



Dear Parents,

The Rockland County YMCA would like to invite you to join our summer Wrestling Camp which runs from July 16th to July 20th. Camp hours are 9:00 am to 3:00 pm daily.

Our camp is held at the Krucker's North Campgrounds, 81 Call Hollow Road in Pomona, which provides a spacious outdoor recreational setting. Krucker's North Campground includes very well maintained Wrestling mats, Swimming pool, Gaga pit, Kickball field, and Soccer Fields as well as Volleyball Courts.

Our camp provides a daily lunch, morning snack, afternoon snack, and outdoor swimming pool.

We've planned a program with a variety of recreational and sports activities to encourage your child's growth. The YMCA has a great group of returning experienced counselors and certified lifeguards. Our aim is for your child to develop new skills, establish friendships and learn about sportsmanship and teamwork to create experiences that last a lifetime.

If you are interested in enrolling your child, please submit the completed application the tuition to:

YMCA Fitness Department

35 South Broadway

Nyack NY 10960

OR

E-mail to pdonnelly@rocklandymca.org

Once the completed packet is received, you will get a confirmation call. If you have any questions please call 845-643-3062

Sincerely,

Phil Donnelly
YMCA Wrestling Camp

2018 Rockland County YMCA

Wrestling Camp

Camper Name _____
Age: _____ Gender: Male Female Birthdate _____
School Attending: _____ Grade in September 2018: _____

FAMILY INFORMATION

Parent/Guardian _____ Relationship: _____
Home Address _____
Cell Phone: _____ Work Phone: _____
Email Address: _____

Parent/Guardian _____ Relationship: _____
Home Address _____
Cell Phone: _____ Work Phone: _____
Email Address: _____

Do parents live together? yes no - If no, with whom does the child reside? _____
If parents are divorced or separated, are there restrictions on pickups or visitations? yes no
If yes – please attach a copy of the court order.

EMERGENCY INFORMATION / RELEASE OF CHILDREN

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions.

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Ok to pick up camper Ok to give emergency info

Name: _____ Relationship: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Ok to pick up camper Ok to give emergency info

Medical Form (Completed by Parent/Guardian)

Please attach a copy of your child's immunizations

Child's Photo

Child's Name _____ Gender _____ Birthdate _____

INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? Yes ___ No ___

If yes, indicate carrier or plan name: _____

Policy # _____

Name of insured _____ Relationship to camper _____

Does camper have allergies NO YES, If yes, please provide specific information below:

ALLERGIES/SPECIAL NEEDS

List all known –please attach a Dr's care plan if required:

Does your child have unique physical, medical, behavioral and/or social needs? YES NO

Please explain: _____

Does camper require medications during camp? NO YES Only if needed

If yes, please provide specific information below:

_____ Dosage _____ Specific times taken _____

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List any other medication(s) regularly taken but dispensed outside camp _____

Restrictions to activities _____



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PERMISSIONS

_ Yes, I certify that the information on this application is true and accurate and I have not left out any information that would help the YMCA understand or work with my child.

_ Yes I give permission for the Rockland County YMCA to transport my child for emergency purposes as applicable. I understand that transportation will be appropriately supervised. I understand that the Rockland County YMCA and it is employees assume no liability in case of an accident outside of our authority.

_ Yes, the teen named on this application is in good health and is fully able to participate in all activities at the YMCA. In an emergency, when either I or the emergency contacts listed cannot be reached, I hereby give permission for the YMCA to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the camp (EMT) to provide needed care including resuscitation efforts and transportation to an emergency room for care.

_ Yes, I give the Rockland County YMCA permission to use my child's photograph for public relations and / or marketing purposes.

Signature: _____

Date: _____

Wrestling Camp July 16-20
YMCA Member rate: \$300
NON Member rate \$325

PAYMENT I have read the entire application and the permissions.

My signature acknowledges the permissions and authorizes the Rockland County YMCA to charge the above listed credit card in the amount of \$_____ for wrestling camp payment.

I understand payments are non- refundable.

| _____ |

Credit Card: MasterCard Visa American Express

Name as it appears on card: _____

Card Number: _____ Expiration Date: _____

Signature: _____

Date: _____