YMCA at Camp Torenta Registration Form - 2024

* REQUIRED Information

*Camper's full name	*	Gender: N	1 or F	*Date of Birth	//
*T-Shirt Size (circle one): YthMed ~YthLg ~AdltSm	~AdltMed ~AdltL	_g ~AdltXL	School Att	ending:	Grade Entering
*Address		*City _		*State	_*Zip
*Parent (first & last name)	*Date of Birth		_*Home #	Cell or W	ork #
Parent (first & last name)	_ Date of Birth	_//	Home #	Cell or Wo	ork #
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	*Extende <i>\$25/</i>			TOTAL
DAY CAMPS – Members: \$140/week; Non-Members: \$180/week						
Day Camp 1	June 17-21					
Day Camp 2	June 24-28					
Day Camp 3	July 8-12					
Day Camp 4	July 15-19					
Day Camp 5	July 20-24					
Day Camp 6	July 29-Aug 2					
		_				
Pre-Order Camp Torenta T-Shirt \$15 ead		\$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.					TAL ES	
\$25 non-refundable deposit required per Day Camp Session			- DEI	POSIT		
			BAL	ANCE		

Payment Options: Check, Cash, Money Order, or Credit					
CREDIT CARD PAYMENT: Name on Card	Card Type: VISA MASTER CARD DISCOVER				
Card #	Expiration Date / Amount to be charged upon registration \$				
BALANCES WILL BE CHARGED TO YOUR CREDIT CARD TH	E MONDAY BEFORE EACH REGISTERED SESSION STARTS				
PLEASE COMPLETE "CAMPER INFORMATI	ON" ON THE OTHER SIDE OF THIS PAGE				
Office use only	For Extended Care & T-Shirts at time of Registration				
Deposit paid Date	Balance paidDateDate				

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 requ	ests 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

<u>Medication</u> 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 _____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 lifequard. 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: