



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Northern Lights YMCA Camp Harstad Registration Form

This form is confidential and required for participation in YMCA Day Camp programs. It is used by staff and emergency personnel to ensure the safety and well-being of your child.

SECTION I – CAMPER INFORMATION

Camper Name: _____ Nickname: _____

Date of Birth: ____/____/____ Age: _____ Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian #1: _____

Relationship: _____

Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian #2: _____

Relationship: _____

Phone: _____ Work Phone: _____

Email: _____

SECTION II – EMERGENCY CONTACTS

(Parents/Guardians will be contacted first)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

SECTION III – AUTHORIZED PICK-UP

Authorized individuals (ID required):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Are there any custody agreements or legal restrictions? Yes No

If yes, documentation must be provided. Explain:

SECTION IV – MEDICAL & INSURANCE INFORMATION

Insurance Carrier: _____

Group #: _____

Policy Holder: _____

Family Physician: _____ Phone: _____

Preferred Hospital: _____



SECTION V – HEALTH HISTORY

Please check all that apply:

- Asthma Diabetes Seizures Allergies Concussion
- ADHD/ADD Behavioral Concerns Frequent Headaches
- Fainting/Dizziness Other: _____

Explain any conditions:

Does your child have an IEP, 504 Plan, or require accommodations? Yes No

If yes, explain:

Activity Restrictions:

Is there anything else in campers’ health history (behavioral, emotional, mental, or physical) that the camp staff should be aware of?

SECTION VI – MEDICATIONS

Will your child take medication at camp? Yes No

If yes, list (**additional form required**):

Medication: _____ Dosage: _____

Instructions: _____

All medications must be in original packaging.

SECTION VII – ALLERGIES

- None Known Food Insect Stings Medication Other

Describe reaction and treatment:

SECTION VIII – IMMUNIZATIONS

Are immunizations up to date? Yes No

(If no, an immunization waiver is required)

SECTION IX – CAMP INFORMATION

Drop-Off Time: _____ Pick-Up Time: _____

Camp Harstad hours are 8:30 AM–4:00 PM. At this time, we are unable to accommodate pick-ups after 4:00 PM.

Thank you for your understanding and cooperation.

Swimming Ability:

- Non-swimmer Beginner Intermediate Strong Swimmer



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SECTION X – PERMISSIONS & AUTHORIZATION

- I give permission for my child to participate in all camp activities unless noted.
- I authorize the YMCA to secure emergency medical treatment, including transportation by ambulance, if necessary, if I cannot be reached.
- I give permission for YMCA staff to apply sunscreen and/or insect repellent.
- I give permission for my child to participate in all scheduled off-site field trips, including transportation to and from locations via the Delta Area Transit Authority (DATA) bus.
- I understand my child is expected to follow YMCA behavior expectations as outlined in the parent handbook and directed by staff. If my child's behavior is unsafe or disruptive, I may be required to pick them up immediately.
- I agree to keep my child home if they are ill and understand that they may be sent home if symptoms of illness arise during the program. I acknowledge that while the YMCA takes reasonable precautions to maintain a healthy environment, it cannot guarantee that my child will not be exposed to or become ill while attending camp.
- I give permission for my child to be photographed for promotional use (social media, print, and digital materials).
- I understand that I must pay my child's camp balance by 4:00 PM the Friday prior to the start of the camp week and cancellations must be made by the Monday prior to the start of the camp week (7 days in advance). I understand that not doing so can prevent my child from attending camp and being charged for the week.

SECTION XI – LIABILITY RELEASE

I the undersigned, on behalf of myself, my family, and my minor child identified above, hereby release the Northern Lights YMCA, its directors, officers, employees and agents, for any and all claims for property damage, illness, or personal injury of any kind, including but not limited to liability for medical expenses, that I, my family, or my minor child may incur during or as a result of his or her involvement in youth or camp programs at the Northern Lights YMCA. This release of liability shall be construed to release the Northern Lights YMCA, its directors, officers, employees, and agents for all claims of ordinary negligence. Provided, however, that nothing contained herein shall be construed to release anyone for any injuries out of the gross negligence of the YMCA, or its directors, officers, employees or agents.

Parent/Guardian Name: _____
Signature: _____ Date: _____