Dear Parent/Guardian,

We welcome you to the summer day camp program at the Prospect Park YMCA! The Prospect Park YMCA is ready to embark on yet another fun and exciting summer. Here, your child will participate in art, field trips, swimming, sports and more. It promises to be a summer of adventure, learning and fun. Thank you for choosing the Prospect Park YMCA!

Enclosed you’ll find the camp registration form for Summer Day Camp 2015. Did you know there’s absolutely NO registration fee? The registration form must be completed and signed when registering your child for camp. The ONLY form that can be turned in at a later date is your child’s completed medical record that MUST be signed and stamped by your child’s physician. The medical record is due by Monday, June 5th, 2015. A non-refundable $50.00 deposit is required for each camp session of interest. This $50.00 deposit is credited towards your camp balance. You will also find the payment schedule enclosed. Fees for session I are due on June 5th. Fees for session II are due on June 19th. Fees for session III are due on July 10th and fees for session IV are due on July 24th. Payment is accepted in cash, credit cards and certified money order. The Park Slope Armory and the Prospect Park YMCA are open for registration Monday-Friday from 8am-8pm and Saturday and Sunday from 9am-4pm. Please note that no personal checks will be accepted.

Parent Manuals will be available at Parent Orientation. Parent Orientation will take place at the Park Slope Armory YMCA on Saturday, May 16th at 6pm and Saturday, June 13th at 5pm. Attendance at one of these Parent Orientations is mandatory.

The YMCA believes that every family and child should have the opportunity to be a part of camp. Financial assistance is available to all families in need. Scholarship applications must be submitted by April 3rd, 2015 and are available on our websites and at the front desk at either the Park Slope Armory YMCA or the Prospect Park YMCA.

If you have any questions or concerns, please do not hesitate contact us.

We look forward to a great summer!

Sincerely,

Jamel Davis
Youth and Family Director
Prospect Park YMCA/Park Slope Armory
212-912-2580
jdavis@ymcanyc.org
YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

PARTICIPANT INFO
Child's Name ___________________________ Age ___________________________
D.O.B. ___________________________ Gender ___________________________
Grade in September 2015 ___________________________ School ___________________________
Home Mailing Address ___________________________
City ___________________________ State ___________________________ Zip ___________________________
Home Phone ___________________________ Email Address ___________________________

My child will: ☐ Be picked up ☐ Walk home (Only 10 yrs. or older, please sign bottom of page 2)

T-Shirt Size Child: ☐ S ☐ M ☐ L ☐ XL Adult: ☐ S ☐ M ☐ L ☐ XL

PARENT/GUARDIAN INFO
Name of Parent/Guardian registering child ___________________________ Home Phone ( ) ___________________________
Work Phone ( ) ___________________________ Cell Phone ( ) ___________________________ Email ___________________________
Name of Parent/Guardian ___________________________ Home Phone ( ) ___________________________
Work Phone ( ) ___________________________ Cell Phone ( ) ___________________________ Email ___________________________

EMERGENCY CONTACT INFO
Please list two (2) contacts not already listed on this form, to be used if the parents/guardians cannot be reached
Name ___________________________ Relation ___________________________ Home Phone ( ) ___________________________
Work Phone ( ) ___________________________ Cell Phone ( ) ___________________________
Name ___________________________ Relation ___________________________ Home Phone ( ) ___________________________
Work Phone ( ) ___________________________ Cell Phone ( ) ___________________________

PHYSICIAN INFO
Name ___________________________ Telephone Number ( ) ___________________________
Address ___________________________ City ___________________________ State ___________________________ Zip ___________________________

AUTHORIZATION / CONSENT
EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a YMCA program, a designated employee of the YMCA will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated or hospitalized by a licensed physician or hospital selected by the YMCA.

Parent/Guardian Name ___________________________ Parent/Guardian Signature ___________________________
Participant Signature ___________________________ Date ___________________________
PERMISSION FORM
I hereby grant permission for my child to use all equipment and participate in all activities of the Prospect Park YMCA.

I hereby grant permission for my child to leave the Prospect Park YMCA premises, under proper supervision of Prospect Park YMCA staff, for neighborhood walks, park activities and field trips. It is my understanding that these trips will be taken over the camp session without further consent from me.

Child’s Name

Camp Type

Parent/Guardian Signature

Date

AUTHORIZED PICK-UP FORM
The following individuals are 18 years old or older and are allowed to pick up my child from the Prospect Park YMCA Programs:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Parent/Guardian</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent/Guardian</td>
<td></td>
</tr>
</tbody>
</table>

I understand that no one else will be allowed to pick up my child unless I notify the Prospect Park YMCA in advance and in writing. This person will also be asked for their photo ID for verification.

