

# 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

Half-Day Camp – between 8:30 and 9:00 a.m.

Full-Day Camp – between 8:30 and 9:00 a.m.

## **PICK UP CAMPERS**

At Christensen Family YMCA Camp

Half-Day Camp – between 12:00 and 12:30 p.m.

Full-Day Camp – between 4:00 and 4:30 p.m.

If your child is enrolled in **Fremont Family YMCA Fun Club** we will transport them to and from FFY. Drop-off at FFY before 8:30 a.m. and pick-up from FFY after 4:30 p.m.

In case of an emergency or if the designated person cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

The following persons may not remove my child from 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:

- ☺ 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: \_\_\_\_\_





FREMONT FAMILY YMCA

# CHRISTENSEN FAMILY YMCA CAMP FORMS



Pick-up and Drop-Off Form



Sunscreen/Insect Spray Permission Form



Medication Form

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