

MILL HOLLOW REGISTRATION FORM



Please print carefully & return this form to YMCA Mill Hollow 3216 South Highland Dr. #200 Salt Lake City, UT 84106 or email it to camps@ymcautah.org

PARENT/GUARDIAN 1 INFORMATION:

Last Name: _____ First Name: _____
Address: _____ City, State, Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Receive Text Messages: Yes No Provider: _____
Email: _____
Gender: Male Female Date of Birth: ___/___/___ Head of Household Yes No
Place of Employment: _____ Job Title: _____

Yes No - I give the YMCA permission to authorize treatment for my family in the event of a medical emergency and that I am financially responsible for all associated costs.

Yes No - I give my permission for me or my youth to appear in media coverage.

I would be interested in Volunteering for YMCA:

Events Office Needs Out of School Programs Pre-School Parent Advisory Committee

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic

Race (check all that apply):

White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

We are grateful for our many sponsors and grantors who contribute to the YMCA Programs. In order to continue receiving funding, they have requested we collect the following information. All information is for grant reporting purposes only.

Number of people in your household: _____ Marital Status: _____
Household Income (circle): \$0-19,600 \$19,601- \$32,650 \$32,651 - \$52,250 \$52,251+
Primary Language Spoken in Home: _____

How did you hear about us? Mark all that apply.

Billboard Email Family / Friend Flyer Internet Search Magazine Newspaper Previous Customer
 Radio School Referral Signage TV YMCA Website The Y called me Continuous Customer
 Returning Customer Walk by/Drive by YMCA Handout At an event Social Media/Blog Other: _____

FAMILY EMERGENCY CONTACT and AUTHORIZED PICK UP INFORMATION:

Please provide 2 additional people other than the parents/guardian that live in separate households. The emergency contact listed is also an individual authorized to pick your youth up from program.

Emergency Contact 1:

First Name: _____ Last Name: _____ Phone: _____ Relationship: _____

Emergency Contact 2:

First Name: _____ Last Name: _____ Phone: _____ Relationship: _____

PARENT/GUARDIAN 2 INFORMATION:

Last Name: _____ First Name: _____
Address: _____ City, State, Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Receive Text Messages: Yes No Provider: _____
Email: _____
Gender: Male Female Date of Birth: _____ Head of Household Yes No
Place of Employment: _____ Job Title: _____

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic

Race (check all that apply):

White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander

YMCA CAMP MILL HOLLOW 2018 SUMMER SCHEDULE

PRICING - ENSURING EVERYONE HAS THE SAME OPPORTUNITY

The YMCA is committed to ensuring that ALL families have access to the high quality programming the Y is known for. Through the support of donors, we are proud to be able to work with families to make sure that cost is not a barrier to participation. All youth receive the same program experience regardless of the price paid.

Full cost is the true cost of operating camp and to fully maintain the highest quality program experience.

Optional reduced cost is a partially subsidized rate for families that need a little assistance, no additional paperwork required.

Additional income-based financial assistance may also be available. Interested families are encouraged to talk with our staff or download a financial assistance application. Interested families are encouraged to talk with our staff by calling 801.839.3379 or email to camps@ymcautah.org.

TRADITIONAL CAMP

Ages: 12-17

- Session 1: June 24-29
- Session 2: July 1-3
- Session 3: July 8-13
- Session 4: July 15-20
- Session 5: July 22-27
- Session 5: July 29-August 3

COST

Select a price.

- Full Cost: \$525
- Optional Reduced Cost: \$475
- Apply for Financial Assistance (application required)

CAMPER INFORMATION

Last Name: _____ First Name: _____

Primary Address: _____ City, State, Zip: _____

Gender: Male Female Date of Birth: ____/____/____ School: _____

School District: _____ Grade Fall 2017: _____

Has the camper attended Camp Roger before? Yes No This will be my _____ year at camp.

Recruited by: _____ Cabin Mate Request*: _____ *One request per camper.
Cabin mate requests must appear on both registration forms. Campers must be no more than 1 year apart in age. Requests are not guaranteed.

