

2026 EDMONTON SUMMER DAY CAMP REGISTRATION

(for children ages 5-12)

CHILD BEING ENROLLED:

Child's First & Last Name: _____ Grade: _____

Sex: Male ___ Female ___ Date of Birth: _____

Please mark with an "x" which week(s) your child will attend:

June 1 st -5 th	June 8 th -12 th	June 15 th -19 th	June 22 nd -26 th	June 29 th - July 3 rd

Days of the week your child will most usually attend: MON TUES WED THURS FRI

FIRST PARENT/GUARDIAN:

This parent/guardian will be contacted first in case of emergency and MUST sign this form.

Name: _____ Cell Phone: _____

Mailing Address: _____

City/State: _____ Zip: _____

Place of Employment: _____

Work phone: _____ Home Phone: _____

Marital status: _____

Email Address: _____

Would you like to receive email reminders for upcoming events? YES NO

Preferred form of communication: TEXT EMAIL

SECOND PARENT/GUARDIAN:

Name: _____ Cell Phone: _____

Mailing Address: _____

City/State: _____ Zip: _____

Place of Employment: _____

Work phone: _____ Home Phone: _____

Marital Status: _____

Email Address: _____

Would you like to receive email reminders for upcoming events? YES NO

ADDITIONAL CONTACTS:

To be contacted in the event of an emergency and neither parent/guardian above can be reached:

Name: _____ Relationship to child: _____

Home: _____ Work: _____ Cell: _____

Name: _____ Relationship to child: _____

Home: _____ Work: _____ Cell: _____

At the conclusion of each day my child:

- | | | |
|--|-----|----|
| 1. May walk or ride their bike to his/her next destination | YES | NO |
| 2. Will be picked up by a parent/guardian or additional contact person | YES | NO |

MEDICAL INFORMATION:

Physician: _____ Phone #: _____

Hospital Preference: _____

Dentist: _____ Phone #: _____

Please list any special dietary needs or allergies below. **If your child has an allergy, please request and complete an action plan**, such as an epi-pen, allergy medication that you provide, etc.

If your child has a disability, or condition that requires medication or other accommodation, please inform the YMCA of your child's needs before the program begins to ensure that the YMCA is prepared to address your child's needs. Once a parent/guardian submits a modification request, the Edgemont YMCA will consider the request on a case-by-case basis and will attempt to accommodate your child within seven days from the date the request is received.

IEP or 504: _____ Outside services: _____

Please provide information and documentation on any outside services of IEP/504 currently in place.

I feel that my child will be successful in a group childcare setting:

With Accommodation _____ **Without Accommodation** _____

If you feel accommodation is needed, please request an accommodation form from the director.

MENTAL, EMOTIONAL, and SOCIAL HEALTH: (Circle "Yes" or "No" for each statement)

Has the camper:

1. Ever been treated for ADD or ADHD? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
Please explain:

3. During the past 12 months, have seen a professional to address mental/emotional health concerns? Yes No
Please explain:

4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)
Yes No
Please explain:

Does your child have any swimming experience? _____ Are they a confident swimmer? _____

Does your child have any fears? _____

Is there anything else you feel staff should know about your child? _____

I am aware that participating in any indoor/outdoor program can involve many risks. Because of the dangers of participating in any of these programs, I recognize the importance of my child following the counselor's instructions and guidance and agree to aid in the adherence of such instruction and guidance.

I understand that all the necessary precautions are made for the safety of my child, however, in the event of injury or illness, I agree to hold harmless and indemnify the YMCA, volunteers, and staff associated with this program. I further agree to allow emergency treatment of my child in the event I or the emergency contacts are not available. I also understand that the YMCA does not carry accident insurance and that all injuries related to this program will be referred to my personal medical policy.

I have disclosed information regarding any accommodation for above named child.

I give my consent for my child to take part in field trips or excursions under proper supervision as well as being transported in a YMCA or Edgemont school vehicle.

I also give my consent to the YMCA to take pictures of my child for YMCA publications.

First parent name (Please print) _____ Date _____

First parent signature: _____