



2025 RANDOLPH COUNTY Y SUMMER CAMP REGISTRATION

For registration questions, please contact:
Shelly Price Youth/Life skills Director
765-584-9622 or shellyp29@ymail.com

Summer Camp Registration Checklist

- ◇ Copy of Child's Insurance Card
- ◇ Received Parent Handbook (initial) _____
- ◇ T-shirt Size : Please circle one
Youth: S M L YXL Adult: S M L XL
- ◇ Weekly Fee will be deducted from the Credit Card on file

CHILD INFORMATION:

Child's First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: _____ Age: _____ Grade: _____

Ethnicity: Hispanic Other Race: White Black Asian American Indian Hawaiian/Pacific Islander

PARENT/GUARDIAN INFORMATION

Parent/Guardian: {Mother} {Father} {Other: _____} Authorized to Pick Up: {Yes} {No}

Name: _____

Email: _____ Date of Birth: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell Phone# _____ Other Phone# _____

Place of Employment: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian: {Mother} {Father} {Other: _____} Authorized to Pick Up: {Yes} {No}

Name: _____

Email: _____ Date of Birth: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell Phone#: _____ Other Phone #: _____

Place of Employment: _____

EMERGENCY PICK-UP: List one other person to contact if neither parent is available

Name: _____ Phone _____ Relationship _____

Other Individuals Authorized to pick up your child:

Contact Name _____ Phone _____ Relationship _____

Contact Name _____ Phone _____ Relationship _____

Contact Name _____ Phone _____ Relationship _____



PARENTAL PERMISSION & CONSENT FORM **Please provide your initials acknowledging each item below**

_____ I give permission for my child to attend the Randolph County Y Summer Day Camp program from May 27th to August 6th, 2025 I understand there is a non-refundable \$30 registration fee. This MUST be paid before my child is considered enrolled for Camp. I understand and agree I will pay the full rate each week registered, the week prior to services rendered.

_____ **Field Trip Permission:** I give permission for my child to participate in Field Trips with the Randolph County Y Summer Day Camp program. I give permission for my child to participate in all scheduled activities, including being at Goodrich Park, Swimming and Y Day activities. I will not hold the Randolph County YMCA, its employees or volunteers responsible for any accident, injury or mishap that may occur during any of the activities.

_____ **Bus Permission:** I give permission for my child to be transported by the Randolph Central School Corporation for field trips and other local activities between the park and the YMCA. I will not hold Randolph Central School Corporation, its employees or volunteers responsible for any accident, injury or mishap that may occur during transportation. I understand that in Emergency situations, campers may be transported by staff in their personal vehicles.

_____ **Medical Emergency Information:** In the event reasonable attempts to contact parents or guardians have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by any licensed physician, and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinion of two licensed physicians, concurring in the necessity for such surgery, is obtained prior to the performance of such surgery.

_____ **Publicity Permission:** I grant the Randolph County YMCA the right to take photographs of my child while participating in Summer Day Camp activities. I authorize that the Randolph County Y may use and publish the same in print and/or electronically. I agree that the Randolph County Y may use photographs of my child with or without name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and on-line social media content. I also give permission for pictures taken during the Y Summer Day Camp to be used for grant purposes and give granting organizations (such as the Community Foundation) permission to use such photos in promotional material about such grants.

****Please attach a copy of your insurance card****

Please explain any health problems (allergies, asthma, etc.) your camper has that we should be aware of.

Please explain any medications your camper is taking.

_____ **Sunscreen Permission Form:** I give permission for Y Staff and volunteers to apply sunscreen, either what is brought from home or purchased by the Y on my child during the Y Summer Day Camp program.

- We recommend that your camper have sunscreen applied in the morning before coming to camp.
- Each camper will be responsible for his/her own bottle of sunscreen with an SPF of at least 30 in their swim bags with their name in permanent marker.
- Day Camp staff will be responsible for applying sunscreen after lunch, prior to swimming and again at the 2:45 break at the pool. We will apply sunscreen at other times per request.
- We encourage each child to allow a staff person to apply the sunscreen to ensure proper coverage, however, per parent request, we will allow older campers to apply their own sunscreen.

_____ My child is 11 years old or older. I give them permission to apply their own sunscreen.

_____ My child is 11 years old or older. I **DO NOT** give them permission to apply their own sunscreen.



REGISTRATION AND WEEKLY FEES

The YMCA Summer Day Camp is for campers entering 1st-8th grade in the fall. There is a one-time registration fee of \$30 (unless paid when child was enrolled in Kid's Club during the prior school year.) This fee is due with the registration form and will reserve a spot for your camper. It is a non-refundable fee and does not apply to any other costs. Your child will not be allowed to attend camp if you are more than one week behind.

Table with 2 columns: Fee Description and Amount. Rows include: Registration Fee/per child (non-refundable) \$30, Full-time \$135 (2nd child discount Full-Time \$90), 3 Days \$90, 2 Days \$70.

You MUST register each week you plan to attend. You will be charged for each week you register for whether the camper attends all days registered for or not.

SCHEDULE OF WEEKS:

Please indicate which weeks and how many days. What you register for, you will be charged.

Table with 5 columns: Week, Dates, Location, Full Time, 3-Days, 2-Days. Rows include weeks 1-9 with various dates and locations like 'No Trip', 'Hueston Woods', 'Ohio Caverns', 'SkyZone', 'Lazer X Tag', etc. Week 5 includes a 'YMCA SHUT DOWN WEEK' from 6/30-7/4.

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED AND UNDERSTAND THE ABOVE PERMISSION, CONSENT EMERGENCY INFORMATION STATEMENTS AND WEEKLY FEES:

X _____
Child's name (printed)

X _____
Signature of Parent/Guardian (signed)

X _____
Date