Ethnicity (for grant reporting purposes only): Non-Hispanic Hispanic

Race (check all that apply):

White Black/ African American Asian American Indian/ Alaskan Native Native Hawaiian/ Pacific Islander

PAYMENT INFORMATION

Session Fees	
Transportation to Camp \$30	
Transportation from Camp \$30	
Contribution to YMCA	
TOTAL DUE:	

Payment Enclosed for: \$75 non-refundable deposit
 Full balance (as listed in Total Due box)
 Include contribution in my payment

Choose payment method:

Cash Check enclosed Charge the following card:

Card #: _____ Exp. Date _____ Security Code: _____

PAYMENT & REFUND POLICY

A deposit of \$75 per child per session is required with each registration form. I agree to pay the balance of the program fees at least three weeks prior to my child's arrival. Deposits are not refundable under any circumstance. Program fees are not refundable without a doctor's authorized medical reason. No refunds will be made unless cancellations are made at least three weeks prior to arrival. I understand that no refunds are given if a child leaves early because of homesickness or of disruptive behavior as determined by the director.

I understand and agree to the Payment/Refund Policy:

Parent/Guardian Signature Required

Date



Camper Name: Last _____ First _____

**YMCA of Northern Utah and Mill Hollow
Participation Waiver and Release 2018**

Camper: Last Name _____ First Name _____ MI _____

Dates Attending _____

The undersigned, as the parent or legal guardian of the above-named child, hereby gives permission to the YMCA of Northern Utah, its employees and agents, for the above-named child to participate in all YMCA Mill Hollow programs and activities except as follows:

Exceptions: _____

The undersigned hereby gives permission for the YMCA of Northern Utah to use the above-named child's photograph for promotional, advertising or media purposes. The undersigned hereby waives, releases and forever discharges the YMCA of Northern Utah, its officers, agents, employees or representatives, and all others, from any and all responsibilities, liabilities, or payment for the child's participation.

The undersigned hereby declares that he/she is fully aware of the risks and hazards associated with camping activities and camping facilities. Such risks include, but are not limited to, the risks of transportation, horseback riding, mountain biking, water injuries, unfamiliar territory, and unusual eating and sleeping arrangements. The undersigned, for good and valuable consideration, hereby releases the YMCA of Northern Utah, its officers, agents, employees, representatives, and assigns, from any liability for property damage, personal injury, or death that may be sustained by the above-named child as a result of participating in the camp activities. Further, the undersigned hereby indemnifies the YMCA of Northern Utah from any liability for those damages set forth above.

The undersigned agrees that the above-named child is expected to follow camp rules and regulations regarding caring, honesty, respect and responsibility for themselves, others and the environment. In the event that my child exhibits a serious behavior problem, I understand that the Camp Director will contact me to discuss strategies to deal with such situation. However, I understand that when the welfare of my child, other campers, camp property or equipment is jeopardized due to my child's behavior, my child may be dismissed from camp, and I may be required to pick him/her up from camp at my own expense. In addition, the Camp Director or his/her designee has my permission to search my child's belongings if s/he is suspected of having any prohibited items.

Signature of Parent/Guardian _____

Print Name _____ **Date** _____

Camper Name: Last _____ First _____

YMCA Mill Hollow Health History Form 2018

CAMPER: Last Name _____ First Name _____ MI _____

Birthdate ____/____/____ Sex _____ Age _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Home Address _____ City _____ State _____ Zip _____

Parent/Guardian: Name _____ Home _____ Cell _____ Work _____

Parent/Guardian: Name _____ Home _____ Cell _____ Work _____

If not available in an emergency, please notify: Name _____ Relationship _____

Home Phone # (____) - ____ - ____ Cell Phone # (____) - ____ - ____ Work Phone # (____) - ____ - ____

Immunization History Are all immunizations up to date? Yes No Date of last tetanus shot (if known): _____
 If your camper has not been fully immunized, please agree to the following statement: I understand and accept the risks to my child from not being fully immunized.

