



# Le Mars YMCA Day Camp 2021 Camper Information Sheet

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

**PLEASE CHECK SESSION(S):**

- Week 1:** Monday, June 7 - Friday, June 11
- Week 2:** Monday, June 14 - Friday, June 18
- Week 3:** Monday, June 21 - Friday, June 25
- Week 4:** Monday, June 28 - Friday, July 2
- Week 5:** Monday, July 5- Friday, July 9
- Week 6:** Monday, July 12- Friday, July 16

- Week 7:** Monday, July 19 - Friday, July 23
- Week 8:** Monday, July 26 - Friday, July 30
- Week 9:** Monday, August 2 - Friday, August 6
- Week 10:** Monday, August 9 - Friday, August 13
- Week 11:** Monday, August 16 - Friday, August 20

Child's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade for 2021-22: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Daytime/Cell Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Daytime/Cell 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 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 Le Mars YMCA to publish and/or use your child's picture and name in the Le Mars Daily Sentinel, YMCA brochures & bulletin boards, and/or any other promotional fliers that would help advertise the Y Day Camp?  
**YES NO**

Please list below the individuals who have permission/consent to pick-up your child from 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 the Y Day Camp. I do hereby for myself, my heirs & executor, waive, release, & discharge the Le Mars 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

**LE MARS YMCA**  
241 12th St. SE  
Le Mars, IA 51031  
(712) 546-6655



# Le Mars YMCA Day Camp 2021 Camper Information Sheet

## Le Mars Y Day Camp Field Trip Transportation Liability Agreement

I give my permission for my child to be transported by the appropriate Le Mars YMCA staff in a YMCA approved vehicle. I assume any and all liability for damages to or caused by my child in connection with the transportation services offered by the YMCA, except those caused by gross negligence or intentional act of the YMCA.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### If Applicable:

#### PERMISSION SLIP FOR CHILD TO WALK HOME

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby request that this camper be permitted to sign out of each day camp program at the conclusion of the regularly scheduled camp day and, without YMCA supervision, to walk home from YMCA camp.

I agree that upon this camper signing out of day camp, I take sole and complete responsibility for this camper's safety and welfare. I acknowledge that the YMCA shall have no further responsibility for this camper.

Parent/Guardian printed name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_