

For a better us.®

**Participant Handbook for
2024 Tri-Town YMCA Summer Camps**
136 S. Cornell Ave, Villa Park, IL 60181
630.629.9622 | tritownymca.org



Tri-Town YMCA at St. Alexander School

tritownymca.org | 630.629.9622

Tri-Town YMCA Mission Statement

Tri-Town YMCA has three areas of focus supportive of its mission to unite and serve persons of any religious faith or none, in order to strengthen the community and the individual through growth in body, mind, and spirit. These three areas of focus are: Youth Development, Healthy Living, and Social Responsibility.

Information in this handbook is subject to change at the discretion of management.

Contact Information

Tri-Town YMCA's Administration Office are open M-F, 7:00am-6:00pm. If you are needing to contact your child or a staff member and it is during a camp day but outside of office hours, the phone will be still be answered by a member of our team.

Administration Office Hours

Monday - Friday
7:00am-6:00pm

Tri-Town YMCA Phone Number

630.629.9622

Camp Hours

Before Camp Hours: Monday-Friday, 7AM-9AM
Camp Hours: Monday-Friday, 9AM-4PM
After Camp Hours: Monday-Friday, 4PM-6PM



Dear Summer Camp Families,

Tri-Town YMCA believes all kids have great potential and deserve the opportunity to discover who they are and what they can achieve. We are honored to have your child(ren) spending their summer season moving, exploring, and learning with us. Our day camps provide kids with a safe, familiar, and fun-filled environment for them to explore the outdoors, build confidence, develop skills, and make lasting friendships and memories, so they can grow as individuals and leaders.

Tri-Town YMCA summer camps are for children entering into 1st - 8th Grade and are considered licensed-exempt and not regulated by the Department of Children and Family Services (DCFS). However, many of our rules do adhere to DCFS standards.

This summer we are eager to incorporate more social emotional and cultural awareness building as part of the summer camp curriculum. With partners from Northeast DuPage Family & Youth Services, we are able to offer free skill building days as well as group, individual, and family counseling services. This has been made possible through a grant through the DuPage Community Transformation Partnership. In addition, we are excited to bring back a handful of off-site field trips in addition to our popular swimming pool visits, on-site field trips, comfort dog visits, and more!

Following this letter is our summer camp handbook. In this handbook, you will find the camp routines, policies, and procedures. Please go over this information with your child(ren) so they are aware of what to expect when they attend camp this summer.

Should you have any questions, please do not hesitate to reach out to us. We look forward to seeing you this summer and thank you for your continued support of Tri-Town YMCA.

Sincerely,

Sarah O'Donnell
CEO

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*Please note, all information in this handbook is subject to change.
For general registration information, please contact our Administration Office or visit tritownymca.org.*

Camp Groupings

Y Kids Camp

Campers Entering 1st - 5th Grade

Y Kids is for participants who are entering 1st through 5th grade. Campers in this program will be grouped with other participants of similar age/grade. Plenty of hands-on, fun learning and social opportunities will be provided throughout the camp day that best meets the abilities of each small group.

Camp Adventure

Campers Entering 6th - 8th Grade

Camp Adventure is for participants who are entering 6th - 8th grade. Campers in this program will have additional access to special learning labs in the school where they can make decisions about their camp experience. Participants will have guided and self-discovery opportunities for building new skills. Campers in this program will also participate in service experiences that help the community.



Counselor In Training Camp

Campers Entering 6th - 8th Grade

Participants in this program will build their career readiness skills throughout the summer season as they help co-lead activities with the Y's counselor staff. Counselor In Training (CIT) participants will participate in an interview process to better understand their areas of interest and their responsibilities in the program. For more information about the CIT program, please see the camp handbook specific for CITs.

Tri-Town YMCA Employees

Tri-Town YMCA employees are professional people ready to provide your child with an enriching experience. Our employees are all CPR, First Aid, and AED certified in addition to having education and/or experience working in child development. Employees are required to complete comprehensive background checks as part of their employment with Tri-Town YMCA. Our ratio for camp is ten campers to one staff member.

Camp Arrival & Dismissal

Camp participants are to be dropped off between 8:45am and 9:00am and are to be picked up by 4:00pm by a parent/guardian or a designated adult 18 years or older. For those camp participants who are registered for before-camp care, drop off is between 7:00am and 9:00am, and for those who are participating in after-camp care, the pick-up time is between 4:00pm and 6:00pm. Before care and camp drop off are at the gymnasium building. Parents/Guardians are to escort their child to the camp entrance and check-in their camper.