→ Signature of Parent/Guardian: _____

Medical Information

Family Physician: _____ Phone: _____ Date of last physical exam: _____

Insurance Information: Is camper covered by medical/hospital insurance? Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is reliable

Carrier _____ Policy or Group # _____

Subscriber _____ Insurance Company Phone # (____) - ____ - ____

Health History Past or Present (please check): If YES for asterisk* items, must have a Doctor's Authorization completed (reverse side).

Currently under Dr. Care* <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma* <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Defect/Disease* <input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric Treatment* <input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No
Recent hospitalization* <input type="checkbox"/> Yes <input type="checkbox"/> No	Hypertension <input type="checkbox"/> Yes <input type="checkbox"/> No	Measles <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes* <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequent Ear Infections <input type="checkbox"/> Yes <input type="checkbox"/> No	History of headaches <input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions/ Seizures* <input type="checkbox"/> Yes <input type="checkbox"/> No	Mononucleosis (Mono) <input type="checkbox"/> Yes <input type="checkbox"/> No	History of bedwetting <input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding /Clotting Disorders* <input type="checkbox"/> Yes <input type="checkbox"/> No	ADD or ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Other diseases/conditions _____
Chronic or recurring illness* <input type="checkbox"/> Yes <input type="checkbox"/> No	Autism <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Back/joint problems* <input type="checkbox"/> Yes <input type="checkbox"/> No	Asperger's Syndrome <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

For each Yes, please explain: _____

Current medications to be continued at camp (dosage/frequency): _____

List all known allergies _____

Dietary Restrictions? Yes No

Any reason to restrict full activity including long hike, biking, strenuous physical games? Yes No

Any current mental or psychological conditions requiring special considerations or restrictions? Yes No

For each Yes, please explain: _____

Non-Prescription Medications: I authorize the following medications (or generic equivalent) to be administered as needed:

Acetaminophen <input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone <input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto Bismol <input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No
Chloraseptic <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Drops <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen <input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Syrup <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Authorization: The health history submitted is correct and complete to my best knowledge. The person described has permission to engage in all camp activities except as noted. I give permission to the camp to provide routine health care, including over the counter medications, administer prescribed medications as directed in this document, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary medical related transportation. In the event of an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. I understand that medical costs incurred are my responsibility, to be covered by my own medical insurance or resources. This complete form may be photocopied for trips out of camp.

→ _____
 Parent/Guardian Signature _____ Date _____



THIS SECTION TO BE COMPLETED IF CURRENTLY UNDER DOCTOR'S CARE OR *ASTERISK-HEALTH CONDITION IS CHECKED ON THE FRONT OF THIS FORM

Note: A Doctor's written authorization is only required if the camper has a history of Asthma, Heart Defect/Disease, Seizures, Diabetes, Bleeding/Clotting Disorders, Back or joint problems, a chronic illness, has been recently hospitalized or is currently under a Doctor's care. If so, complete this section.

**YMCA Mill Hollow
Health Examination by Licensed Physician**

Camper: Last Name _____ First Name _____ MI _____

Because of this camper's medical history, we have asked that your written authorization be provided prior to their attendance at YMCA Camp Roger. Please realize that camp is held in the mountains (8700 feet elevation), an hour from the nearest hospital. The programs are very active with strenuous hiking, games and camp activities. Your careful consideration is appreciated.

Health Care Recommendation by Licensed Medical Personnel

I have examined the child named on this form within the past two years. Date Examined ___/___/___

The applicant is under the care of a physician for the following condition(s) _____

Current treatment (including current medications) _____

Explanation of any reported loss of consciousness, convulsions, or concussion _____

Does applicant have epilepsy? Yes No Does applicant have diabetes? Yes No

Any specific activities to be encouraged or limited by physician's advice? _____

Any medically prescribed meal plan or dietary restrictions? _____

Any treatment or medications to be continued at camp (specific dosages)? _____

Any allergies (food, drugs, plants, insects, etc.)? _____

Additional health information _____

I have reviewed the Camper Health History Form and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion, the camper is physically and emotionally fit to participate in an active camp program (except as noted above).

