

New Canaan YMCA Vacation Camp Permission Slip
All Participants must currently be in Grades K through 6
Permission Slip Required for NON-KU Participants

I give _____ permission to participate in the Vacation Camp program at the
(child's first and last name)

New Canaan YMCA and travel via bus if scheduled to do so. I also give permission for the YMCA staff and chaperones to administer minor first aid treatment if necessary and/or to order emergency medical treatment at the nearest hospital should the need arise .

Administration of Medication: Will your child require daytime medication to be taken during the duration of this program?
___ Yes/No – If yes, please request a "Medication Administration" form from a Front Desk staff person. This form must be returned after being filled out by a doctor's office. Also, please contact Suzy Pfeifer x(163).

FOOD OR MEDICATION ALLERGIES:

___ Yes/No- Does your child have any food or medication allergies? If yes, please list allergies _____

___ Yes/No- Does your child have any other specific illnesses or problems?

If yes to above questions, please comment below and on the reverse side of this page if needed.

If there is anything else you would like us to know about your child in order to best accommodate him/her please describe below.

Child's Name: _____ Child's Grade _____

Address: _____ City _____ ST _____ Zip _____

Home Phone: _____ Parent Cell Phone _____

Parent Email address _____

1st Parent's Name _____ 2nd Parent's Name _____

1st Parent work # _____ 2nd Parent work #: _____

Insurance Co: _____ Policy # _____

NOTE: YMCA VACATION CAMP STAFF DO NOT TAKE PARTICPANTS TO OTHER YMCA CLASSES

EMERGENCY CONTACTS: Parents as listed above and the persons listed below are the only people who will be permitted to pick up your child and may be called in case of emergency, or late pick-up. Photo identification will be required of all individuals upon pick-up.

Name: _____ Relation: _____ Phone number: _____

Name: _____ Relation: _____ Phone number: _____

Name: _____ Relation: _____ Phone number: _____

Parent Signature _____ Date: _____

Refund Policy- Should the participant cancel, a full or prorated refund minus a \$15 processing fee per-person-per-session will be charged based on when the space is filled. If the space is not filled, no refund will be issued.