SUMMER OF FUN AND ADVENTURE!

YMCA of Alaska 2026 Camp Parker at Peggy Lake

INFORMATION

WHO

Entering 2nd grade – 8th 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: / /

PARENT AUTHORIZATION FORM

I give permission _____ for to attend the YMCA Camp Parker.
(Child's Name)

We (camper and parent) understand that it is the responsibility of each child to participate in the whole program including activities of work, play and value-sharing. We understand and support policies prohibiting children from possessing tobacco products, alcoholic beverages or unauthorized prescription or non-prescription drugs at your programs. We recognize that children must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful.

Failure to adhere to program policies will be cause for child dismissal without refund of camp fees.

As a parent I understand that my child may be photographed, and such photography may be used for future program promotions. I understand my child will not be released from the program site to anyone other than the persons specified on the emergency forms. I understand that I need to allow extra time on the first day of attendance to sign that week's field trip permission form.

I am aware that my child will have the opportunity to participate in, and I approve of his/her participation in program activities involving a degree of risk. As children move into older programs, the degree of risk increases to include activities such as archery. Recognizing that the program does its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the YMCA from all responsibility and liability of any nature resulting from my child's participation in any program activities.

I give my child permission to use transportation provided by the YMCA.

Photo / Audio Release

My child's photo, still or video, voice and first name may be used by YMCA Camp Parker for promotional purposes.
☐ Yes ☐ No

Administer Sunscreen / Insect Repellent

☐ Sunscreen – ALBA Botanica Broad Spectrum 50spf Coconut sunscreen
☐ Insect Repellent – OR OFF! Deep Woods Dry 25% deet

or

I am aware that the YMCA will be providing the products stated above. If my child is allergic to the product or products provided by the YMCA I, _____ , parent or guardian of _____, will supply the items below. I will label each item with my child's name. On the last day of attendance in Camp I will claim the items below

Sunscreen: _____
(Name of Product)

Insect Repellent: _____
(Name of Product)

I have read and understand the above information and parent packet. I give my full approval and consent for my child to participate in program activities and agree to the conditions stated herein.

Parent Name (print): _____

Parent Signature: _____ Date: / /

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

For Camp Week

☐ Week 1: July 20th – July 24th

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

Campers weight for proper dosage:

CHRONIC CONCERNS

- ☐ This camper has no chronic health concerns and is capable of full participation in this program.
- ☐ This camper has the following chronic health concerns. A doctor's release to participate in camp is attached.
- ☐ Recent injury, illness, or infectious disease?
- ☐ Have a chronic or recurring illness/condition?
- ☐ Have frequent headaches?
- ☐ Have diabetes?
- ☐ Ever been knocked unconscious or head injury?
- ☐ Ever been diagnosed with a heart murmur?
- ☐ Ever had back problems or joint problems?
- ☐ Had mononucleosis in the past 12 months?
- ☐ Ever had seizures or epilepsy?
- ☐ Have asthma?
- ☐ Ever had chest pain during or after exercise?
- ☐ Ever had high blood pressure?
- ☐ Have bladder problems?
- ☐ If female, abnormal menstrual history?

Please explain any checked boxes:

Other concerns, Check all that apply:

- ☐ Vision, speech or hearing problems?
- ☐ Have seasonal allergies?
- ☐ Ever had a broken bone?
- ☐ If female, began menses and bringing supplies to camp?
- ☐ Other:

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: / /