## 2013 Summer Day Camp Sessions & Fees

### Camp Offerings (Ages 5-16)

<table>
<thead>
<tr>
<th>Session</th>
<th>Start Date</th>
<th>End Date</th>
<th>Payment Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>July 1, 2013</td>
<td>July 12, 2013</td>
<td>Upon Registration</td>
</tr>
<tr>
<td>Session 2</td>
<td>July 15, 2013</td>
<td>July 26, 2013</td>
<td>July 1</td>
</tr>
<tr>
<td>Session 3</td>
<td>July 29, 2013</td>
<td>August 9, 2013</td>
<td>July 1</td>
</tr>
<tr>
<td>Session 4</td>
<td>August 12, 2013</td>
<td>August 23, 2013</td>
<td>July 1</td>
</tr>
</tbody>
</table>

### Explorers/Sports Camp Fees Per Session (Every Two Weeks)

<table>
<thead>
<tr>
<th>Session</th>
<th>Member Fee</th>
<th>Non-member Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$450 per 9 days</td>
<td>$477 per 9 days</td>
</tr>
<tr>
<td>II-IV</td>
<td>$500 per 2 weeks</td>
<td>$530 per 2 weeks</td>
</tr>
</tbody>
</table>

### Swim Camp Fees Per Session (Every Two Weeks)

<table>
<thead>
<tr>
<th>Session</th>
<th>Member Fee</th>
<th>Non-member Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$495.90 per 9 days</td>
<td>$523.80 per 9 days</td>
</tr>
<tr>
<td>II-IV</td>
<td>$551 per 2 weeks</td>
<td>$582 per 2 weeks</td>
</tr>
</tbody>
</table>

### Tween/Teen Camp Fees Per Session (Every Four Weeks)

<table>
<thead>
<tr>
<th>Session</th>
<th>Member Fee</th>
<th>Non-member Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$919.60 per 19 days</td>
<td>$978.50 per 19 days</td>
</tr>
<tr>
<td>II-IV</td>
<td>$968 per 4 weeks</td>
<td>$1030 per 4 weeks</td>
</tr>
</tbody>
</table>

### Camp Name

- Explorers A / Sports A
  - Ages: 5-6
- Explorers B / Sports B
  - Ages: 7-8
- Swim A
  - Ages: 5-8
- Swim B
  - Ages: 9-12
- Baseball
  - Ages: 9-12
- Basketball
  - Ages: 9-12
- Tennis
  - Ages: 9-12
- Soccer
  - Ages: 9-12
- Tween / Teen
  - Ages: 13-14

Please check off the session(s) you would like your child to attend and write in the name of the selected camp(s).

<table>
<thead>
<tr>
<th>Session</th>
<th>Camp Name</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ I</td>
<td></td>
<td>$_____</td>
</tr>
<tr>
<td>☐ II</td>
<td></td>
<td>$_____</td>
</tr>
<tr>
<td>☐ III</td>
<td></td>
<td>$_____</td>
</tr>
<tr>
<td>☐ IV</td>
<td></td>
<td>$_____</td>
</tr>
</tbody>
</table>
# 2013 Registration Form

## Participant Info
- **Child’s Name**: 
- **Age**: 
- **D.O.B.**: 
- **Gender**:
  - Female
  - Male
- **Medical on File?**:
  - Yes
  - No *(MUST BE ON FILE PRIOR TO THE FIRST DAY OF CAMP)*

## Mailing Address
- **Street Address**: 
- **Apt.#**: 
- **City**: 
- **State**: 
- **Zip**: 

## Home Phone
- **(______)**

## School Name
- **__________**
- **Grade Completed in June 2013**: 

## T-Shirt Size
- **Child**: 
  - S
  - M
  - L
  - XL
- **Adult**: 
  - S
  - M
  - L
  - XL

## Parent Info
- **Mother’s Name**: 
- **Business Name**: 
- **Business Address**: 
- **City**: 
- **State**: 
- **Zip**: 
- **Work Phone**: 
- **Cell Phone**: 
- **Email**: 

- **Father’s Name**: 
- **Business Name**: 
- **Business Address**: 
- **City**: 
- **State**: 
- **Zip**: 
- **Work Phone**: 
- **Cell Phone**: 
- **Email**: 

## Emergency Contact
- **Name**: 
- **Relation**: 
- **Phone No.**: 

## General Info
- **YMCA Member?**
  - Yes
  - No
- **Extended Hours (6:00 - 7:00 pm)**?
  - Yes
  - No

Please contact Paul Crawford at 212-912-2520 or pcrawford@ymcanyc.org for registration information. Please note there is NO FEE for extended hour service.