Licensed Physician's Signature _____

Address _____ Phone _____
Street City State Zip Area/Number

Date of Form Completion _____ By _____

YMCA Mill Hollow
(P) 801-839-3379
(E) camps@ymcautah.org (W) www.ymcacamproger.org

Camper Information Sheet

Dear Parent/Guardian:

Our goal at YMCA Mill Hollow is to provide each child with the most positive and rewarding camp experience possible. To do so, we need your assistance. It is equally important for us to know what your child enjoys as it is for us to know their fears or apprehensions about camp.

Some parents hesitate to provide camps with personal information about their child's behavior or past experience. Some fear the information may be misused, while others are concerned about their child being labeled, singled out or treated differently. All parents want to see their child have a strong, fresh start at camp, unencumbered by past problems. As seasoned camp professionals, we appreciate these concerns. We also know how invaluable such information can be in facilitating a smooth and happy transition into the camp community - something we know all parents want too!

Having prior knowledge about a recent loss or major change in the child's family, a learning difficulty, or ADHD, helps us be sensitive to your child's need for patience, understanding and reassurance - especially upon their arrival at camp. You and your child need to be partners in planning for a safe and successful experience.

Furthermore, children often use their behavior rather than their words to tell us something is bothering them. Having advance knowledge of areas that might be difficult for your child helps us understand the message in his or her actions. The more information you give us, the better we can understand your child, and the more we can assure them of a positive camping experience.

Please complete the form and turn it in 6 weeks before your child attends camp. Any information provided will be used with discretion.

Thank you for assisting us as we prepare for your child's upcoming camp experience.

In the spirit of Camp,

Rachel Jensen
Program Manager
YMCA Camp Mill Hollow

Camper Name: Last _____

First _____

YMCA Mill Hollow Camper Information Form 2018

To be completed by camper's parent/guardian

We are interested in your child's unique needs and personality. Inform us of ANYTHING that may help us better plan for his/her camp success. Please feel free to use additional paper if necessary.

PREVIOUS EXPERIENCE:

Please indicate the nature and length of your child's previous relevant experiences:

	Yes	No	Length & Nature of Experience
Has your camper ever been away from home overnight?			_____
Day Camp			_____
Sleepaway/Resident Camp			_____
YMCA Programs			_____

SLEEP HABITS:

Typical wake- up time: _____ Typical bedtime: _____
 Wakes easily? Yes / No Sleepwalks? Yes / No Talks in sleep? Yes / No Bedwetting? Yes / No
 If yes to any, frequency or in what situations? _____

Any other helpful information? _____

FOOD HABITS:

Vegetarian Vegan Ovo-lacto
 Other Dietary Restrictions? Wheat Dairy Gluten Religious Other
 Details to help us: _____

SELF CARE:

Wearing clean clothes: Does on own Needs reminding
 Washing hair: Does on own Needs reminding
 Brushing teeth: Does on own Needs reminding
 Any other helpful information? _____

FEARS (CHECK IF YES):

Lightening Thunder Dark Being alone Being away from home Meeting new people
 Bugs/Spiders Horses Dogs Water Other _____

SOCIAL:

- Does your child make friends easily or need encouragement? (Please explain below) _____
- How does your child relate with children their own age? _____
- How does your child relate with children younger/older than them? _____
- How does your child relate with adults? _____

INDIVIDUALITY:

- What are your child's strengths? _____
- What unique qualities or abilities will your child contribute to the camp community? _____
- Camper's hobbies: _____
- Favorite activities/sports _____
- What do you particularly wish your child to gain from their stay at Camp? _____

EMOTIONAL:

- How does your child approach something new? _____
- What are the areas your child struggles with? _____
- How does your child deal with stress? _____
- Have there been any recent physical, emotional or social events for your child?
(example: physical injury, death in the family, divorce, move, school change, etc.)

- State any health/emotional/learning characteristic of camper you wish us to be aware of: _____
- What tips can you offer us to help in working with your child? _____
- Please tell us ANYTHING else that would be helpful to know about your child/family. _____

Camper Name: Last

First

YMCA Mill Hollow Camper Code of Conduct 2018

Dear Campers, Parents, and Guardians:

YMCA Mill Hollow adheres to the highest safety standards. We also apply the four core YMCA values of Caring, Honesty, Respect, and Responsibility to all programs and activities. Camp is supposed to be a fun place for EVERYONE, so it is important that all campers follow the camp guidelines. The following are standards we have established to sustain an environment in which every member of the Camp Roger community can feel welcome and respected.

