

Name of Y employee that  
received forms: \_\_\_\_\_

\*Forms go in Melissa's box.

COMPLETED REGISTRATION FORM

ATTACHED SHOT RECORDS OR  
AFFADAVIT FROM DOCTOR

RECEIVED A COPY OF THE PARENT  
HANDBOOK

RECEIVED A COPY OF THE FIELD TRIPS  
AND EVENTS

ARRANGE MEETING WITH CAMP

# **COORDINATOR/DIRECTOR**

# ANGEL CAMP REGISTRATION FORM 2018

Please circle 2 week: Week 1 (June 4-8) Week 2 (June 11-15) Week 3 (June 18-June 22) Week 4 (June 25-29) NO CAMP HELD (July 2-6)

Week 5 (July 9-13) Week 6 (July 16-20)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Gender \_\_\_\_\_

Child's Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Ethnicity: (please circle one) Caucasian African American Hispanic Asian/Pacific Islander Other \_\_\_\_\_

How did you hear about Angel Camp: YMCA Website Family/Friend Facebook/Twitter/Etc. Other: \_\_\_\_\_

Does your family have a YMCA membership? Yes No Child's T Shirt Size: YS YM YL AS AM AL AXL  
AXXL

Primary Guardian Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Ethnicity: (please circle one) Caucasian African American Hispanic Asian/Pacific Islander Other \_\_\_\_\_

Custodial Parent Yes No The YMCA may release to non-custodial parent Yes No

Employer \_\_\_\_\_ Work Number \_\_\_\_\_ Email \_\_\_\_\_

Driver's License # \_\_\_\_\_

Preferred method of Communication Email Phone Text All

Secondary Guardian Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Address \_\_\_\_\_

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

Primary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Ethnicity: (please circle one) Caucasian African American Hispanic Asian/Pacific Islander Other \_\_\_\_\_

Custodial Parent Yes No

Employer \_\_\_\_\_ Work Number \_\_\_\_\_ Email \_\_\_\_\_

Driver's License # \_\_\_\_\_

Preferred method of Communication Email Phone Text All

## Emergency Contact/Authorized Pick up (other than parents)

Name \_\_\_\_\_ Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_

**Additional Authorized Pickups**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Swim Level:            Beginner                            Intermediate                            Advanced

Health History: (Please circle all that apply)

- |                    |                       |             |                  |                 |
|--------------------|-----------------------|-------------|------------------|-----------------|
| Ear Infections     | Heart Defects/Disease | Convulsions | Epilepsy (onset) | Diabetes(onset) |
| Bleeding/Clotting  | Tonsillitis           | Hay Fever   | Insect Allergy   | Seizures        |
| Poison Ivy Allergy | Asthma                | Migraines   | ADD/ADHD         | Skin Rashes     |

Food Allergy (List Below)

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child not listed above, such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

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

Please list any medications your child is taking:

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

\*All medications to be administered at camp must include a medication form on file, be prescribed by a doctor and delivered to the Day Camp Program in its original bottle. We do not administer over the counter medications. Rescue medications can be carried by Day Camp Employees with the prescribing doctor's written permission.

**Authorized for Medical Treatment**

In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA staff to administer first aid/ or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

I certify that \_\_\_\_\_ has been examined by a licensed physician in the past 12 months, and is able to participate in the YMCA day camp program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

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

### **Admission Agreement**

Please initial all with which you agree:

**Transportation:** I give permission for my child to be transported in an authorized YMCA vehicle for YMCA events, fieldtrips, or to the YMCA Day Camp Program location. Parent/Guardian will be informed of all planned fieldtrips.

**Water Activities:** I give permission for my child to participate in water activities during program hours at predetermined time.

**Movies:** I give my permission for my child to view a director approved G/PG movies though it is not part of regularly scheduled lesson plan.

**Policies and procedure:** I have received a copy of the Angel Camp Parent Handbook and understand all policies and procedures therein.

**Immunization Hearing and Vision Screening:** I certify that my child's current immunization records and TB test (if applicable) are included with this form. I certify that my preschool age campers hearing and vision screening results are also included.

**Hours of Care:** I understand that there will be consequences including, but not limited to, suspension for the program if I am habitually late to pick up my child after the close of the site.

**Custody:** YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the primary parent/guardian information listed on this document. NO PERSON UNDER THE AGE OF 18 MAY PICK UP MY CHILD WITHOUT A SIGNED AFFIDAVIT ON FILE.

**Photo Release:** The YMCA is hereby granted permission to use any individual or group photography or videotape showing my child in the YMCA activities for use in public relations, promotional, or advertising purposes.

**Behavior Policy:** I have read and understand the YMCA Day Camp Behavior Policy.

**Hazardous Activities:** I give permission for my child to participate in supervised camp activities such as archery, bbs, etc.

**Sunscreen:** I give my permission for the YMCA staff to apply or assist in the application of sunscreen. The YMCA is not responsible for irritations or reactions to sunscreen.

**Bug Repellant:** I give my permission for the YMCA staff to spray bug repellent on my child. The YMCA is not responsible for irritations or reactions to bug repellent.

By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, costs or expenses arising out of any injuries, damages, and other losses, whether personal or property, sustained by me or any party to who I am responsible.

**Primary Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Things you should know about me!**

# Optional

I like to be called \_\_\_\_\_

My developmental age is \_\_\_\_\_

My favorite things are

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I do not like

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I am scared of

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When I am sad, these things make me feel better

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These things will help me calm down

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A good reward for me is

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Sometimes when I am upset I

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Something exceptional about me is

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# FIELDTRIPS AND EVENTS

## Week 1

Fieldtrip: Firetruck/Police

## Week 2

Fieldtrip: Highland Horses

## Week 3

Fieldtrip: Movies

## Week 4

Fieldtrip: Dallas Zoo

## Week 5

Fieldtrip: Bowling

## Week 6

Fieldtrip: Sail with Scott

## End of Camp Party

Friday, July 20, 2018 from  
6-8:30pm  
JER Chilton YMCA

Families are invited for Dinner,  
Awards, and Dancing to bring  
this year's Angel Camp to a  
close!

**All applicants must arrange  
a meeting with the Angel  
Camp Coordinator/Director  
for registration approval.  
Meetings can be scheduled  
by signing up via Signup**

**Genius**

**Friday, March 16**

**Sunday, April 15**

**Saturday, May 12**

## **PARENT MEETING**

There will be a parent meeting the Sunday\*  
before the first session of camp, where you  
may tour our facility, meet our staff and ask  
any questions you need answered! We  
encourage both parents and children to  
attend!

**Parent Meeting: Sunday, June 3, 2018**

**1-2pm**

**JER Chilton YMCA**

\*Fieldtrips are on Thursdays and are subject to change at the discretion of the vendor\*