



# Shasta Family YMCA Camp McCumber Registration Packet

Child's Name \_\_\_\_\_ Grade Level Next Fall \_\_\_\_\_ DOB (MM/DD/YY) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Child's T-shirt Size: **YS YM YL AS AM AL**

We welcome you and your child to YMCA Camp McCumber. Camp McCumber is available to children ages 8 to 14 and CIT's (Counselors in Training) ages 15 to 17. Session one will be offered July 11<sup>th</sup> to July 17<sup>th</sup> and the theme is, Let's Get Zoo Crazy. Session two will be offered July 25<sup>th</sup> to July 31<sup>st</sup>. The theme is, Camp McCumber's Got Talent.

**There is a \$50.00 non-refundable deposit for all campers.** To secure your child's enrollment, attach the deposit and/or full payment to the completed packet and return to:  
The Shasta Family YMCA, 1155 N. Court St. Redding, CA 96001

***Enrollment is taken on a first come, first served basis.***

For detailed information on camp activities, policies and fees please refer to the Camp McCumber Parent Handbook.

**Please check the session your child would like to attend as a Camper or CIT.**

### Session 1: Let's Go Zoo Crazy

\_\_\_\_\_ Camper (Sunday, July 11-Saturday, July 17)      \_\_\_\_\_ Member \$310.00      \_\_\_\_\_ Non Member \$340.00

\_\_\_\_\_ CIT (Saturday, July 10-Saturday, July 17)      \_\_\_\_\_ Member \$300.00      \_\_\_\_\_ Non Member \$330.00

### Session 2: Camp McCumber's Got Talent

\_\_\_\_\_ Camper (Sunday, July 25-Saturday, July 31)      \_\_\_\_\_ Member \$310.00      \_\_\_\_\_ Non Member \$340.00

\_\_\_\_\_ CIT Saturday, July 24-Saturday, July 31)      \_\_\_\_\_ Member \$300.00      \_\_\_\_\_ Non Member \$330.00

#### PLEASE RETURN FORMS WITH:

\$50.00 Deposit (non-refundable, per child)      \$ \_\_\_\_\_

- Or -

\$Partial Payment (in addition to deposit)      \$ \_\_\_\_\_

- Or -

\$Payment in Full (in addition to deposit)      \$ \_\_\_\_\_

#### RETURN TO:

Shasta Family YMCA  
1155 N. Court Street  
Redding, CA. 96001  
(530) 246-9622

#### FOR OFFICE USE ONLY:

Member: YES / NO      Amount Paid \$ \_\_\_\_\_      Date \_\_\_\_\_      Staff Name: \_\_\_\_\_

***We build strong kids, strong families, strong communities.***

**IDENTIFICATION AND EMERGENCY INFORMATION**  
**YMCA CAMP McCUMBER**  
 To Be Completed by Parent or Guardian

CHILD'S NAME	LAST	FIRST	SEX	HOME PHONE ( )
MAILING ADDRESS	NUMBER	STREET	CITY	BIRTHDATE ____/____/____ (mm/dd/yy)
STATE	ZIP	AGE: _____		
FATHER'S NAME	LAST	FIRST	MIDDLE	HOME PHONE ( )
<input type="checkbox"/> Contact First?				
HOME ADDRESS	NUMBER	STREET	CITY	BUSINESS or CELL PHONE ( ) EXT.
STATE	ZIP	EMAIL		
MOTHER'S NAME	LAST	FIRST	MIDDLE	HOME PHONE ( )
<input type="checkbox"/> Contact First?				
HOME ADDRESS	NUMBER	STREET	CITY	BUSINESS or CELL PHONE ( ) EXT.
STATE	ZIP	EMAIL		
PERSON RESPONSIBLE FOR CHILD / ACCOUNT LAST NAME	FIRST	MIDDLE	HOME PHONE ( )	BUSINESS or CELL PHONE ( ) EXT.

**PERSONS WHO MAY BE CALLED IN AN EMERGENCY LISTED IN ORDER OF CONTACT PREFERENCE.**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
1.			
2.			
3.			

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?			
<input type="checkbox"/> CALL EMERGENCY HOSPITAL <input type="checkbox"/> OTHER     EXPLAIN:			

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE	DATE
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**CONSENT FOR EMERGENCY MEDICAL TREATMENT -  
YMCA CAMP McCUMBER**

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\_\_\_\_\_ Session 1: Let's Get Zoo Crazy July 11- July 17, 2010 ( CIT July 10-17, 2010)

\_\_\_\_\_ Session 2: Camp McCumber's Got Talent July 25- July 31, 2010 ( CIT July 24-31, 2010)

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO **YMCA CAMP McCUMBER AND/OR SHASTA FAMILY YMCA** TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST (D.D.S.) FOR: \_\_\_\_\_ (CHILD).

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL-BEING OF THE CHILD NAMED ABOVE.

