



City of LeMars YMCA Apple Tree Day Camp 2010 Camper Information Sheet



(Please fill-out one information sheet per child, and return it to the City of LeMars YMCA. Thank you!)

PLEASE CHECK SESSION(S):

- Session 1 Week 1: June 21 - 25
- Session 1 Week 2: June 28 - July 2
- Session 1 Both Weeks: June 21 - July 2

- Session 2 Week 1: July 12 - 16
- Session 2 Week 2: July 19 - 23
- Session 2 Both Weeks: July 12 - 23

Child's Name: _____ (H) Phone #: _____

Address: _____ State: _____ Zip: _____

Age: _____ Sex: _____ DOB: _____

Mother's Name: _____ Daytime/Work Phone #: _____

Father's Name: _____ Daytime/Work Phone #: _____

If your child would become ill during camp, who would you like the YMCA staff to call to pick up your child?

1 _____ Phone #: _____

2 _____ Phone #: _____

3 _____ Phone #: _____

Are there any allergies, medications, illnesses, or restrictions that may affect your child during Apple Tree Day Camp that the YMCA staff should know about? If yes, please list them below!

Allergies: _____

Medications: _____

Illnesses: _____

Restrictions: _____

Other: _____

Do you grant permission to the City of LeMars YMCA to publish and/or use your child's picture and name in the LeMars Daily Sentinel, YMCA brochures & bulletin boards, and/or any other promotional fliers that would help advertise the YMCA Apple Tree Day Camp? YES NO

Please list below the individuals who have permission/consent to pick-up your child from Apple Tree Day Camp. This information is needed for your child's safety. Please note that if someone from the list below cannot pick-up your child, a letter of consent signed by a parent must be presented by the individual who is picking-up your child. In addition, a parent will be required to call the YMCA to inform us of this situation.

1 _____ Phone #: _____

2 _____ Phone #: _____

3 _____ Phone #: _____

My child has permission to participate in all activities at Apple Tree Day Camp. I do hereby for myself, my heirs & executor, waive, release, & discharge the City of LeMars YMCA, the City of LeMars, all staff, volunteers, directors, & officers for all claims of damage or action whatsoever that may arise of my child's participation in this camp.

_____ Parent/Guardian Signature _____ Date