



2025 YMCA Summer Camp Registration

Child's Information: (Please print)

Child's Name (First//Last): _____ Preferred Name: _____

DOB: ___/___/___ Grade in Fall 2025: _____ Age as of June, 1, 2025 _____ Male _____ Female _____

Race: African American Asian American Indian Pacific Islander White Hispanic *see info on back

PEOPLE AUTHORIZED TO PICK UP:

1st Parent/Guardian:

Name: _____ Employer: _____

Home Address: _____

City/State: _____ Zip: _____ Phone Number _____

2nd Parent/Guardian:

Name: _____ Employer: _____

Home Address: _____

City/State: _____ Zip: _____

Cell or Home Number: _____ Work Number: _____

Email Address (required): This is how we will communicate program information. ****Up to two emails****

Emergency Information:

Known allergies: _____

Medications or medical concerns: _____

Child's Doctor: _____ Phone Number: _____

If Parent/guardian cannot be reached, who else should we notify in case of an emergency:

Name: _____ Relationship to child: _____

Phone Number: _____

Name: _____ Relationship to child: _____

Phone Number: _____

Is there anyone court ordered that is NOT authorized to visit or pick up your child?

Name: _____ Relationship to child: _____

A \$20 non-refundable, non-transferrable deposit per session is required at time of registration.

SESSION DATES	Please Select One Camp Per Session		
	Camp Horizons	Kinder Camp	Camp Frontier
Session 1: June 9th-13th			
Session 2: June 16th-20th			
Session 3: June 23rd-27th			
Session 4: June 30-July 3rd (no camp July 4)			
Session 5: July 7th-11th			
Session 6: July 14th-18th			
Session 7: July 21st-25th			
Session 8: July 28th- August 1st			
Session 9: August 4th-8th			
Session 10: August 11th-15th			
Session 11: August 18th-22nd			

Camp Drop off/Pick Up Location:

All Camp Frontier campers must be dropped off and picked up at Camp Frontier.

All Camp Horizons and Kinder campers must be dropped off and picked up at the Alamance County YMCA.

Please read and sign below to acknowledge all listed waivers and agreements:

- I have received and understand the rules, policies and procedures outlined in the Summer Camp Handbook.
- I understand all policies concerning non-refundable deposits and camp cancellation notice required.**
- I hereby release and discharge the Alamance County Community YMCA, its agents, volunteers and employees from any and all claims of injury, illness, death, loss or damage that my child/ren may suffer as a result of participation in camp.
- I permit the Y to use images of my child as a YMCA camp participant in internal and external promotional materials, including printed material, broadcast advertising, promotional videos and the YMCA website.
- I authorize the YMCA to draft the camp payment balances for my child/ren from my account. I understand that should any draft not be honored by my bank for any reason, the draft will be re-submitted and a \$25.00 service charge will be added to my account.
- It is my complete understanding that if I wish to terminate camp or change my method of payment in any way, I must give the YMCA a one week written cancellation or change notice prior to the session draft date.**
- Alamance County YMCA participates in the USDA Child and Adult Care Food Program. One of the requirements of this program is to collect ethnic and racial data on participants once a year. This data is summarized in numbers only for statistical use. Individual names are not identified in the statistical summary.

Parent/Legal Guardian Signature: _____ Date _____

Each year the Y raises money to provide financial assistance for kids to come to camp. If you'd like to make a donation, please indicate below and someone will contact you. Thank you!

_____ Yes, I will help make a donation for a child to attend Y Summer Camp.