Parent/Guardian Signature

Date

Contact Telephone Number:

UNESCORTED DISMISSAL AUTHORIZATION
My child is ten years of age or older and may go home without an escort at the end of the day.

Parent/Guardian Signature

Date

Contact Telephone No.:
<table>
<thead>
<tr>
<th>SESSION</th>
<th>MEMBER</th>
<th>NON-MEMBER</th>
<th>DATES</th>
<th>MEMBER</th>
<th>NON-MEMBER</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$508.00</td>
<td>$581.00</td>
<td>June 29 - July 10</td>
<td>I</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
<tr>
<td>II</td>
<td>$508.00</td>
<td>$581.00</td>
<td>July 13 - July 24</td>
<td>II</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
<tr>
<td>III</td>
<td>$508.00</td>
<td>$581.00</td>
<td>July 27 - August 7</td>
<td>III</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
<tr>
<td>IV</td>
<td>$508.00</td>
<td>$581.00</td>
<td>August 10 - August 21</td>
<td>IV</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
</tbody>
</table>

**Swim Camp**

<table>
<thead>
<tr>
<th>SESSION</th>
<th>MEMBER</th>
<th>NON-MEMBER</th>
<th>DATES</th>
<th>MEMBER</th>
<th>NON-MEMBER</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$508.00</td>
<td>$581.00</td>
<td>June 29 - July 10</td>
<td>I</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
<tr>
<td>II</td>
<td>$508.00</td>
<td>$581.00</td>
<td>July 13 - July 24</td>
<td>II</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
<tr>
<td>III</td>
<td>$508.00</td>
<td>$581.00</td>
<td>July 27 - August 7</td>
<td>III</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
<tr>
<td>IV</td>
<td>$508.00</td>
<td>$581.00</td>
<td>August 10 - August 21</td>
<td>IV</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
</tbody>
</table>

**Express Sports Camp**

<table>
<thead>
<tr>
<th>SESSION</th>
<th>MEMBER</th>
<th>NON-MEMBER</th>
<th>DATES</th>
<th>MEMBER</th>
<th>NON-MEMBER</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$457.00</td>
<td>$570.00</td>
<td>June 29 - July 10</td>
<td>I</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
<tr>
<td>II</td>
<td>$457.00</td>
<td>$570.00</td>
<td>July 13 - July 24</td>
<td>II</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
<tr>
<td>III</td>
<td>$457.00</td>
<td>$570.00</td>
<td>July 27 - August 7</td>
<td>III</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
<tr>
<td>IV</td>
<td>$457.00</td>
<td>$570.00</td>
<td>August 10 - August 21</td>
<td>IV</td>
<td>$508.00</td>
<td>$581.00</td>
</tr>
</tbody>
</table>

**Adventure Teen Camp**

<table>
<thead>
<tr>
<th>SESSION</th>
<th>MEMBER</th>
<th>NON-MEMBER</th>
<th>DATES</th>
<th>FEE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$457.00</td>
<td>$570.00</td>
<td>June 29 - July 10</td>
<td>AM: $70.00</td>
<td>8:00 - 9:00 am</td>
</tr>
<tr>
<td>II</td>
<td>$457.00</td>
<td>$570.00</td>
<td>July 13 - July 24</td>
<td>PM: $70.00</td>
<td>5:00 - 6:00 pm</td>
</tr>
<tr>
<td>III</td>
<td>$457.00</td>
<td>$570.00</td>
<td>July 27 - August 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>$457.00</td>
<td>$570.00</td>
<td>August 10 - August 21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Lisabeth (three week session)**

<table>
<thead>
<tr>
<th>SESSION</th>
<th>MEMBER</th>
<th>NON-MEMBER</th>
<th>DATES</th>
<th>FEE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>$684.00</td>
<td>$684.00</td>
<td>July 13 - July 31st</td>
<td>AM: $70.00</td>
<td>8:00 - 9:00 am</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PM: $70.00</td>
<td>5:00 - 6:00 pm</td>
</tr>
</tbody>
</table>

**Extended Camp Hours**

<table>
<thead>
<tr>
<th>SESSION</th>
<th>FEE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>$70.00</td>
<td>8:00 - 9:00 am</td>
</tr>
<tr>
<td>PM</td>
<td>$70.00</td>
<td>5:00 - 6:00 pm</td>
</tr>
</tbody>
</table>

