



Specialty Camp Summer 2017

REGISTRATION INFORMATION:

Child's Name _____ Home# _____

D.O.B. _____ Age: _____ M / F

Complete Address _____

Mother's Name _____ Primary # _____ Work# _____

E-mail Address _____

Father's Name _____ Primary # _____ Work# _____

E-mail Address _____

Youth T Shirt Size (if applicable to camp): YS YM YL YXL YXXL

Adult T Shirt Size (if applicable to camp): AS AM AL AXL AXXL

CAMP ATTENDING: (circle one)

Gymnastics Fun Day (4+): May 26

Soccer (6 - 12 yrs old): June 5 - June 9

Gymnastics Disney Kids's Rock (3 - 5): June 19 - 23

NEW! Tennis (6 - 12 yrs old): June 19 - 23

Gymnastics Camp Flip's Got Talent (4+): June 12 - 16

Basketball (6 - 12 yrs old): June 26 - 30

Gymnastics X-treme Gymnastics (4+): August 7 - 10

Flag Football (6 - 12 yrs old): July 17 - 21

EMERGENCY CONTACT/PERSONS PERMITTED TO PICK UP CHILD:

Name _____ Primary # _____ Work # _____

Name _____ Primary # _____ Work # _____

Child's Doctor _____ Phone# _____

The Moultrie YMCA uses Colquitt Regional Medical Center located at 3131 S. Main St. Moultrie, GA 31768; 985-3420

ALLERGIES/MEDICATIONS/ETC:

Child's Allergies: _____

Child's Prescribed Medications: _____

Child's Special Needs and Conditions: _____

In the event of any emergency involving my child, and if the YMCA cannot reach me, I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

PARENT SIGNATURE _____

DATE _____