

2010 SUMMER CAMP REGISTRATION

Camper's first and last name _____ Date _____

Attending Camp Sargent ___ Attending Camp Merrimack ___ Date of Birth _____ Male ___ Female ___

Address _____ City _____ State _____ Zip _____

Parent/Guardian Last Name _____ First Name _____ () _____ () _____
 Work/Cell phone _____ Home phone _____

Parent/Guardian Last Name _____ First Name _____ () _____ () _____
 Work/Cell phone _____ Home phone _____

Grade entering this Fall ___ Age ___ School _____
 Email Address _____

Who does the child live with? Both parents ___ Mother ___ Father ___ Other _____

Who is the legal guardian of the child? Both parents ___ Mother ___ Father ___ Other _____
Please provide copies of all court documents pertaining to child custody

All AUTHORIZED ADULTS (including parents) WHO MAY PICK UP CHILD

(Note, photo ID is required at pick-up)

Name _____ Relationship _____ () _____ () _____
 Work/Cell phone _____ Home phone _____

Name _____ Relationship _____ () _____ () _____
 Work/Cell phone _____ Home phone _____

Name _____ Relationship _____ () _____ () _____
 Work/Cell phone _____ Home phone _____

Name _____ Relationship _____ () _____ () _____
 Work/Cell phone _____ Home phone _____

Arrival and Departure Information:

- Camper will be taking the bus and getting on and off at stop # _____ (\$30/week) *limited space* Yes ___ No ___
- Camper will be attending Pre (7-9am) & Post (4-6pm) camp (\$27.50/week) Yes ___ No ___
- Camper will be dropped off (no earlier than 8:45am) and picked up (no later than 4:15pm) Yes ___ No ___

PARENTAL RELEASES & MEDICAL INFORMATION

Parent/Guardian must sign each section.

INSURANCE INFORMATION

The YMCA does not carry any form of accident/illness insurance on campers.

Parents are responsible for medical and pharmaceutical expenses incurred at camp. Yes ___ No ___

Is the participant fully covered by family medical/hospital insurance? Yes ___ No* ___

If so, indicate insurance carrier _____ Policy # _____

Name of insured _____ Relationship to camper _____

***If you have no insurance**, please sign with the understanding that you are responsible for any medical bills incurred.

Parent/Guardian Signature _____ Date _____

PERMISSION TO PROVIDE TREATMENT OR EMERGENCY CARE:

I hereby give permission for camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I agree to the release of any records necessary for insurance purposes. I give permission to arrange or provide necessary related transportation for my child. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp to administer treatment, including hospitalization. YMCA of Greater Nashua is released herewith of any liability for any medical ministrations for any reason.

Camper's Physician _____ Phone # _____

Don't forget....

The state of NH requires each camper to have a health exam within two years of 1st day of camp for those ages 6+ and yearly exams for those under 6.

A signed copy from your child's physician, which includes a listing of immunizations and confirmation of an up-to-date physical, must be submitted prior to first day of camp.

I have read and understand all of the camp procedures and policies in the 2010 Summer Day Camp Agreement.

Parent/Guardian Signature _____ Date _____