



# SUMMER OF FUN AND ADVENTURE!

## YMCA of Alaska 2026 Camp Parker at Peggy Lake

### INFORMATION

#### WHO

Entering 2<sup>nd</sup> grade - 8<sup>th</sup> grade

#### CAMPER INFORMATION

Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth:        /        /        Has IEP?  Yes  No

School Site: \_\_\_\_\_ Start Date:        /        /        Grade: \_\_\_\_\_

Optional YMCA Membership:  Youth  Single Parent  Family        Military:  Yes  No

#### REGISTERING PARENT'S INFORMATION

Registering Parent's Name: \_\_\_\_\_

Parent's Date of Birth:        /        /        Email: \_\_\_\_\_

Registering Parent's Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

#### CAMP PARKER COST OF CARE:

Member Rate: \$550.00

Non - Member Rate: \$600.00

#### FEES PAID BY THE FOLLOWING

Registering Parent         YMCA MFA

Payment method needed at the time of registration.

(Must attach a copy of assistance authorization or parent is responsible for childcare payment until we receive it.)

#### WE MUST HAVE THE FOLLOWING

- YMCA Camp Parker Registration Packet
- Parent Authorization Form
- IEP (if there is one)
- Medical Information Form
- Automatic payment withdraw form for membership and childcare
- Current shot record or Legal Exemption

#### PLEASE READ FOLLOWING STATEMENTS

I understand that fees must be paid by 9am Monday morning of camp departure.  
 If on assistance my portion of the bill must be paid by this date also.  
 I have received a Parent Packet and agree to abide by all policies and procedures in it.  
 A 2 week notice is required to change enrollment.  
 I understand that I am responsible for keeping my assistance authorizations current as I am ultimately responsible for all payments.  
 Permission is granted to the YMCA to use photographs of my child taken at the program for publicity and promotions.

Parent Signature: \_\_\_\_\_ Date:        /        /

Staff Signature: \_\_\_\_\_ Date:        /        /



**PLEASE CHECK THE WEEKS THAT YOU WANT YOUR CHILD TO ATTEND THIS SUMMER:**

**For Camp Weeks**

- Week 1: July 13th - July 17th
- Week 2: July 20th - July 24th
- Week 3: July 27th - July 31st

**DISCOUNT AVAILABILITY**

Please check the discount that apply (you may receive one or the other discount not both):

- 15% for active duty military families with proof of ID
- 10% for each additional sibling

**BILLING**

I hereby authorize the YMCA of Alaska to initiate debit transactions to my account indicated below, and for the financial institute named below to debit the same such account between the end of month (30th) and the (5th) of each month for my membership. Should the YMCA receive a NSF (non-sufficient funds) on my bank account, credit card or a returned check, a non-refundable Returned Payment Fee of \$30 will occur for any payments that do not process. Failure to address any NSF will result in termination of my membership. All Members, Non-Members, and Program Participants agree to pay a Service Fee on all payments made by credit card, 3%, and ACH, .32%. There are no Service Fees on payments made by debit card, cash, or check. Payments must be setup on auto-pay

**NAME OF ACCOUNT HOLDER OR DEBIT/CREDIT CARD**

Name (first/last):

Address:

Phone:

**EFT DRAFT**

Financial Institution/Routing #:

Account #:

Account Type:  Checking  Savings

**DEBIT/CREDIT CARD**

Card #:

Expiration #:

3-digit Code:

Card Type:  Visa  Mastercard  Discover

## HEALTH HISTORY CONT.

### CAMPER INFORMATION

Camper's Name:

Gender:  Male  Female

Date of Birth:     /     /

### ALLERGY HISTORY

List specific allergen (medications, food, insects, other:)

Allergen:

Reaction:

Allergen:

Reaction:

Allergen:

Reaction:

### BEE STING HISTORY

Has the camper ever had an allergic reaction to a bee sting?

