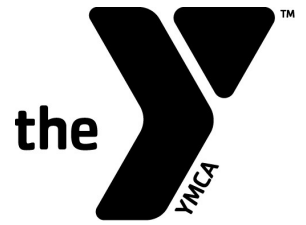


SUMMER CAMPS



Camper's Last Name: _____ Camper's First Name: _____

Date of Birth: _____ Age: _____ Male _____ Female _____ Non-Binary _____

Grade and school attending in September 2020: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Child Lives with _____ Mother _____ Father _____ Both _____ Neither _____

Guardian Full Name _____ Guardian Day Time Phone _____

Guardian Email _____

Guardian Full Name _____ Guardian Day Time Phone _____

Guardian Email _____

If unable to locate parents (in an emergency) please call:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please let the YMCA know if you or your child has any special needs requiring any accommodations:

Person(s) authorized to pick up child:

Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Physical conditions requiring attention: allergies (ie. penicillin, asthma, hay fever or insect stings; hearing, speech, epilepsy, heart, vision, diabetes, or any other condition): _____

Dates of most recent immunizations: DPT _____ Polio _____ Measles _____ Rubella _____

Insurance Co. _____ Policy # _____

Preferred Hospital _____

As a legal guardian of my child,

I do hereby consent and authorize the Kandiyohi County Area Family YMCA Summer Day Camp staff to take any and all action, including use of medical services and hospital facilities as they deem appropriate in the event that my child should become ill or otherwise injured under the care of the Summer Day Camp Program. In addition, I authorize the YMCA to take and use pictures of my child for promotional purposes and marketing purposes.

Printed Name _____

Signature _____

Date _____

SUMMER DAY CAMP

Youth entering grades Kindergarten – 4th in September 2020

Member Rates: \$130 Non-Member Rates: \$150

- Session 1 – Welcoming Week- June 8-12
- Session 2 – Myth Busters (STEM)- June 15-19
- Session 3 – Let’s Grow- June 22-26
- Session 4 – Stars and Stripes- June 29-July 3
- Session 5 – Splash City- July 6-10
- Session 6 – Sports Week- July 13-17
- Session 7 – Planes, Trains and Automobiles- July 20-24
- Session 8 – YMCA Olympics- July 27-31
- Session 9 – Fear Factor- August 3-7
- Session 10 – Lakeside- August 10-14
- Session 11 – Lights, Camera, Action- August 17-21
- Session 12 – Get Crafty- August 24-28
- Session 13 – Back To School- August 31- September 4

Leader in Training (LIT)

Youth entering grades 5th – 9th in September 2020

Member Rates: \$130 Non-Member Rates: \$150

- Session 1 – Welcoming Week- June 8-12
- Session 2 – Myth Busters (STEM)- June 15-19
- Session 3 – Let’s Grow- June 22-26
- Session 4 – Stars and Stripes- June 29-July 3
- Session 5 – Splash City- July 6-10
- Session 6 – Sports Week- July 13-17
- Session 7 – Planes, Trains and Automobiles- July 20-24
- Session 8 – YMCA Olympics- July 27-31
- Session 9 – Fear Factor- August 3-7
- Session 10 – Lakeside- August 10-14
- Session 11 – Lights, Camera, Action- August 17-21
- Session 12 – Get Crafty- August 24-28
- Session 13 – Back To School- August 31- September 4



Meet the Counselors event will take place on Monday, June 1st from 5:30 – 6:30 pm. This program invitation is for any registered LIT or camper to attend and all first year participants are encouraged. This program will allow families to meet the counselors, ask questions about camp and hear from our Program Director on how to best prepare for the first day of camp.



Swimming lessons; Swimming lessons will be held on Thursdays, during programming hours of camp. Lessons will be held from 9:30-10:00 am on the weeks scheduled. Each session is \$25 for members and \$38 for non-members.

- Session 1 – June 8 - July 3
- Session 2 – July 6 - July 31

This form must be accompanied by a \$10.00 non-refundable deposit per child for each weekly session. There is a \$30 Camp registration fee and any cancellations after Monday preceding the week of camp or a no-show for the week of camp are subject to full payment for the week.

- Participant is a current YMCA Member. To receive the member rate on Summer Day Camp, membership must be maintained for all registered weeks of camp.
- I would like to have **ALL** Summer Day Camp fees for the selected weekly session(s) auto-debited from my existing YMCA membership account. (Deposits will be auto-debited at registration. The balance will be debited on **Friday** in the week preceding each camp session.)
- I have attached a non-refundable cash or check deposit for the selected session(s) and will pay the balance before the Friday prior to each camp session.

Signature _____ Date _____ Staff Initial _____

Complete registration form and send or return to Alex Wolter or Nicholas McBeain:
Kandiyohi County Area Family YMCA | P.O. Box 757 • 1000 Lakeland Drive Southeast | Willmar, Minnesota 56201
P | 320-222-YMCA(9622) F | 320-222-7197