



2024 Summer Camp Registration

8220 Jollystreet Road, Newberry SCP: (803)276-9936

\$95/Week for YMCA Members
\$120/Week for Non-Members



Scan our QR Code for Detailed Summer Camp Information!!

Child's Name: _____ DOB: _____ Completed Grade: _____

School Attended: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Parent's Name: _____ Phone: _____ DOB: _____

Parent's Name: _____ Phone: _____ DOB: _____

Family Email Address: _____

Emergency Contact Name: _____ Phone: _____ DOB: _____

PERSONS AUTHORIZED TO PICK MY CHILD UP FROM THE YMCA SUMMER CAMP OTHER THAN THE PARENTS:

Name: _____ Phone: _____ DOB: _____ Name: _____

_____ Phone: _____ DOB: _____

Name: _____
_____ Phone: _____ DOB: _____

MEDICAL INFORMATION

Insurance Carrier: _____ Policy #: _____ Doctor: _____

Doctor's Phone: _____

The Newberry YMCA will only administer medications in the original container as prescribed. If your child requires medication that a YMCA Staff member must administer, please see the Summer Camp Director to set up an administration plan for the medication(s).

Does your child have any allergies or medical conditions that we need to be aware of? **If yes, please explain:**

Does your child take medications that we need to administer throughout the day? **If yes, please list:**

_____ I hereby give the staff of the Newberry YMCA permission to treat minor health issues. Should my child need medical care beyond what the YMCA staff deems as minor, I give the Newberry YMCA permission to seek medical treatment for my child. I further understand that the YMCA staff will attempt to contact me regarding medical treatment prior to any treatment being given; however, if I am not available, I give the YMCA permission to seek care.

_____ I hereby authorize the use of my child's photo or likeness in YMCA social media, print materials, or other forms of communication.

_____ I release the Newberry County Family YMCA, their officers, directors, agents, and employees from any and all liability or claims arising from my child's participation in activities or my access to YMCA facilities related to my child's participation.

By initialing the statements above and signing below, I am in agreeance with the statements:

Parent/Guardian Signature: _____ Date: _____

Please use the following chart to plan your summer camp experience:

	Adventurer (Ages 5-6)	Pioneer (Ages 7-9)	Treasurer (Ages 10 & up)
Week 1 – Blast Off! (May 27-May 31)			
Week 2 – Career Week (June 3-June 7)			
Week 3 – Way Out West (June 10-June 14)			
Week 4 – S.T.E.A.M. (June 17-June 21)			
Week 5 – Spirit Week (June 24-June 28)			
Week 6 – Freedom Week (July 1-July 5) *			
Week 7 – Olympics (July 8-July 12)			
Week 8 – Animal Planet (July 15-July 19)			
Week 9 – Our Camp's Got Talent! (July 22-July 26)			

*Please note that we will not have summer camp on Thursday, July 4th, 2024