



# Specialty Camp Summer 2018

## 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 Pre-K Camp** (3-5): May 21 - 24

**Gymnastics Mystery Camp Flip** (4+): June 4 - 8

**Cheer-tastics Camp** (6+): June 25 - 29

**Gymnastics Wipe Out Camp** (4+): July 30 - August 3

**Soccer** (6 - 12 yrs old): June 25 - June 29

**Flag Football** (6 - 12 yrs old): July 9 - 13

**Basketball** (6 - 12 yrs old): July 23 - 27

## **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** \_\_\_\_\_