

WAYNESBORO AREA YMCA SPORTS CAMP INFORMATION FORM

This form must be turned in PRIOR to camp. **We will NOT accept a camper without this form. NO EXCEPTIONS, sorry.**

Campers Name _____ Age _____

Address _____

Home or Cell Phone _____ Date of Birth _____ Sex _____

Please Indicate which Sports Camp your Child will be attending

Football (6/15-6/18) ____ Soccer Camp (7/6-7/9) ____ Volleyball Camp (8/4-8/6) ____

Emergency Contact:

1. Name (Parent/Guardian): _____

Phone: _____

2. Name: _____

Phone: _____

3. Name: _____

Phone: _____

4. Name: _____

Phone: _____

Child's Physician _____ Phone: _____

Please list any medical or other information you feel we should be aware of.
Include previous injuries, serious illnesses, major surgeries, etc..... Also include
any serious fears, etc.....

Date of Tetanus Shot _____ Allergy Shot _____

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Is your child currently taking any medication? _____ If yes, what and dosage?

SIGN-OUT PERMISSION

The following person(s) have my permission to pick up my child at the end of the day. Only those people listed below may pick up my child (PLEASE INCLUDE YOURSELF). If someone other than those named below will be picking up my child, I will notify the Camp Director in writing or through personal contact. I understand that my child must be signed out each day, without exceptions. Proper ID is required.

1. (Parent/Guardian) _____
2. (Parent/ Guardian) _____
3. _____
4. _____
5. _____
6. _____
7. _____

I have received, read, and understood the YMCA Volleyball Camp information.

Signature (Parent)

Date

Please list any special circumstances that you feel Camp Staff should be aware of (i.e. swim lessons, family situations....)
