



Excited for camp? We are too.

Slide into summer early with Camp Ulbrich Pre-Camp!

Held at our **East Side Branch**, Pre-Camp runs from **6:45AM-6:00PM** and is open to all students in **grades K-8**. Your child will meet their counselors, swim, play and enjoy jam-packed days of **FUN** supervised by our camp staff and surrounded by friends.

JUNE 12

LAST DAY OF SCHOOL

JUNE 13-20



JUNE 24

FIRST DAY OF CAMP ULBRICH

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. There will be an additional charge to cover the cost of the trip for any participant who attends the field trip without registering for the whole week.



WALLINGFORD FAMILY YMCA

www.wallingfordymca.org



**WE'RE A COMMUNITY
NOT JUST A GYM**

CAMP ULBRICH PRE-CAMP REGISTRATION

CAMPER	NAME		BIRTHDAY	AGE	GRADE IN FALL	<input type="checkbox"/> M	<input type="checkbox"/> F
	ADDRESS			CITY/ST/ZIP			
	JUNE		<input type="checkbox"/> THURSDAY 6/13	<input type="checkbox"/> MONDAY 6/17	<input type="checkbox"/> WEDNESDAY 6/19		
			<input type="checkbox"/> FRIDAY 6/14	<input type="checkbox"/> TUESDAY 6/18	<input type="checkbox"/> THURSDAY 6/20		
		Family/Youth Members: \$50 per day		Program Members: \$70 per day			
<input type="checkbox"/> PAY IN FULL		<input type="checkbox"/> AUTOMATIC DRAFT (You will be drafted the Friday before the date(s) enrolled)					
		Use account on file: Last 4 Digits of Card/Account: _____		Signature: _____			
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 2018/is attending in 2019 and has a physical on file		<input type="checkbox"/> I will provide a copy of my child's latest physical at registration		
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 hereby 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 _____