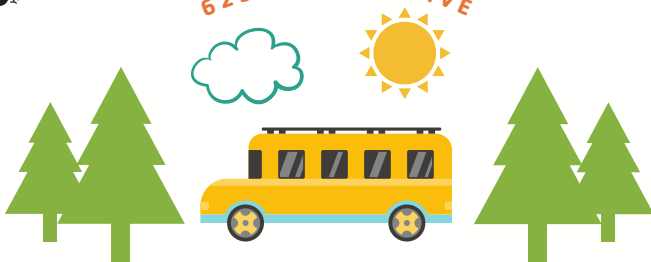




WADSWORTH YMCA
623 SCHOOL DRIVE



→ 2022 ←

SUMMER

DAY CAMP

FIELD TRIPS • SWIMMING • OUTDOOR FUN

WEEKDAYS



9AM-4PM

FREE BEFORE & AFTER CARE AVAILABLE

MAY 31 - AUG 12

★ **AGES 6-12** ★

\$40 one-time Registration Fee

\$180/WEEK - Y MEMBERS

\$200/WEEK - NON Y MEMBERS


SIGN UP BY 4/14
AND SAVE \$40
REGISTRATION FEE

**\$10/WK DEPOSIT & COMPLETED
CAMP PACKET REQUIRED AT
REGISTRATION**

In-house registration only

 **PAITON HARDY**
PROGRAM DIRECTOR
Paitonh@akronymca.org
330.334.9622



PARENT INFORMATION

2022



CAMP FEES

- Registration Fee:** \$40/child
YMCA Member: \$180/wk
Program Member: \$200/wk
Non-Refundable Deposit: \$10/wk

*ALL Campers must have completed Kindergarten by the first day of camp & be under 13 years old



WHAT TO BRING

- Camp Shirt
- Closed Toe Shoes
- Packed Lunch
- Labeled Water Bottle
- Swimsuit & Towel
- Labeled Sunscreen



CAMP TIMES

- Before Care:** 7am -9am
Day Camp: 9am-4pm
After Care: 4pm-6pm



DO NOT BRING

- Electronics
- Flip Flops
- Toys from Home
- Money



DATES TO REMEMBER

- First Day of Camp:** May 31
Early Pick Up: June 21
No Day Camp: July 4
Last Day of Camp: Aug 12



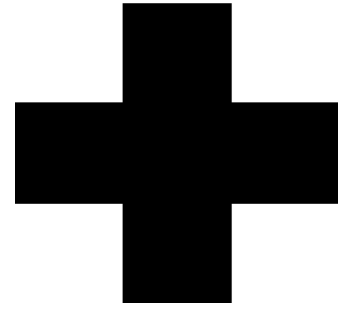
SPECIAL NEEDS

The Wadsworth YMCA Day Camp is open to children of all abilities. If your child has a special need, please feel free to speak with the Camp Director to arrange appropriate accommodations.





Wadsworth YMCA DAY CAMP



CAMPER HEALTH RECORD- 2022

Please remember to attach a copy of your child's immunization record as well as a copy of their Medical

* Please print

Camper's Name: _____ CAMPER DATE OF BIRTH: _____

CAMPER HEALTH HISTORY

1. Does your child have any food, medication or environmental allergies? YES NO
If yes, please list the allergy, symptoms and actions that should be taken if a reaction occurs:

2. Does your child have a special health or medical condition? YES NO
If yes, please list the condition, any special procedures that a staff member may be required to perform.

3. Is your child currently taking any medication? YES NO
If yes, please list the medication and dosage.

4. Does your child require medication to be given while at camp? YES NO
If yes, a **JFS01217** form must be completed and signed by a physician.

MEDICAL INSURANCE INFORMATION

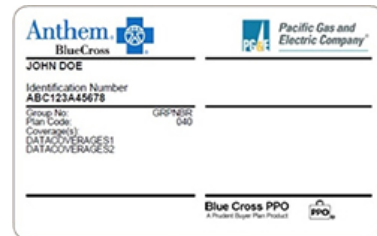
Is this camper covered by family medical/hospital insurance? YES NO

.....
First and last name of primary _____ Date of birth _____

.....
Policy Number _____

.....
Insurance Company Name _____

.....
Insurance Company Phone Number _____



Please provide a copy of the front and back of your camper's Medical Insurance Card.

PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE

This health history is correct and accurately reflects the health status of the camper who is pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situations. I give the Akron Area YMCA permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photo copy/scan this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

.....
Signature of Parent/guardian _____ Date _____