



## Summer Camp 2025 Registration Form

Please complete this registration form. It is important that each area be completed, signed and dated. Thank you.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shirt Size: \_\_ YS \_\_ YM \_\_ YL \_\_ AS \_\_ AM \_\_ AL \_\_ AXL

Medical Concerns/Allergies: \_\_\_\_\_

Emergency contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

Others Authorized to Pick Child Up or Be Notified as Needed: \_\_\_\_\_

**Payment is due whether your child attends the program or not. One week vacation is allowed. Please check below your vacation week:**

*\$30 Registration/Activity Fee*

*Members: \$90/Week Non-Members: \$100/Week Financial Asst.: \$75.00/Week*

- |  |   |
|--|---|
| <input type="checkbox"/> Week 1: June 2nd-6th        | <input type="checkbox"/> Week 7: July 7th-11th                |
| <input type="checkbox"/> Week 2: June 9th-13th       | <input type="checkbox"/> Week 8: July 14th-18th               |
| <input type="checkbox"/> Week 3: June 16th-20th      | <input type="checkbox"/> Week 9: July 21st-25th               |
| <input type="checkbox"/> Week 4: June 23rd-27th      | <input type="checkbox"/> Week 10: July 28th-30th (3 day week) |
| <input type="checkbox"/> Week 5: June 30th- July 3rd |   |
| CLOSED Friday, July 4th                              |   |

**The Union County YMCA has permission to: (Initial each that applies)**

\_\_\_\_\_ Involve my child in swimming

\_\_\_\_\_ Involve my child in field trips (no flip flops allowed)

\_\_\_\_\_ Involve my child in photos or videos taken for YMCA publicity purposes

\_\_\_\_\_ Transport my child

\_\_\_\_\_ I agree to send a refillable water bottle to the Y for my child.