**Camp Fees**

<table>
<thead>
<tr>
<th>SESSION</th>
<th>FEE</th>
<th>AM/PM EXTENDED FEES</th>
<th>DEPOSIT DISCOUNTS</th>
<th>SESSION TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td></td>
<td>AM/PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II</td>
<td></td>
<td>AM/PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td></td>
<td>AM/PM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td></td>
<td>AM/PM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Payment Information**

Check Credit Card Bank Draft Money Order

Credit Card #: ___________________________ Exp. Date: ___________________________
Bank Name: ___________________________ Account #: ___________________________ Routing #: ___________________________
Authorized Signature: ___________________________

**PARENT AGREEMENT**

I, the undersigned, give permission for my child to participate in the camp for the days he/she attends. I am aware that a completed medical form signed by a physician is required before my child may begin camp. In addition, I am fully aware that to reserve a space, I must make a deposit of $50 per two-week session and submit a registration form. I am fully aware that should my child change camps after the start of the session there is a $25 change fee. I fully understand and approve of my child being photographed for Prospect Park YMCA publicity. Lastly, I fully understand that my child is responsible for his/her possessions. I have read, signed, and agreed to the registration requirements.

Signature of Parent/Guardian: ___________________________ Date: ___________________________

There is a non-refundable $50 deposit per session per child which is applied to session fee.
STANDARD RELEASE FORM

From time to time, the YMCA of Greater New York (the "YMCA") takes pictures or records videos of members and non-members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.

2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.

3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.

4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.

5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.

6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

__________________________________________
Signature

__________________________________________
Date

__________________________________________
Name (printed)

__________________________________________
Name of Parent/Guardian

__________________________________________
Mailing Address

__________________________________________
Phone Number (optional)

__________________________________________
Email (optional)

New York City's YMCA
WE'RE HERE FOR GOOD.™
HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS
(This side to be filled in by Parent before presentation to Physician)

NAME OF PROGRAM: Prospect Park Summer Day Camp

<table>
<thead>
<tr>
<th>Child's Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Male/Female</td>
</tr>
</tbody>
</table>

Home Address: ____________________________
Parent or Guardian: _______________________
Place of Employment:
Father Guardian: _________________________
Mother Guardian: _________________________
In Case of Emergency, please notify:
1. ________________________ Tel. No. ______
2. ________________________ Tel. No. ______
If Parents/Guardian(s) are not available in an emergency, please notify:
1. ________________________ Tel. No. ______
2. ________________________ Tel. No. ______

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 and give approximate dates)

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hay Fever</td>
<td>Check Pox</td>
</tr>
<tr>
<td>Ivy Poisoning, etc.</td>
<td>Measles</td>
</tr>
<tr>
<td>Insect Stings</td>
<td>German Measles</td>
</tr>
<tr>
<td>Penicillin</td>
<td>Mumps</td>
</tr>
<tr>
<td>Other Drugs</td>
<td>Other Contagious Illnesses</td>
</tr>
</tbody>
</table>

Other Past Illnesses: ____________________________
Operations or Serious Injuries (Dates):
Hospitalization (Dates):
Chronic or Recurring Illness:
Any specific activities to be encouraged:
Conditions that require activity to be restricted:
Permission for all program activities unless otherwise noted by doctor:
Appliance worn (glasses, contacts, etc.):
Medication taken:
Suggestion from Parent/Guardian:

**Parent/Guardian MUST sign this consent for Emergency Medical Treatment**

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship: ____________________________ Signature: ____________________________ Date: ______ Telephone No. ____________________________

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 Day Camps and Afterschool and Youth Center programs.

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DtaP, DTP or TD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPV/IPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homophiles Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL EXAMINATION:
To be filled out by license physician

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

- **Code:**
  - S = Satisfactory
  - X = Not Satisfactory, Explain:
  - O = Not examined

**General Appearance:**
- Height:
- Weight:
- Blood Pressure:

**Urinalysis:**
- Date:
- Posture & Spine:

**Eyes:**
- Vision:
- W/ Glasses:

**Ears:**
- Hearing:
- Feet:

**Nose:**
- Teeth:

**Genitalia:**

**Neurological Findings:**

Describe Abnormal Findings and/or Handicapped Conditions

Has child ever received products containing horse serum?

**Allergy:** *(Please specify)*

**Recommendations and restrictions while in After-school:**
- Special Diet:
- Special Medicine (Name it):
- Is parent/guardian sending special medicine?
- Swimming
- Diving
- Activity Restrictions

**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 Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

**Physician’s Name (PLEASE PRINT)**: [Name]

**Examining Physician’s Signature**: [Signature]

**Telephone**: [Number]

**Date of Examination**: [Date]

**Address**: [Address]

*Your child’s physician MUST sign and stamp this medical form. Otherwise, it will be returned.*