PICK–UP and DROP-OFF FORM

The following person will normally drop off and pick up my child:

Name		
Address		
Phone	Cell Phone	
Signature		-
DROP OFF CAMPERS At Christensen Family YMCA Camp	PICK UP CAI <u>At Christens</u>	MPERS en Family YMCA Camp
Half-Day Camp – between 8:30 and 9:00 a.m.		np – between 12:00 and 12:30 p.m.
Full-Day Camp – between 8:30 and 9:00 a.m.	Full-Day Can	np – between 4:00 and 4:30 p.m.
If you child is enrolled in Fremont Family YMCA Fur and pick-up from FFY after 4:30 p.m.	n Club we will transport th	em to and from FFY. Drop-off at FFY before 8:30 a.m.
In case of an emergency or if the designated pers person(s) to pick up my child:	on cannot be contacted t	o pick up my child, I hereby authorize the following
Name		
Address		
Phone	Cell Phone	Pager
Signature		_
Name		
Address		
Phone	Cell Phone	Pager
Signature		_
Name		
Address		
Phone		
Signature		-
Parent's Signature		-
The following persons may not remove my child from	n camp:	
Name		_
Name		_
Custody papers are on file: 🛛 Yes 🛛 No		
The above information was provided by		
Signature		Date

SUNSCREEN PERMISSION FORM

Soaking up the sun's rays used to be considered healthy before we learned about the dangers of ultraviolet rays. These invisible rays, known as ultraviolet-A (UVA) and ultraviolet-B (UVB) cause suntan, sunburn and skin damage. There is no 'safe' UV light. Protecting young people from the sun is especially important as most of our lifetime exposure comes before the age of 20.

YMCA day camp participants spend a great deal of time in the outdoors and are thereby exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirits, minds and bodies, we have made the following policies in this regard:

- C All campers and staff will wear sunscreen with an SPF of at least 15 on all exposed skin including lips, daily, even on cloudy days.
- © Parents or legal guardians, please apply sunscreen to the camper before they leave home for the day. Parents or legal guardians will be responsible for providing their children with enough sunscreen (in a sealed container) to take with them for later day applications. One container per child, please.
- Day camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun (due to perspiration) and/or any other time as needed. Please note: This will mean your child will have the sunscreen applied for them by the day camp staff. Please explain this to your child before camp.
- For campers who have fair skin, freckles or numerous moles; have blonde, red or light brown hair; have blue, green or gray eyes; tend to burn easily and tan little or not at all; and have a family history of skin cancer, we recommend an extra t-shirt be brought to wear in the water for extra protection.
- The YMCA reserves the right to disallow anyone to participate in the day camp program at any time for failure to comply with the policy.

Please sign, detach and return with the medical information sheet before camp begins.

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I verify that I have read, understood, and for the protection and well being of my child, agree to comply with the YMCA Day Camp Sunscreen Policy. I also understand that if at any time I fail to comply with the policy, my child will not be allowed to participate in said program.

Parent's signature _____

Date _____

INSECT SPRAY PERMISSION FORM

We will be outside around the camp daily for activities and we would like to have your permission to use insect spray on your child. Please mark the appropriate lines below, sign and date it. Thank you!

Child's name

_____ I give permission for Christensen Family YMCA Camp staff to use insect spray on my child.

_____ I have included my own brand of insect spray to be used on my child.

The brand is _____

I **DO NOT** want any insect spray used on my child.

Parent's signature:_____

Date:_____

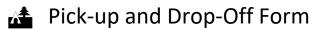
MEDICATION FORM

Child's name					
Medication		Prescription number			
Times of day medication is to be given			a.m	p.m.	
Method of give	ving dosage				
Date from			to		
Reason for m	edication				
Parent/guardian			Date		
Physician				Date	
DATE	TIME	STAFF SIGNATURE		COMMENTS	
	1				



FREMONT FAMILY YMCA

CHRISTENSEN FAMILY YMCA CAMP FORMS







Please return the enclosed forms on the first day of camp.