Camp Arrival & Dismissal Cont.

From 3:45PM to 4:15PM, campers can be picked up from the gymnasium. After this timeframe, pick up is at the school building. A parent sign-in/out procedure is in place at camp and must be followed each day. Additional designated adults can be added to your child’s authorized pick up list by emailing or completing a form at the office. Photo IDs will be required until staff become familiar with faces and names.

Camp participants will not be released if this procedure is not followed. If a camp participant will be arriving to camp late or departing early, please email officeassistant@tritownymca.org or call 630.629.9622

Late Pick Up

If a camp participant is picked up after 6:00pm, a \$1 fee will be charged for every minute late. For families with multiple children, the fee will be assessed for each participant. For any camp participants not picked up within one hour, every attempt will be made to contact the parent/guardian. If no contact is made, every available phone number on the child’s emergency contact list will be called. If no contact is made, the local police will be contacted. Late fees will be automatically charged to your credit card on file.

What to Wear to Camp

Camp participants will be active throughout the days, and there is an excellent possibility that they will get dirty. Camp participants should wear clothing that is comfortable and appropriate for the weather.

Open-toed shoes are not allowed. Sandals will be permitted at the pool. On pool days, please send sandals.

Camp T-Shirts

Camp t-shirts will be distributed to camp participants during Meet the Counselor Night on Tuesday, May 21st. Each camp participant will receive one (1) t-shirt. The fee for the camp participant’s t-shirt is included as part of your camp registration fee. Please write the camp participant’s name inside the t-shirt. Additional camp t-shirts are \$10 and can be purchased at the Administration Office after the first day of summer camp.

What to Bring to Camp

Each day, camp participants should bring the following items marked with their name (*indicates swim days):

Backpack	Lunch & Snacks	Sunglasses	Bug Spray
Water Bottle	Hat/Visor	Sunscreen	Change of Clothes*
Sandals*	Towel*	Goggles*	Medication (if applicable)

Unless otherwise arranged, please do not bring toys or electronic devices.

Absolutely no weapons or knives are permitted.

Firearms Policy

Pursuant to the State of Illinois, a “no firearms allowed” sign is posted at each entrance door of the facility. Firearms are prohibited at the facility.

Snacks, Meals & Water

Campers will be provided with nutritious lunch and afternoon snack each day at camp. Campers will also be provided with a healthy afternoon snack. If your child would prefer to bring their own meals and snacks, they are welcome to do so. Please do not send your camper with sodas, sugary beverages, candies, gum, large bags of chips, and fried foods. Campers must bring a water bottle with them each day. So that we have accurate counts for meals, we may ask families to complete a weekly meal selection sheet.

Camp Curriculum & Weekly Themes

All Tri-Town YMCA Camps will incorporate a fun weekly theme and daily activities that provide enriching opportunities for personal growth and learning. Curriculum areas include science, technology, engineering, arts, mathematics (STEAM) as well as reading and writing activities.

This year, Tri-Town YMCA summer campers will have the opportunity to learn about other cultures and Olympic sports from around the world. They may even have the chance to visit with other kids virtually from other countries. In addition, each camp group/classroom has adopted a country that they will learn more about and help to teach other campers about this summer during their designated week. If your family has any cultural artifacts or traditions that are represented by the below listed countries, please be sure to let us know.

On a weekly basis, campers will either go off-site or have on-site field trips. During these days, campers will explore activities off-site or we will bring activities/entertainment on-site at camp.

Week	Theme	Country	Field Trips
Week 1 5/29-5/31*	Hole in One	Scotland	On-Site: Mini Golf
Week 2 6/3-6/7	Opening Ceremonies	France	Off-Site: The Morton Arboretum
Week 3 6/10-6/14	Ninja Fun	Japan	On-Site: Martial Arts
Week 4 6/17-6/21	Golllll!!!	Brazil	Off-Site: Roller Skating at Aurora Skate
Week 5 6/24-6/28	Going the Distance	Mexico	On-Site: Gaming Truck
Week 6 7/1-7/5*	Holy Cow!	USA	No Field Trip Due to Holiday
Week 7 7/8-7/12	An Ace of a Summer	England	On-Site: Foam Party
Week 8 7/15-7/19	Strike!	Australia	Off-Site: Bowling at Fox Bowl
Week 9 7/22-7/26	Side Out!	Greece	On-Site: Tie-Dye & Outdoor Water Fun
Week 10 7/29-8/2	Diving into Fun	Jamaica	Off-Site: Outdoor Water Park
Week 11 8/5-8/9	Closing Ceremonies	South Africa	On-Site: Camp Carnival
Week 12 8/12-8/16	Counselors' Choice	N/A	N/A Back to School