Yes  No

Has the camper have an Epi-Pen?

Yes  No

### DIETARY RESTRICTIONS

Please list anything that is not a true allergy, but would be a preference or requirement.

### PRESCRIPTION MEDICATION

Please list ALL medications including over-the-counter or nonprescription drugs taken routinely. Send enough medication to last the entire time at camp. All medications **MUST** be in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage and the frequency of administration. Your description of the medication times and dosages **MUST** match those on the container.

This camper does not take any medications on a regular basis.

This camper takes the following medication during the school year, but will not continue it at camp:

This camper takes routine medication (including non-prescription, vitamins, and ointments/creams) as follows:

Medication	Dosage	Times Taken

## HEALTH HISTORY CONT.

### OVER THE COUNTER MEDICATION

YMCA Camp Parker keeps the following over-the-counter medications in stock for use in treating campers with illnesses/injuries occurring at camp: Tylenol, Ibuprofen, Benadryl, Robitussin, Triaminic, Imodium, Maalox, milk of magnesia, cough drops, hydrocortisone cream, calamine and Caladryl lotion, antiseptic ointments and sprays, burn gel, bug spray, sunscreen. These medications may be dispensed to your child as deemed necessary in accordance with physician-approved treatment procedures.

Please list any over-the-counter medications that you DO NOT want administered to your child:

Is this camper able to swallow pills?  Yes  No

Camper's weight for proper dosage:

### CHRONIC CONCERNS

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> This camper has no chronic health concerns and is capable of full participation in this program.</li><li><input type="checkbox"/> This camper has the following chronic health concerns. A doctor's release to participate in camp is attached.</li><li><input type="checkbox"/> Recent injury, illness, or infectious disease?</li><li><input type="checkbox"/> Have a chronic or recurring illness/condition?</li><li><input type="checkbox"/> Have frequent headaches?</li><li><input type="checkbox"/> Have diabetes?</li><li><input type="checkbox"/> Ever been knocked unconscious or head injury?</li><li><input type="checkbox"/> Ever been diagnosed with a heart murmur?</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Ever had back problems or joint problems?</li><li><input type="checkbox"/> Had mononucleosis in the past 12 months?</li><li><input type="checkbox"/> Ever had seizures or epilepsy?</li><li><input type="checkbox"/> Have asthma?</li><li><input type="checkbox"/> Ever had chest pain during or after exercise?</li><li><input type="checkbox"/> Ever had high blood pressure?</li><li><input type="checkbox"/> Have bladder problems?</li><li><input type="checkbox"/> If female, abnormal menstrual history?</li></ul> |
|---|--|

Please explain any checked boxes:

Other concerns, Check all that apply:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Vision, speech or hearing problems?</li><li><input type="checkbox"/> Have seasonal allergies?</li><li><input type="checkbox"/> Ever had a broken bone?</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> If female, began menses and bringing supplies to camp?</li><li><input type="checkbox"/> Other:</li></ul> |
|---|---|

Please explain any checked boxes:

**HEALTH HISTORY CONT.**

**MENTAL, SOCIAL AND EMOTIONAL HEALTH**

- This camper has no remarkable mental, social or emotional health needs.
- This camper has the following concerns:
  - Diagnosed with Attention Deficit/Hyperactivity Disorder (ADD or ADHD)
  - Psychiatric diagnosis such as depression, OCD, panic/anxiety disorder
  - Has an emotional health concern
  - Has a learning challenge (disability)
  - Has seen or is currently seeing a professional for mental/emotional health concern

If any of the boxes are checked, please attach a statement from child’s mental health professional which:

- Describes the concern and the camper’s management plan (including medication)
- Describes the behavior which would indicate to our staff that your camper needs professional referral
- Provides a recommendation for participation in our camp program from this professional.

**INSURANCE INFORMATION**

Name of Insured: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Insurance Carrier Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Insurance Carrier Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date:     /     /