



2025 Summer Camp Registration

8220 Jollystreet Road, Newberry SC P: (803)-276-9936 E: bstuck@newberryymca.org

\$105/Week for YMCA Members

\$130/Week for YMCA Members

When you register for a week of summer camp, a \$10 registration fee per family will be applied to each week of camp.

This fee will be credited toward the total cost of the week.

Participant's Information

Child's Name (1): _____ DOB (1): _____ Age (1): _____

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 explain:**

Child's Name (2): _____ DOB (2): _____ Age (2): _____

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 explain:**

Child's Name (3): _____ DOB (3): _____ Age (3): _____

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 explain:**



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Contact Information:

Address: _____ City: _____ Zip Code: _____

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

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

Family Email Address: _____

Emergency Contact Name: _____ Phone #: _____ DOB: _____

PERSON'S AUTHORIZED TO PICK MY CHILD UP FROM THE YMCA SUMMER CAMP OTHER THAN PARENTS:

Name: _____ Phone #: _____ DOB: _____

Name: _____ Phone #: _____ DOB: _____

Name: _____ Phone #: _____ DOB: _____

Medical Information

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 medications.

Insurance Carrier: _____ Policy #: _____

Doctor: _____ Doctor's Phone #: _____

Waiver

_____ I hereby give the staff of the Newberry YMCA permission to treat minor health issues. Should my child(ren) need medical care beyond what the YMCA staff deems as minor, I give the Newberry YMCA permission to seek medical treatment for my child(ren). 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(ren)'s photo or likeness in YMCA social media, print materials, or other forms of communications.

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

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

Parent/Guardian Signature: _____ Date: _____



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

	Select the weeks you plan for your child to attend. We will be closed on Monday, May 26th and Friday, July 4th.
Week 1 - Blast Off! (May 27th - May 30th)	
Week 2 - Water Safety (June 2nd - June 6th)	
Week 3 - Discovering Newberry (June 9th - June 13th)	
Week 4 - Around the World (June 16th - June 20th)	
Week 5 - Pawesome (June 23rd - June 27th)	
Week 6 - Holiday's (June 30th - July 3rd)	
Week 7 - The Art's (July 7th - 11th)	
Week 8 - Farm (July 14th - July 18th)	
Week 9 - S.T.E.A.M (July 21st - July 25th)	
Week 10 - Sport's (July 28th - August 1st)	

If you have multiple children and there is a week that all of them will NOT be attending ONLY write the names of the child(ren) who will be attending that week.