



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# STARTING MEMORIES THAT LAST A LIFETIME

## Clinton Community YMCA Pre-K Camp Osage

For kids ages 3-5 \* Must be potty-trained

Camp hours 8 AM-12:30 PM (Monday's, Wednesday's, & Friday's)(drop-off between 8:00 – 8:30)

Only campers who are registered may attend camp. Register at the Courtesy Desk with this form/Camp Osage Discipline Policy and receive a parent's handbook with more information. Camp Starts June 8th.

Complete and return to Clinton Community YMCA, 417 S. Alexander St., Clinton, IL 61727. A \$25.00 (nonrefundable) registration fee must accompany this form.

**Fees: Members \$20 per day/ Non-members \$23 per day**

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

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
Please Print Clearly - First name (what your child goes by) and last name

Parent/Guardian \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

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

Day Phone \_\_\_\_\_ Other (Cell) Phone \_\_\_\_\_

I hereby give permission for my child to enroll in the Clinton Community YMCA Camp Osage. I agree to complete the registration form, pick-up authorization card, discipline policy, and health form before my child's first day of camp.

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

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

**SHIRT INFORMATION:** Campers must bring a white shirt to tie dye the first Friday of camp (6/10). Campers are only required to wear their camp shirt on field trip days.

### 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 _____        | \$25.00 Reg. fee _____ | Y / N _____ | Amt. paid _____ |
| attending camp _____         | First week _____       | Y / N _____ | Amt. paid _____ |
| <b>Total amt. paid</b> _____ | Staff Initials _____   |             |                 |

MORE ON THE BACK



**CAMP OSAGE 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 YMCA 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 Pre-K 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 Pre-K Camp 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 Pre-K Camp, 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, YMCA Pre-K Camp, and their employees, agents, volunteers, and all other persons and agencies having any affiliation with the Pre-K Camp 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 YMCA Pre-K Camp.

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

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

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**Medication form**

Please list all allergies, behavior disorders, medications and dosage.

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

Parent/Guardian's name: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

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

Behavior Disorders: \_\_\_\_\_

# 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 \_\_\_\_\_