

CAMP ULBRICH Y-CATION REGISTRATION

CAMPER	NAME		BIRTHDAY		AGE		<input type="checkbox"/> M	<input type="checkbox"/> F			
	ADDRESS				CITY/ST/ZIP						
	<input type="checkbox"/> OCTOBER <input type="checkbox"/> MONDAY 10/9		<input type="checkbox"/> NOVEMBER <input type="checkbox"/> TUESDAY 11/7 <input type="checkbox"/> FRIDAY 11/10		<input type="checkbox"/> DECEMBER <input type="checkbox"/> TUESDAY 12/26 <input type="checkbox"/> THURSDAY 12/28 <input type="checkbox"/> WEDNESDAY 12/27 <input type="checkbox"/> FRIDAY 12/29		<input type="checkbox"/> JANUARY <input type="checkbox"/> TUESDAY 1/2 <input type="checkbox"/> MONDAY 1/15		<input type="checkbox"/> FEBRUARY <input type="checkbox"/> MONDAY 2/19		
	<input type="checkbox"/> AUTOMATIC DRAFT You will be drafted the Friday before the dates your child is enrolled.				<input type="checkbox"/> USE MY ACCOUNT ON FILE Last 4 Digits of Card/Account: _____ Signature: _____				Family/Youth Members: \$50 per day		Program Members: \$70 per day
FAMILY DATA	PARENT/GUARDIAN 1				HOME PHONE						
	EMAIL ADDRESS				CELL PHONE						
	PLACE OF EMPLOYMENT				WORK PHONE						
	PARENT/GUARDIAN 2				HOME PHONE						
	EMAIL ADDRESS				CELL PHONE						
	PLACE OF EMPLOYMENT				WORK PHONE						
MEDICAL	DOES YOUR CHILD HAVE ANY ALLERGIES, DRUG SENSITIVITIES, MEDICAL CONDITIONS OR MEDICATIONS?										
	If your child has an inhaler, is it a rescue inhaler that may need to be used at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	PLEASE NOTE: If your child has any medication that may be needed during the day (i.e. Epi-Pen, inhaler), you MUST submit an "Authorization to Administer Medication" form and bring the medication to camp on your child's first day										
	PHYSICIAN NAME				PHYSICIAN PHONE						
<input type="checkbox"/> My child is enrolled in the SAGE program <input type="checkbox"/> My child came to Camp Ulbrich in 2017 and has a physical on file <input type="checkbox"/> I will provide a copy of my child's latest physical at registration						All paperwork must be on file before child can attend.					
EMERGENCY	PERSONS TO WHOM CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS)										
	NAME		PHONE 1		PHONE 2		RELATIONSHIP				
	NAME		PHONE 1		PHONE 2		RELATIONSHIP				
	PERSONS TO WHOM CHILD MAY NOT BE RELEASED (MUST PROVIDE DOCUMENTATION)										
	NAME				RELATIONSHIP						

PLEASE READ CAREFULLY BEFORE SIGNING. SIGNATURE IS REQUIRED FOR APPLICATION.

- I understand that the Wallingford Family YMCA ("YMCA") does not cover participants with health or accident insurance. I specifically assume all risk of injury arising out of the participant's presence on the premises of the YMCA, use of its equipment or facilities and participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns herby waive, release and agree to hold free from claims arising out of damages for the YMCA and its officers, directors, members, employees or agents. I understand the risk and dangers involved in participating in such programs and it is my opinion my child's health will allow him/her to safely participate in activities. I also give my permission for certified staff and or licensed medical staff to treat my child through hospitalization, injection, anesthesia or surgery.
- I give permission to the program to use without limitation or obligation my child's photograph, film footage or tape recordings which may include images or voice recordings in YMCA promotional materials.
- I agree that the participant will uphold and abide by the rules and regulations adopted by the YMCA and I recognize that they reserve the right to dismiss or suspend the participant at any time if, in the judgment of the Camp Director, such action is in the best interest of the program.
- I give permission for my child to attend field trips to Bertini Park, Doolittle Park, the Rotary YMCA Teen Center, the YMCA KinderHouse and the Wallingford Family YMCA for camp activities. I understand that my child will walk to and from each activity.

Parent/Guardian Signature

Date



CAMP ULBRICH Y-CATION



WHY WAIT FOR SUMMER FOR THE FUN OF CAMP ULBRICH?

Held at our **East Side Branch**, Camp Ulbrich Y-Cation runs on days when the Wallingford Public Schools are closed for vacation and is open to all students in **grades K-8**.

From **6:45AM-6:00PM**, your child will enjoy a jam-packed day of swimming, active play, arts & crafts, group games and more, supervised by our camp staff and surrounded by friends.

Who could ask for a better day off?

NEW THIS YEAR: You can sign up for all the Y-Cation days you need until February! Payment can either be taken up front or you can set up an automatic draft. You will be drafted the Friday before the days your child is enrolled. **SIGN UP TODAY!**

Registration will be accepted up to 24 hours before the chosen date. Fees are non-refundable. Credits may be issued if cancellation is received at least 48 hours prior to the selected date or if due to medical reasons. Draft modifications or program cancellations must be received 48 hours before the draft date. Y-cation Days **MUST** have a minimum number of participants to run. If this number is not reached, Y-cation will be cancelled and you will be refunded.