\_\_\_\_\_  
SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

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**PLEASE LIST ANY FOOD ALLERGIES/FOOD RESTRICTIONS DUE TO FAMILY CHOICE OR RELIGION, ALONG WITH THEIR APPROPRIATE SUBSTITUTIONS (WRITE "NONE" IF NONE)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST ANY ACTIVITY RESTRICTIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. HEALTH PAST ILLNESSES - Check illnesses that child has had and specify approximate dates of illnesses:								
√	ILLNESS	DATES	√	ILLNESS	DATES	√	ILLNESS	DATES
	CHICKEN POX			DIABETES			POLIOMYELITIS	
	ASTHMA			EPILEPSY			TEN-DAY MEASLES (RUBEOLA)	
	RHEUMATIC FEVER			WHOOPING COUGH			THREE-DAY MEASLES (RUBELLA)	
	HAY FEVER			MUMPS				

**Allergic Reactions:**

(Approximate Dates)

Aspirin	
Penicillin	
Bee Stings	
Poison Oak	
Other:	

**Heath History:**

(Approximate date)

Head Injury	
Surgery (major)	
Accidents (major)	
Menstrual Disorders	
Other:	

**Camper subject to:**

(Check all that apply)

Sleep Walking	
Nightmares	
Bed Wetting	
Stomach Upsets	
Other:	

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS:

PARENT'S EVALUATION OF CHILD'S HEALTH:

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?

\_\_\_ YES \_\_\_ NO

IF YES, NAME OF DOCTOR:

DOES CHILD TAKE PRESCRIBED MEDICATION?

\_\_\_ YES \_\_\_ NO (TIME OF DAY: \_\_\_\_\_)

IF YES, WHAT KIND AND ANY SIDE EFFECTS?

DOES CHILD HAVE ANY SPECIAL NEEDS OR DISABILITIES?

\_\_\_ YES \_\_\_ NO

IF YES, PLEASE EXPLAIN:

DOES CHILD USE ANY SPECIAL DEVICES OR ADAPTIVE EQUIPMENT IN OR OUTSIDE OF THE HOME?

\_\_\_ YES \_\_\_ NO

IF YES, WHAT KIND AND AT WHAT LOCATION ARE THEY USED?

**Medication Permission:**

All prescription medications must be turned in to the camp nurse upon the child's arrival at camp. Medication sent to camp must be in the original prescription container, clearly labeled with the camper's name, medication name, dosage, dosage intervals, physician's name, date filled, expiration date, and the medication fact sheet obtained from your Pharmacist.

**Please do not send any medication to camp that is not absolutely necessary.**

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
 (Parent or Guardian) (Child's Name)

to receive medication at camp, **including** over-the-counter medication, such as Tylenol or Pepto Bismal, to be given at the discretion of the camp nurse or director.

II. DIET WHAT DOES THE CHILD USUALLY EAT FOR THESE MEALS:					
BREAKFAST	LUNCH	DINNER	ANY FOOD DISLIKES?	ANY EATING PROBLEMS?	
USUSAL EATING TIME: _____	USUSAL EATING TIME: _____	USUSAL EATING TIME: _____			
III. SOCIAL/EMOTIONAL					
PARENTS EVALUATION OF CHILD'S PERSONALITY:					
HOW DOES CHILD GET ALONG WITH PARENTS, SIBLINGS, AND OTHER CHILDREN?					
HAS THE CHILD HAD LARGE GROUP PLAY/RECREATIONAL EXPERIENCES? WHERE? WHAT TYPE?					
DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS, NEEDS? PLEASE EXPLAIN.					

Has your child attended Camp McCumber before? yes \_\_\_\_\_ no \_\_\_\_\_ Number of years? \_\_\_\_\_

Is this your child's first separation from home? yes \_\_\_\_\_ no \_\_\_\_\_

List brothers and sisters and ages: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have there been any major changes at home of which we should be aware? yes \_\_\_\_\_ no \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Cabin partner REQUEST:**(Name) \_\_\_\_\_ Age \_\_\_\_\_  
 (All **REQUESTS** will be considered according to age of campers.)

**Camper's Interests:** Check any activities listed below in which camper is interested. Double check the ones camper likes best:

- Archery     Drama     Arts & Crafts     Badminton     Fishing  
 Canoeing     Soccer     Hiking     Swimming     Volleyball

Other Interests \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note to Parents: Please complete the following information thoroughly. By disclosing all vital information, you are ensuring that our staff will be more prepared to meet your child's individual needs and are able to provide a successful camp experience for your child**

**YMCA CAMP McCUMBER**

Medications can only be given with specific written instructions from the physician. Directions on the bottle must include dosages, times and dates that medication is to be administered. Children cannot attend if they are sick.

The camp staff will act according to his/her best judgment in any emergency requiring medical care. In the event of an emergency parents will be notified immediately and are responsible for the cost of all medical care.

If deemed necessary for the safety of your child or others, the YMCA staff have permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.

Photographs or likeness or voice of your child may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.

**YMCA WAIVER:**

All of the information contained on these forms required by the YMCA, is as accurate as possible. I agree to allow the YMCA to use photos taken of my child for promotional materials. I also agree to abide by the rules of the YMCA in regard to my child being in their camp. The YMCA reserves the right to dismiss a child for continual behavioral problems. I understand that the YMCA carries no medical insurance, and I, intending to be legally bound hereby for myself, my heirs, executors, and administrators, waive and release all rights, claims and damages that my son or daughter may incur against the Shasta Family YMCA, and its representatives, successors, and assigns, for any and all injuries suffered by my son or daughter in this program. I also understand that all items brought from home must be clearly labeled with my child's name and that the YMCA is not responsible if these items become lost, stolen, or damaged.

**I HAVE RECEIVED THE PARENT HANDBOOK. MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE YMCA CAMP POLICIES.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date