**Indicates this is a shorter camp week. Weekly fees will be prorated.*



Swimming

Camp participants will visit Jefferson Swimming Pool in Villa Park on Wednesdays. The first time your camper goes swimming with us, they will be evaluated on their swimming proficiency by Jefferson Swimming Pool Lifeguards. Based on ability, campers will be assigned to a wristband color that will identify what area of the pool they are permitted to swim in during our pool visits. No exceptions will be made. Should campers improve their competency during the season, they may be reevaluated on pre-scheduled testing days.

It is recommended that camp participants come dressed with their swimsuit on under their play clothes on swimming pool days. Please be sure to send your camper with goggles, a towel, sun protection, and change of clothes. If your child requires moisturizer to be applied after swimming/rinsing, please be sure to relay this information in your registration materials.

During swim time, camp staff will supervise the camp participants from the pool deck and from the water. A lifeguard will also be on duty at the facility. In the event of inclement or extreme weather, swimming will be postponed or cancelled for the day. For camp participants who bring sunscreen with them to camp, the sunscreen will be reapplied as needed and if the sunscreen approval form has been completed.

Sample Daily Schedules

These schedules are a sample of what camp days look like and are subject to change based upon the daily program needs. A detailed calendar for camp is included towards the back of this handbook. In the event of inclement/extreme weather, we will stay indoors and participate in activities and/or watch a movie.

Sample Schedule

7:00am-9:00am	Gym Games & Activity Centers
9:00am-9:15am	Circle Time, Value of the Day, & Whole Camp Activity
9:15am-1:00pm	Small Group Activities, Lunch, Sunscreen Reminders & Prepare for Outdoor Play/Swimming Pool First Floor Lunch 10:30AM-11:30AM Second Floor Lunch 11:45AM-12:45PM
1:00pm-3:00pm	Outdoor Play /Swimming / Craft Time / Sports Activities
3:00pm-4:00pm	Sunscreen Reminders, Snack Time, & Small Group Activities
4:00pm-6:00pm	Activity Centers for After Camp Care

Camp & Bus Behavior Expectations

All Tri-Town YMCA participants and if appropriate, parent(s)/guardian(s) are to review and agree to the following Code of Conduct:

- Demonstrate positive, respectful, an inclusive behavior.
- Listen and follow directions.
- Profanity and/or vulgar language is prohibited.
- No pushing/shoving.
- Physical fighting and/or threats are prohibited and will result in immediate suspension.
- All garbage/recycling is to be placed in appropriate containers.
- Be conscious of acceptable volume level, especially when riding in Tri-Town YMCA vehicles/school buses.
- While riding in Tri-Town YMCA vehicles/school buses, riders are to remain seated forward with their seatbelt on, and are to keep the aisle clear.

Participants will be required to sign a Code of Conduct (included in this packet) in order to participate in camp. Participants who do not follow the Code of Conduct may be given a warning, a thinking time out, an activity time-out, or may be suspended. Three suspensions will result in the dismissal from current and future programming. Parents will be notified by camp staff during pick up time of any concerns that may have come up during the camp day. **No refunds will be issued for participants dismissed from programming.**

Sunscreen Application During Camp

Sun safety is exercised and endorsed at Tri-Town YMCA's Summer Camp. Camp participants are encouraged to bring with them spray sunscreen labeled with their name on the bottle. Throughout the day, camp participants will be reminded to reapply their sunscreen. Parents/Guardians will need to complete a question regarding sunscreen and bug spray as part of the enrollment process.



Medication Administration

If a participant has prescribed medication that needs to be administered during a camp, a Medication Authorization Form is to be completed. All medications must be in the original packaging and include the name of the participant and the prescribing doctor's name. For everyone's safety, medication will be stored in the Administration Office and will be returned to the participant's parents at the end of camp each day.

Participants who have asthma or anaphylaxis will be permitted to carry their medications with them so that they can immediately administer it in the event of an emergency situation. You may be asked to complete a separate form for inhalers or epi-pens so that our staff is informed of your child's needs. Participants who are diabetic will be asked to complete a diabetes care plan prior to the first day of camp. These forms are included as part of this handbook.

