

**DANVILLE FAMILY YMCA**  
**Summer Camp Registration Form 2023**  
**(one form per child please)**

Child's Name \_\_\_\_\_

Preferred name (nickname): \_\_\_\_\_ Preferred Pronouns: he she they

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade Entering \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

**Race:** \_\_\_\_\_  Native Hawaiian \_\_\_\_\_  Other Pacific Islander **Ethnicity:**  
Select one or more \_\_\_\_\_  Alaska Native \_\_\_\_\_  White **Are you Hispanic or Latino?**  
(your response is voluntary) \_\_\_\_\_  Asian **(your response is voluntary)**  
\_\_\_\_\_  American Indian \_\_\_\_\_  YES \_\_\_\_\_  NO  
\_\_\_\_\_  Black/African-American

List any known allergies or medical conditions of your child:

\_\_\_\_\_

Doctor's name and phone number \_\_\_\_\_

Adult #1 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Adult #2 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Adult Contact email address \_\_\_\_\_

Emergency Contacts if neither of the two people above can be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Please state any additional names and phone numbers of people authorized to pick up your child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Weeks Attending: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ ALL \_\_\_

All payments are due each Monday (start of the camp week) and a \$ 10 late fee will be added if payment is not received by Friday.

**Please circle method of payment:** Self Pay    CCRS/State Assistance    YMCA Financial Assistance

**Food Program Non-Discrimination Statement:**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA. 1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. 2. fax: (833) 256-1665 or (202) 690-7442; or 3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

In the event of an emergency, and I cannot be reached, I authorize the YMCA staff to act on my behalf to secure necessary medical treatment for the above child. I understand that the YMCA does not carry health and accident insurance on its members or program participants. The YMCA has the authority to transport my child by means of the YMCA bus from school to the YMCA. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant and his/her own insurance carrier. On behalf of my child, I assume all risks and release and hold harmless the YMCA Association and all its members, staff and volunteers from any claims which might arise as a result of the child's presence, participation, and membership in the YMCA Association.

I authorize my child to be photographed for events & special occasions. I also understand that the Danville YMCA facility and program is not licensed or regulated by DCFS. Firearms are prohibited on the Danville Family YMCA premises.

\*I have received a copy of the parent handbook

Parent/Guardian Printed Name \_\_\_\_\_ Signature \_\_\_\_\_