

# 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

Gymnastics (6/14-17 & 7/19-23) \_\_\_ Soccer Camp (7/5-7/8) \_\_\_

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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FORM

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

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**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's information.

\_\_\_\_\_  
Signature (Parent)

\_\_\_\_\_  
Date

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

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