



OTTAWA YMCA 2019 SUMMER DAY CAMP REGISTRATION FORM

Registration begins April 8th

Camper Information: Please print clearly with complete information

Camper's Name: _____ Date of Birth: _____ Age: _____ Male Female

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

Home Telephone: _____ Grade (Fall 2019): _____ School: _____

Parent Information:

Parent 1: _____ M/F Dr. License # _____ D.O.B _____ Preferred contact: Phone/Email

Email _____ Cell Phone: _____ Work Phone: _____

Place of Employment _____

Parent 2: _____ M/F Dr. License # _____ D.O.B _____ Preferred contact: Phone/Email

Email _____ Cell Phone: _____ Work Phone: _____

Place of Employment _____

Emergency Contacts & Release:

**Name(s) and Phone Number(s) of person(s) OTHER THAN PARENTS, 18 years of age and older, allowed to pick up your child:
(Please note: Only individuals listed on this form may pick your camper up.)**

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Name: _____ Cell: _____ Relationship: _____

Camper Medical Information:

Please print clearly with complete information

The YMCA takes your child's safety very seriously. All medical information must be completed and no line is to be left blank.

Please let us know of any important medical information that will allow us to better serve your child:

Will your child need to take any prescription medications while at camp? Yes No

If answer is yes please list all medications on medication form.