To promote the YMCA Character Values in all aspects of our program and to provide an atmosphere of freedom and a sense of fellowship and enjoyment for all we ask that all campers and parents/guardians read this code together before arriving at camp.

CARING**BECAUSE WE CARE ABOUT OTHERS, ARE SENSITIVE TO THEIR WELL-BEING, AND HELPFUL TO OTHERS:**

- I will always be sensitive to the feelings of others.
- I will always welcome and include others in camp activities.
- I will be careful that my actions won't hurt other campers' feelings or hurt them physically, either intentionally or accidentally.
- If someone is physically or emotionally hurting, I will seek help from a staff member.
We do not tolerate bullying, intimidation, harassment, or conduct or statements that demean others in any way or for any reason. Campers are urged to report any instances to their cabin counselor, a Program Director, or the Camp Director. Understand that camp will try to stop these things, but only if someone in authority finds out about them from you or someone else, or sees them happen. Never resort to fighting to settle a dispute.

HONESTY**BECAUSE WE ARE HONEST, TRUSTWORTHY, HAVE INTEGRITY, AND MAKE SURE OUR CHOICES MATCH OUR VALUES:**

- I will always tell the truth.
- I will choose appropriate activities and use appropriate language – no swearing.
- I will turn in any lost items that I find to a staff member so they can be returned to their owner.

RESPECT**BECAUSE WE HAVE RESPECT, TREAT OTHERS AS WE WANT TO BE TREATED, AND VALUE OURSELVES AND OTHERS:**

- I will show respect to other campers, and treat others as well as they themselves would like to be treated and try to be a friend to all.
- I will be respectful, cooperative and will contribute positively to the experience of fellow campers.
- I will show respect to camp staff, and cooperate fully with their instructions.
- I will respect the rights and beliefs of others, and treat others with courtesy and consideration.
- I will be respectful in my expression through apparel, language, gestures, or writing, without being profane, obscene, humiliating, degrading, threatening, harassing, hateful, or in any way offensive in reference to race, religion, ethnicity, nationality, gender, orientation, culture, ability, or belief.
- I will only enter my own cabin.
- I will be respectful of the personal property of other campers/staff and will only borrow property with clear, expressed permission from the owner. Any borrowed property will be returned at the agreed upon time.
- I will be respectful of camp property.

RESPONSIBILITY**BECAUSE WE ARE RESPONSIBLE, DO WHAT IS RIGHT, AND ARE ACCOUNTABLE FOR OUR BEHAVIOR AND OBLIGATIONS:**

- If I need to enter my cabin between activities, I will only do so with permission and accompanied by a buddy and a counselor.
- I will never mark, deface or destroy camp or personal property or nature.
- I will communicate in an appropriate manner, which means I will not use foul language or gestures, harsh words or tone of voice.
- I will conduct myself responsibly. I understand horseplay, unwelcome teasing or other unkind behaviors are not allowed.
- I will leave all pets at home rather than bringing them to camp.

- I will eat all snacks in the Lodge and put wrappers in the trash. I understand food or snacks are not allowed in the cabins; it attracts ants, mice, and other pests.
Packages will be opened under supervision and edible items will be removed.
- I understand all campers, LITs, WITs and CITs will be dropped off at camp and will not bring their own vehicles.
- I will keep prescription or non-prescription medicine at the health center with the health supervisor and not in my cabins or on my person.
All medications must be turned into the health supervisor during Check-In and will be administered by the health supervisor. Any special circumstances must be cleared during Check-In.
- Electronic equipment, such as personal music players, cellular phones or handheld video games, must be left at home and is not allowed at camp. Such equipment will be confiscated and returned to parents upon departure.
- I understand all valuables are brought to camp at my own risk. Camp does not recommend that I bring valuables or expensive items.

