



**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 8am-12:30 PM (Monday, Wednesday, & Friday) (drop-off between 8:00 – 8:30)

Only campers who are registered may attend camp. Please register at the Courtesy Desk with this form and receive a parent's handbook and discipline policy with more information. Camp start date is June 3rd.

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

Fees: Members \$21 per day/ Non-members \$24 per day

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

Child's Name _____ Age _____
Please Print Clearly- First (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 parent packet information, pick-up authorization card, waiver, and Health Form before my child's first day of camp.

Parent/Guardian Signature _____

Email Address _____

SHIRT INFORMATION: Each camper will be provided a camp shirt that will be worn on field trip days. Shirts will remain at camp and be handed out when needed.

(Circle your child's shirt size) YXS YS YM YL YXL Other _____

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: _____

Office Use Only			
First day child _____	\$25.00 Reg. fee _____	Y / N _____	Amt. paid _____
attending camp _____			Date _____
Total amt. paid _____			Staff initials: _____

Pre K 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 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 YMCA Pre-K Camp.

Parent/Guardian Signature _____

Name(s) of child(ren) attending camp

Medication Form

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

Child's Name: _____

Parent/Guardian's Name: _____

Allergies: _____

Medication: _____

Dosage: _____

Behavioral Disorders: _____

Other Medical Information to Share: _____

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 _____

Behavior Policy (attached to the parent handbook)

I, _____ (parent/guardian), have read and understand the information in the Discipline Strategies and Procedures handbook and will assist the Pre-K Camp staff / YMCA in providing a safe, positive, and enjoyable climate while my child(ren) attends Pre-K Camp.

Child / Camper Name: _____

Parent / Guardian Name: _____

Signature: _____

Date: _____

