

Town of Thompson YMCA Camp Registration 2025
Services Provided By the YMCA

Camp will be held at the East Mongaup River Park from June 30th – August 15th

When registering you must supply us with this application (completed in its entirety), deposit or payment in full, proof of residency and a copy of your child's immunizations. If any of the above components are missing your application will not be accepted.

Sorry, there can be no exceptions.

Child's Name _____ Sex _____
Age (during camp) _____ Birth date _____ My child is currently in _____ Grade _____
Address _____ City/St/Zip _____
Parent/Guardian Name _____ Child Resides with _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Daytime Phone for Messaging Service: _____

****MUST BE 5 YEARS OLD ON OR BEFORE DECEMBER 1ST 2024** (NO exceptions)**

Leaders in Training and Counselors in Training are limited to 8 registrants.

Did your child attend camp last year? **Yes or No**

Will your child be attending camp the entire 7 weeks? **Yes or No**

If no, how many weeks will your child attend? _____

Authorized Release and Emergency Contacts

It is our policy not to release your child into the custody of any persons you do not specify. This includes other family members. Please list all individuals that you authorize to pick up your child. These individuals might be contacted if there is an emergency. ID is required when picking up your child. Please feel free to attach a separate sheet of paper if needed.

INCLUDE yourself on this list.

Name _____ Relationship to child _____

Daytime phone # _____ Cell # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell # _____

Name _____ Relationship to child _____

Daytime phone # _____ Cell # _____

I understand that I must provide my child transportation, drinks, a towel, and bathing suit. (Please Initial)_____

Does your child have any physical limitation? If yes, please describe.

Please specify if your child has any allergies.

Is there anything you would like to disclose that would help us better serve your child?

Does your child wear glasses or contacts? _____

If your child is currently taking medication, please specify what and why.

I understand that at no time is the fee for camp refundable and that the price is the same regardless of my child's attendance. (Please Initial) _____

I understand that camp will end at 4:30pm; however there will be supervision until 5:00pm. I also understand that I will be charged \$5.00 for every 5 minutes I am late picking up after 5:00pm. This fee must be paid before my child can come back to camp. It has also been brought to my attention that perpetual lateness will risk my child's placement in camp. (Please Initial) _____

I received the Camp Handbook and Behavior Policy. (Please Initial) _____

I hereby enroll my child in the Camp at East Mongaup River Park with services being provided by the YMCA. In signing the application, I certify that my child is healthy and free of problems that could affect his/her ability to participate. I hereby grant the YMCA and their agents full authority to take whatever actions necessary regarding my child's health and safety. I understand that my child must comply with the rules and standards of the program. I agree that the YMCA has the right to enforce appropriate standards and that the YMCA may terminate my child's participations if these standards are not maintained. I further give my consent for my child to be photographed and/or videotaped, and release the use of those images to the YMCA for marketing purposes. I also give the YMCA permission to transport my child whenever necessary. I agree in case of accident or injury the YMCA has authorization to obtain emergency medical care in the event I or my designees cannot be reached. I fully release the YMCA from any liability. I understand that I am responsible for the cost of any and all medical expenses incurred during the program time and that my medical insurance is primary.

Signing of this document signifies that I understand all
of it's information and agree to abide all camp policies.

Signature Parent/Guardian_____

Print Name_____ Date_____