



## “All For One Camp”

(Serving children with disabilities between the ages of 5 and 12 years old and seeking to integrate these children into the Licking County Family YMCA Summer Camp Program.)

**Parent/Guardian**

**Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Child(ren)’s Name(s), gender and ages:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

All for One camp is being offered for 10 weeks this summer from 9 am until 4pm and will mirror the themes offered within the traditional camp weeks. Please consult the Day Camp Schedule for the weekly themes to determine which weeks are best for your child and family. If you require before or after care, all attempts to accommodate your needs will be made, but cannot be ensured at this time. Scholarships are available through the YMCA for families needing financial assistance, paperwork available when enrolling. Pricing and payment schedules are the same as traditional camp. If you feel your child can participate in a specialty camp and staff agrees after evaluation, all accommodations will be made to do so. Evaluation days available June 3rd-5<sup>th</sup>, 2009.

**What are your child’s special needs, including assistance with eating, toileting, communication, etc. (please be specific)?** \_\_\_\_\_

**Please describe what level/type of supervision your child needs:** \_\_\_\_\_

**Is medication administration needed (please describe):** \_\_\_\_\_

**What types of activities does your child enjoy?** \_\_\_\_\_

**Will your child enter the pool or enjoy other water activities?** \_\_\_\_\_

**Does your child have limitations which would prevent them from participating in any activities? If yes, please provide further information.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*At the Licking County Family YMCA we build strong kids, strong families and strong communities.*

2009 YMCA All for One  
Participant Information Form

Name of Participant: \_\_\_\_\_ Member: \_\_\_ Associate \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Male or Female \_\_\_\_\_

Parents' Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian to be called in case of injury:

Name: \_\_\_\_\_ Home No: \_\_\_\_\_ Work No: \_\_\_\_\_

- ❖ We recommend the participant have hospitalization coverage before participation in Youth Sports.
- ❖ I realize that there is a risk of being injured that is inherent in all sports.
- ❖ I realize that the risk of injury may be severe.
- ❖ By signing below I agree to abide by the YMCA Youth Sports Policy and the Parents' Code of Conduct

Signature of Parent or Guardian:

\_\_\_\_\_ Date \_\_\_\_\_