



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Do More! Be More!

## Monticello Y-Zone Summer Day Camp

Pre-Registration for Returning Campers entering 6<sup>th</sup>-8<sup>th</sup> grade in Fall 2025

**Pre-Care 7:00 am-8:00 am / Regular Camp hours 8:00 am-4:00 pm Post-Care 4:00 pm-6:00 pm**  
**Monday through Friday**

**Only campers who are registered and paid by the Saturday before or set up on automatic payment may attend camp.** Register at the Courtesy Desk with this form and receive a parent's manual with more information (forms and handbook can be found online at [www.clintoncommymca.org](http://www.clintoncommymca.org)) Camp starts on June 2nd (Subject to change based on school calendars last day of 2025 school year for Monticello USD #25. Y-Zone Extreme Days will be available to registered campers prior to June 2<sup>nd</sup> if needed)

Complete and return to Monticello Y-Zone located at the former Lincoln School in Monticello or mail form to Clinton Community YMCA, 417 S. Alexander Street, Clinton, IL 61727. \$25.00 (nonrefundable) registration fee. Registration fee is required regardless of date child starts camp. **Financial assistance programs are available to fit family needs. Please contact our courtesy desk @ 935-8307 with questions.**

**(please check one) Fees: \$114.00 for 3 days \_\_\_ or \$190.00 for 5 days \_\_\_ (drop in rate =\$50 per day)**  
**10% discount for 2<sup>nd</sup> child (and 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>...) Only one discount applied per family.**

-----Registration Form ----- (one form per child) -----

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade in fall 2025** \_\_\_\_\_  
Please Print Clearly- First (what your child goes by) and Last Name

**Parent/Guardian 1** \_\_\_\_\_ **Parent/Guardian 2** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

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

**Phone** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Email Address** \_\_\_\_\_

I hereby give permission for my child to enroll in the Monticello Y-Zone Summer Camp. I agree to complete the parent packet information, pick-up authorization card, waiver, and Health Form before my child's first day of camp.

Parent/Guardian Signature \_\_\_\_\_

**SHIRT INFORMATION:**

**PLEASE CIRCLE ONE**

**Youth** Sm. (size 6-8) **Youth** Med. (size 10-12) **Youth** Lg. (size 14-16) **Adult** S M L XL XXL

**All campers will be required to wear a camp shirt on field trips.**

**INFORMED CONSENT AGREEMENT**

I hereby certify that my child is of normal health. I assume all risks related to the conduct of the program. I will hold the Clinton Community YMCA and its staff harmless from any claims, suits or losses including but not limited to claims resulting from injury or death, accidental or otherwise. I will hold the Illinois Department of Natural Resources and its staff harmless from any claims, suits or losses including but not limited to claims resulting from injury or death, accidental or otherwise when campers attend any Illinois DNR property. I authorize the Clinton Community YMCA to obtain medical treatment for my child in the event I cannot be contacted. (Failure to sign agreement will result in the loss of playing opportunity for your child.)

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

<b>Office Use Only</b>				
First day child attending camp	_____	\$25.00 Reg. fee	___ Y / N ___	Amt. paid _____
				Date _____
			Total amt. paid _____	Staff Initials _____

**Monticello Y-Zone Summer Camp CONSENT**

The undersigned, as parent or guardian of the child or children listed below, give consent for the said children to participate in all camp activities. I understand that my child will not be released to anyone other than those I have indicated in writing.

I authorize my child to ride as a passenger in the bus or van for field trips. I also authorize my child to ride as a passenger in vehicles used by the YMCA program. I understand that these trips are under the supervision of YMCA staff and that health and safety precautions are taken for each person who enrolls in the program.

I authorize my child to be photographed during his/her attendance at the Camp program. This consent releases all personnel or the YMCA from liability. This consent also gives permission for photographs to be used in publicity for the YMCA.

I authorize that artwork my child produces at the YMCA Camp program may be displayed in ways deemed appropriate by the YMCA staff in the community, newsletters, flyers, forms, T-shirts, lobby, etc.

The undersigned, in my individual capacity as parent or guardian of the child or children participating in the YMCA Camp program, understand that participation does involve certain risks, including but not limited to personal injury and property damage arising from the equipment and activities and or the actions of other participants. In consideration of these services provided and understanding these risks, I personally and on behalf of my child or children release the Clinton Community YMCA, Monticello Y-Zone Summer Camp, and their employees, agents, volunteers, and all other persons and agencies having any affiliation with the Camp program and from all liability and claims arising from any occurrence or accident while my child or children participate in the program.

Be aware that many of the above consents are required for participation in the Monticello Y-Zone Summer Camp program.

Parent/Guardian Signature \_\_\_\_\_

Name(s) of child(ren) attending Camp  
\_\_\_\_\_

# Monticello Y-Zone Camp Medication Form

Please list all allergies, behavior disorders, medications and dosage. Please sign this form and return.

Child's name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Please list all medications & dosage taken daily by camper:

Medication Name	Dosage

Medication to be taken at camp? (Please circle)

YES

NO

If yes, please list below:

Medication Name	Dosage	Time to be taken

I hereby request and authorize Clinton YMCA personnel to administer medication as directed by the physician. I agree to allow Clinton YMCA to properly dispose of any medications that have not been picked up by the last day of camp.

Parent/Guardian Signature \_\_\_\_\_

# Pick Up Authorization Card

Child's Name \_\_\_\_\_

(Please include names and information for person(s) authorized to pick up your child from Y-Zone / Camp)

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

# Summer Camp 2025

## Monticello Y-Zone

### Pool Day Wavier

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

**The Monticello Y-zone staff is committed to making summer camp pool days fun and safe for all our camp participants! To help the staff, please select all that apply to your child below.**

**My child may use (Check all that apply):**

- The big pool
- The slide
- The low dive
- The high dive
- My child is **not a strong swimmer**, but they know their limit and can be at the shallow end of the big pool **without** a swim vest.
- My child does **not** know how to swim but can be in the shallow end of the big pool with a swim vest on.
- My child does **not** know how to swim and needs to remain in the kid area.

**Note:** We will rely heavily on lifeguard supervision for any campers that have permission to be in the big pool. Your child must be a good swimmer and must know their limits. We will have Y-zone staff supervising the area as well, but it will be impossible for us to always have our eyes on each camper. Staff members will always be supervising the kid area. Campers restricted to the kid area will not be allowed out of that area unless escorted to the bathroom by staff. If your child needs arm floats, swim vests, goggles, etc. then you must send them with. Y-zone will not provide these items.

Comments:

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Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Rated PG Movie Permission Slip

Dear Parents/Guardians,

Y-Zone Summer Camp participants will watch a movie each week that usually goes along with our theme of the week. Since many favorites are rated PG for Parental Guidance, we need your permission to allow your child to watch these movies. Some examples would include, but are not limited to: Sing, Open Season, Lilo & Stitch, Cloudy with a Chance of Meatballs, Finding Dory, Shrek, Moana, Wreck it Ralph, Ice Age, and Minions. If you do not wish for your child to watch PG rated movies at the Y-Zone, we will find other activities for them during this time.

Please complete and sign the form below and return it as soon as possible. Thank You,

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## Rated PG Movie Permission Slip

**Child's Name (Please Print)** \_\_\_\_\_

**Parent's Name (Please Print)** \_\_\_\_\_

\_\_\_\_\_ **Yes, I give my Child Permission to view PG Movies at Y-Zone**

\_\_\_\_\_ **No, I do not give my Child Permission to view PG Movies at Y-Zone**

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