

2022 YMCA SUMMER CAMP



220 26th St - Fort Madison, IA - 52627
(319)372-2403
www.fortmadisony.org

Welcome to Summer Camp! We will be busy, busy, busy! The staff and I are excited to spend time with your kiddos this summer!

Please make sure your child brings the following items to camp each day

Swimsuit

Towel

Tennis Shoes

Change of clothes

Water Bottle with name (Will stay at the Y throughout the week go home on Friday)

A positive attitude

Please Provide

2 bottles of spray-on high SPF sunscreen (will remain at the Y and shared with all campers).

Please Provide a Sack Lunch on the following dates in June

Tuesday, May 31

Wednesday, June 1

Thursday, June 2

Friday, June 3

Friday, June 10

Friday, June 17

Friday, June 24

We ask that you provide an emergency contact number each day on the sign-in sheet. We will take this sheet with us on trips.

In case of emergency, please call the Y (372-2403) and staff will contact us.

Please indicate planned absences for your child on the clipboard.

If your child will not be attending please call the Y by 9:00 and let staff know.

Emily Hymes

Summer Camp Director

319-520-8805

PARENT-STAFF CONFIDENTIAL INFORMATION

Child's Name _____ Age _____ DOB _____

Address: _____ Zip _____ Phone _____

Father's Name: _____ Phone # _____

Mother's Name _____ Phone # _____

Email Address: _____

Anticipated Drop Off/Pick Up Times: _____

I hereby give permission for my child to leave YMCA Summer Camp with the following persons named below. It is my responsibility to notify the Fort Madison YMCA in writing of any changes.

Name _____ Relationship to child _____

Address _____ City _____

Telephone _____ Work Phone _____

Name _____ Relationship to child _____

Address _____ City _____

Telephone _____ Work Phone _____

Signature of Parent or Guardian _____ Date _____

If there is a separation, divorce or custody problem that we should be aware of, please explain:

IF YOU CHOOSE TO INCLUDE THE NAME OF A PARENT OR GUARDIAN THAT IS NOT ALLOWED TO PICK UP YOUR CHILD/CHILDREN, YOU MUST INCLUDE LEGAL PAPERWORK STATING THAT THEY ARE NOT ALLOWED TO PICK UP.

PARENTAL EMERGENCY MEDICAL CONSENT

The child named on the form may be taken to Fort Madison Community Hospital/ER in case of an emergency, as deemed necessary by summer camp personnel. Permission is hereby given to Dr. _____ to treat/release health information of the above named child.

Signature of Parent or legal guardian:

Address _____

Telephone _____ Work Phone _____

Doctor's Name _____

Doctor's Address of Location: _____

Telephone #: _____

Present medication(s)

Known Allergies

Date of last Tetanus:

Child's Current Weight:

Emergency names and numbers (other than parent/guardian):

Parent/Guardian signature:

_____ Date _____

SUMMER CAMP POLICY AGREEMENT

I HAVE RECEIVED, READ AND UNDERSTAND THE YMCA SUMMCRER CAMP POLICIES. MY CHILD, _____ AND I AGREE TO ABIDE BY THE POLICIES LISTED.

SIGNATURE OF PARENT OR GUARDIAN

Date

UNDER THE INFLUENCE STATEMENT

*****WE RESERVE THE RIGHT TO RETAIN A CHILD FOR THEIR SAFETY IF THE PERSON WHO IS PICKING THEM UP APPEARS TO BE UNDER THE INFLUENCE OF ANY SUBSTANCE WHICH COULD IMPAIR THEIR ABILITY TO SAFELY TRANSPORT OR CARE FOR THE CHILD, THEREFORE ENDANGERING THEIR HEALTH AND WELL BEING*****

Signature of parent or guardian: _____ Date _____

TRAVEL/ACTIVITY/WAIVER AUTHORIZATION

I do give my permission for my child _____ to leave the YMCA for trips, in the contracted Fort Madison Community School bus, or to walk with the group to close by destinations. I understand that I will be notified for each such activity.

Parent/guardian signature

Date

Waiver of Liability and Promotion:

Participation Agreement: I agree to my child's participation in the YMCA Summer Camp Program, and that she/he will comply with all the rules and regulations. I further agree that I will not hold the Fort Madison YMCA its sponsors or staff responsible in case of accident or injury. I fully understand that no accident insurance is provided and that I am responsible for such coverage if so desired. I, as legal guardian or parent, hereby consent to the participation of the applicant in the YMCA After Summer Camp Program under mentioned conditions. I give my consent for the applicant to be photographed, videotaped or filmed while participating in any activity and for the resulting photos, etc, to be used by the YMCA for educational and promotional purposes.

I have read, understand and agree to the above waiver.

Signature of Parent/Guardian

Date

YMCA Summer Camp Payment Information

Child(ren's) Name(s): _____

YMCA Member: YES NO

YMCA Member Fee: \$1,100

YMCA Non-Member Fee: \$1,350

Amount Paid Today: \$_____ Today's Date: _____ Amount Still Owed: \$_____

Payment Due Dates:

May 31, 2022 \$ _____ Amount Still Owed: \$ _____

June 17, 2022 \$ _____ Amount Still Owed: \$ _____

July 1, 2022 \$ _____ Amount Still Owed: \$ _____

July 15, 2022 \$ _____ Amount Still Owed: \$ _____