

YMCA at Camp Torenta Registration Form - 2022

* REQUIRED Information

*Camper's full name _____ *Gender: M or F *Date of Birth ____/____/____
 *T-Shirt Size (circle one): YthMed ~YthLg ~AdltSm ~AdltMed ~AdltLg ~AdltXL School Attending: _____ Grade Entering: _____
 *Address _____ *City _____ *State _____ *Zip _____
 *Parent (first & last name) _____ *Date of Birth ____/____/____ *Home # _____ Cell or Work # _____
 Parent (first & last name) _____ Date of Birth ____/____/____ Home # _____ Cell or Work # _____
 Email Address _____

Packing list and other details regarding attending camp will be emailed to you after we receive your registration.

Additional persons authorized to pick-up your child from camp and/or contacted in the event of an emergency:			
Name: _____	Relation: _____	Phone1: _____	Phone2: _____
Name: _____	Relation: _____	Phone1: _____	Phone2: _____

Camp Session	Dates	Camp Fee	*Extended Care* \$25/week	TOTAL
DAY CAMPS – Members: \$140/week; Non-Members: \$180/week				
Day Camp 1	June 20 – 24			
Day Camp 2	June 27 – July 1			
Day Camp 3	July 11 – 15			
Day Camp 4	July 18 – 22			
Day Camp 5	July 25 – 29			
Day Camp 6	Aug 1 – 5			
Pre-Order Camp Torenta T-Shirt		\$15 each	→	
* Any Extended Care and/or T-Shirt fees selected at registration are due at registration. These fees can be added any time prior to your camp week at the YMCA or at check-in at Camp Torenta.*				TOTAL FEES
				- DEPOSIT
				BALANCE
\$25 non-refundable deposit required per Day Camp Session				

Payment Options: Check, Cash, Money Order, or Credit

CREDIT CARD PAYMENT: Name on Card _____ Card Type: VISA MASTER CARD DISCOVER	
Card # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiration Date ____/____
Amount to be charged upon registration \$ _____	
BALANCES WILL BE CHARGED TO YOUR CREDIT CARD THE MONDAY BEFORE EACH REGISTERED SESSION STARTS	

PLEASE COMPLETE "CAMPER INFORMATION" ON THE OTHER SIDE OF THIS PAGE

Office use only For Extended Care & T-Shirts at time of Registration

Deposit paid _____ Date _____ Balance paid _____ Date _____

CAMPER INFORMATION

* REQUIRED Information

Camper Name: _____

BUDDY SELECTION Both buddies must request to be together and they must be in the same age group. We will attempt to honor all requests but, we are limited by the number of spaces in each group.

Buddy's Name _____

CAMPER QUESTIONS

Has child been away from home before? _____

What does he/she like to do best? _____

Special talents or abilities _____

How does your child get along with others of the same age? _____

Hobbies and/or special interests _____

Is there an activity your child particularly wants to do at camp? _____

Does your child have any serious fears? _____

Please list any specific health or behavioral considerations: _____

Please list any physical limitations that your child has: _____

Please provide any other information you feel may put us in a better position to understand your child and his/her needs:

*** HEALTHCARE INFORMATION**

Medication must be in its original container with the child's name on the prescription.

Please list medication and dosage instructions: _____

* Does your child currently or recently have any allergies, illness, infections, communicable disease, ailments, or other condition?

FOOD RESTRICTIONS: An additional food restriction form must be completed and returned to the Cadillac Area YMCA at least two weeks prior to attending camp. This form is available at the Cadillac Area YMCA or camptorenta.org.

* Are your child's immunizations up to date? YES or NO (circle one)

Name of Family Physician _____ Phone _____

I certify that my child has permission and consent to participate in the above YMCA Program. I further stipulate and agree to protect, indemnify, save, and hold harmless said Cadillac Area YMCA employees and YMCA volunteers as well as Cadillac Area Public Schools against any and all claims arising out of my child's participation in this YMCA Program. I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the participant named above. I certify that my child is normal and healthy and amenable to discipline. During the camp program, I expect him/her to observe all regulations decided upon for the welfare of all. I also certify that the program participant (my child) has been screened medically and that there are no medical conditions or injuries that preclude his/her participation in this program. I understand that the Waterfront Director is an adult Red Cross certified lifeguard. The decisions that are made on the waterfront are done so in an attempt to insure camper's safety. I give the Cadillac Area YMCA permission to transport my child to daily Camp program sites as necessary. I give my permission for photos/videos to be taken and used for YMCA public relations purposes. I certify that all information provided above is accurate. This completed form may be photocopied.

* **Parent/Guardian signature:** _____ **Date:** _____