Corrective & Disciplinary Process

Campers are made aware of all rules and guidelines again upon arrival. Most disciplinary situations at camp are minor and can be resolved with minimal corrections. Camp staff use discipline as a learning opportunity for the camper and try to integrate problem-solving skills into the discussion. Violating the code of conduct will result in the following:

1. Camp Staff will first redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and camp rules, and a discussion will occur between camper and counselor where goals and objectives will be set.
3. If the negative behavior persists, **campers will be restricted from that activity.**
4. Upon further violation, **camper will be sent to the camp office** for a discussion with the Camp Administrative Staff. Documentation of the negative behavior will be recorded in the form of a Behavior Contract signed by the camper, counselor, and director. A parent/guardian will be notified of the problem.
5. If behavior does not improve, parents will be notified and **child will be sent home.**
6. The camp administrative staff will discuss all decisions thoroughly before any child is sent home.

The camp administrative staff retains the right to take immediate action if the campers' behavior poses a threat to their own safety, the safety of other campers or camp staff. There will be no refund of any amount for campers who are sent home because of behavior problems.

Extremely rare, but needing to be mentioned, the following infractions will result in immediate dismissal from Camp:

- Endangering the health and safety of children and/or staff, members, and volunteers
- Stealing or damaging YMCA or personal property
- Leaving the YMCA summer program without permission
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner and/or possessing sexually explicit material
- Weapons
- Possession of any tobacco product, alcohol, illegal drugs, drug paraphernalia, over the counter drugs that are not listed on the medical form

Camp Administrative staff retains the right to include other items that may not be listed above to assure that a safe camp atmosphere is maintained for all.

Campers, please read: I have reviewed the Code of Conduct and Packing List with my parents and understand that I am responsible for my behavior while I am at camp. I have reviewed the list of things that are not allowed and have not packed any of them. I am excited about my camp experience and I am coming because I want to. If I do not follow the camp rules, I understand that I may be sent home, without a refund. I will do my best to make this a good experience for me and for the other kids at camp.

SIGN TO INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF THIS CODE:

*We need **both** campers **and** parent to sign so we know everyone understands camp's behavior expectations.*

→ _____ → _____ _____
Camper/Participant Signature Parent/Guardian Signature Date

YMCA Mill Hollow Admission Card 2018

FOR OFFICE USE ONLY

Session(s): _____ Cabin #: _____

Stay over Bus Meds Confiscated Items

_____ **Camper Name:** Last _____ First _____

Bring this form with you on check-in day. Campers cannot be accepted without this authorization. **Do not mail or fax in.**

List at least four (4) additional individuals, who you authorize to pick up your camper from camp or bus drop-off site. The individual picking up your child will be required to show their photo ID, matching the name on this form.

1. _____ Name of Authorized Individual Cell Phone: (_____) _____ - _____	_____ Relationship to the Camper Home Phone: (_____) _____ - _____
2. _____ Name of Authorized Individual Cell Phone: (_____) _____ - _____	_____ Relationship to the Camper Home Phone: (_____) _____ - _____
3. _____ Name of Authorized Individual Cell Phone: (_____) _____ - _____	_____ Relationship to the Camper Home Phone: (_____) _____ - _____
4. _____ Name of Authorized Individual Cell Phone: (_____) _____ - _____	_____ Relationship to the Camper Home Phone: (_____) _____ - _____

Camp Dismissal Policy

- A parent, guardian, or adult (age 18 and up) designated on the pick-up authorization, must sign out the child at pick-up (PHOTO ID REQUIRED).
- Those without photo ID, or persons not noted on the pick-up authorization WILL NOT be permitted to pick-up a child.

I have read and agree to the camp dismissal policy and authorize the people listed above, in addition to myself, to pick up my camper from the YMCA Mill Hollow Drop Off location.

_____	_____	_____/_____/_____
Name of Parent/Guardian	Signature of Parent/Guardian	Date Signed
Cell Phone: (_____) _____ - _____	Home Phone: (_____) _____ - _____	

FOR CHECK-OUT DAY ONLY

_____ Staff Signature (release to authorized pick-up)

_____ Authorized Pick-Up Signature (sign on check-out day)

Date _____

Meds: Yes N/A

Confiscated Items: Yes N/A