ANGEL CAMP
REGISTRATION
CHECKLIST 2022

☐ COMPLETED REGISTRATION FORM

☐ DOWNLOADED AND REVIEWED PARENT HANDBOOK

☐ ATTACHED SHOT RECORDS OR AFFIDAVIT FROM DOCTOR

☐ ARRANGE Parent/Child Meeting WITH CAMP DIRECTOR via SignUp Genius --->

Office Use ONLY:
Date submitted: _________
Time submitted: _________
Name of Y employee that received forms: _________
*Forms go in the Angel Camp tray in the Business Office.
**ANGEL CAMP REGISTRATION FORM 2022**

**Circle 2 weeks:**
- Week 1 (June 13-17)
- Week 2 (June 20-24)
- Week 3 (June 27-July 1)
- NO CAMP HELD (July 4-8)
- Week 4 (July 11-15)
- Week 5 (July 18-22)
- Week 6 (July 25-29)

**Child’s Name**
________________________________________________________

**Date of Birth**

**Age**

**Gender**

**Child’s Address**

__________________________________________________________

City/State/Zip

**Ethnicity:**
- Caucasian
- African American
- Hispanic
- Asian/Pacific Islander
- Other

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

**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:**
- 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 #**

**Secondary/Guardian Name**
________________________________________________________

**Relation to Child**

**Date of Birth**

**Gender**

**Address**

________________________________________________________

City/State/Zip

**Primary Phone #**

**Secondary Phone #**

**Ethnicity:**
- Caucasian
- African American
- Hispanic
- Asian/Pacific Islander
- Other

**Custodial Parent**
- Yes
- No

**Employer**

________________________________________________________

**Work Number**

**Email**

________________________________________________________

**Driver’s License #**

**Emergency Contact/Authorized Pick up (other than parents)**
Name____________________________________________Relationship to Child_______________________________ Phone # _________________________________
Home Address___________________________________
City/State/Zip_____________________________

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 and/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 field trips, 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, field trips, or to the YMCA Day Camp Program location. Parent/Guardian will be informed of all planned field trips.

___ 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 our regularly scheduled activities.

___ Policies and procedure: I have read 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, a late fee for each day my child is picked up after 3:00pm or 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. NO PERSON UNDER 15 MAY PICK UP.

___ 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 that is located in the Parent Handbook.

___ 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. Parents are expected to apply before camp each day.

___ 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. Parents are expected to apply before camp each day.

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 whom I am responsible.

Primary Guardian Signature__________________________ Date__________
Things you should know about me!

I like to be called ____________________________

My developmental age is _____________

My favorite things are...

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

I do not like...

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

I am scared of...

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

When I am sad, these things make me feel better...

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

These things will help me calm down...

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

A good reward for me is...

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

Sometimes when I am upset I

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________

Something exceptional about me is

________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________
In the space below please share any additional information you think is important to your child’s care, this could be a medical diagnosis, verbal skills, potty training issues etc. This information will be kept confidential and will not be shared with anyone beyond the Angel Camp Staff. Please only share what you feel comfortable with.

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