At dismissal, the following people are authorized to pick up my child: *(Please print clearly)*

1. 
2. 
3. 

## Payment Info
- **Method of Payment**:
  - Money Order
  - VISA
  - MASTERCARD
  - AMEX
  - CASH
- **Amount Due**: $
- **Credit card #**: 
- **Exp. Date**: 

Authorized Signature: 

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Vanderbilt YMCA Medical Form

(This side to be filled in by parent before presentation to physician)
VANDERBILT YMCA MEDICAL FORM
(This side to be filled in by parent before presentation to physician)

Child’s Last Name ___________________ First Name ___________________ Date of Birth __ / __ / ___ M ___ F ___

Parent or Guardian ___________________ Phone ___________________
Place of Employment: (Father) ___________________ Phone ___________________
Place of Employment: (Mother) ___________________ Phone ___________________
In case of emergency, notify: ___________________ Phone ___________________

If Parent or Guardian is not available in an emergency, please notify:
1. ___________________ Phone ___________________
2. ___________________ Phone ___________________

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance? ___Yes ___No (If yes, state type of exposure: ___________________)

HEALTH HISTORY: (Check, giving approximate dates)
☐ Ear Infections ☐ Allergies ☐ Diseases ☐ Rheumatic Fever
☐ Convulsion ☐ Diabetes ☐ Behavior ☐ Asthma ☐ Hay Fever
☐ Ivy Poisoning ☐ Insect Stings ☐ Penicillin ☐ Other Drugs
☐ Chicken Pox ☐ Measles ☐ Mumps ☐ German Measles

Dates: ___________________

Other Contagious Illnesses: ___________________

Other Past Illnesses: ___________________

Operations or Serious Injuries (Dates): ___________________

Chronic or Recurring Illness: ___________________

Any specific activities to be encouraged? ___________________

Conditions that require activity to be restricted? ___________________

Permissions for all program activities unless otherwise noted by Dr. ___________________

Appliance worn (glasses, contacts, etc.): ___________________

Medication taken: ___________________

Suggestion from Parent/Guardian: ___________________

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Vanderbilt YMCA Summer Camp staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Name: ___________________ Signature: ___________________

Relationship: ___________________ Date: __________ Telephone: __________

Department of Health The City of New York Bureau of Inspections
The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Summer Camp.

IMMUNIZATION HISTORY - This is a record of dates of basic immunization and most recent booster doses.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date 1</th>
<th>Date 2</th>
<th>Date 3</th>
<th>Date 4</th>
<th>Date 5</th>
<th>Date 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPaP, DTP or TD</td>
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<tr>
<td>Polio</td>
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<tr>
<td>MMR</td>
<td></td>
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</tr>
<tr>
<td>Hemophilus</td>
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<tr>
<td>Influenza virus</td>
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</tr>
<tr>
<td>MMR</td>
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</tr>
<tr>
<td>Hemophilus</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

MEDICAL EXAMINATION - To be filled out by licensed physician. Examination is acceptable when performed no more than 6 months prior to arrival at camp.

Codes: S = Satisfactory    X = Not Satisfactory (Explain)  O = Not Examined

General Appearance:
Height _______ Weight _______ Blood Pressure _______ Hgb. Test (Date) _______
Urinalysis (Date) _______ Eyes _______ Vision _______ w/Glasses _______
Posture & Spine _______ Throat/Tonsils _______ Heart _______ Ears _______
Hearing _______ Extremities _______ Feet _______ Lungs _______ Skin _______
Nose _______ Teeth _______ Hernia _______ Abdomen _______ Genitalia _______

Neurological Findings:
Describe Abnormal Finding and/or Handicapping Conditions: ______________________

Has child ever received products containing horse serum? ______________________

Allergy: (Please specify) ______________________

Recommendations and restrictions while in camp.
Special Diet: ______________________ Special Medicine (name it): ______________________
Is parent/guardian sending special medicine? ______________________
Swimming: ______________________ Activity Restriction: ______________________

General Appraisal:
I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Summer Day Camp.

____________________ M.D. Telephone _______ Address ______________________

Examining Physician (Signature) ______________________ Date of Examination ____________

Physician’s Name (Please Print) ______________________