Sick Child

Participants must be free of fever and contagious illnesses to attend Tri-Town YMCA programming. If your child(ren)/ward(s) do not feel well or has a fever, please do not bring them to program until they are feeling well and are free of fever for at least 24 consecutive hours.

Restroom Breaks

All program participants must be able to use the restroom on their own and be toilet trained. Throughout the day, participants are provided breaks to utilize the restrooms together as a group. In the event that a participant needs to use the washroom outside of the designated break time, the staff will bring the participant to the nearest washroom and also bring a third person so that no one is left alone.

Washing Hands & Facility Cleaning Routines

Healthy hand hygiene helps to minimize the spread of germs and is practiced as part of all YMCA programs. Participants and staff will be expected to wash their hands at the arrival to program, as they prepare to eat snacks or meals, and whenever they cough/sneeze into their hands. If your child has a skin condition that requires moisturizer to be used after hand washing, please advise staff.

Fees & Payment Plan

There is a one-time \$25 per child summer registration/materials fee that is due at the time of registration. The following are our weekly & daily program fees for Y Kids Camp, Adventure Club Camp, and the Counselor In Training Camp programs:

	5 Days	4 Days	3 Days	2 Days	1 Day
Before Camp Care 7AM-9AM	\$35	\$28	\$21	\$14	Included in daily camp fee
Camp Day 9AM-4PM	\$185	\$162	\$126	\$84	\$55
After Camp Care 4PM-6PM	\$35	\$28	\$21	\$14	Included in daily camp fee

Program fees can either be paid in full at the time of registration or on a weekly basis. Those who choose to pay camp fees on a weekly basis will be required to keep a valid credit card on-file. Credit cards will be charged on the Friday prior to the start of the camp week. Credit cards that do not go through at the time of processing will be subject to a \$10 late payment fee. Participants are required to be registered for camp by no later than the Wednesday prior to the week of camp. If you register your child after Wednesday, you may be subject to a \$10 late add fee. **Families that are on the Child Care Assistance Program and do not communicate changes or absences, will be subject to paying the full daily fee.**





Financial Assistance/Child Care Assistance Program

Tri-Town YMCA does accept enrollments into programs from families that are approved for YWCA's Child Care Assistance Program (CCAP). You must have approval documentation from YWCA naming Tri-Town YMCA as a care provider to be approved for reduced fees/monthly copay. If you need help completing your CCAP paperwork, please contact our Administration Office at 630.629.9622.

Refund Policy

Tri-Town YMCA reserves the right to cancel, postpone, or combine groups for any reason found to be necessary by the staff. If insufficient enrollment causes a program to be cancelled, participants will receive a FULL REFUND. Please allow up to four (4) weeks for refund processing. No written request for a refund on a program that is cancelled by Tri-Town YMCA will be required.

All requests for program refunds/cancellations must be sent in an email to Tri-Town YMCA. Refunds/cancellations or transfers requested less than five days to the start of the program week will not be considered unless there is medical documentation from a doctor included with the request. Refunds will not be issued for days missed or planned vacations. All refunds/cancellation or transfer requests will be assessed a \$10 service fee.

Registration Requirements & Paperwork

Per the requirements of the State of Illinois, all students will need to have completed and submitted the following documents by the first week of program:

- Authorized Pick-up Form with Insurance & Primary Care Physician/Pediatrician's Contact Information
- Copy of Birth Certificate
- Copy of Immunization Record
- Participation Waiver & Credit Card Authorization Form
- Medication Administration Form (if applicable)

These materials may be uploaded into your registration portal online or you may email them to us.

If you have additional questions that have not been answered by this handbook, please contact our Administration Office.

All information listed in this handbook is subject to change at the discretion of management.

*You're
Invited!*

GOING FOR GOLD: MEET THE COUNSELORS NIGHT!

TUESDAY, MAY 21, 2024 | 6:30PM - 8:30PM

TRI-TOWN YMCA 136 S CORNELL AVE, VILLA PARK

**FINISH UP CAMP PAPERWORK LEARN ABOUT SUMMER CAMP,
PICK UP YOUR CAMP T-SHIRT, MEET THE COUNSELORS AND OTHER FAMILIES,
& JOIN US FOR DINNER**

THIS IS A DROP-IN EVENT, PLEASE JOIN US WHEN YOU ARE ABLE





TRI-TOWN YMCA SUMMER CAMP CALENDAR JULY 2024





















SUN	MON	TUE	WED	THU	FRI	SAT
30 Theme: Holy Cow! Country: USA	1 School Mascot Day Wear Your School T-Shirts	2 School Mascot Day Wear Your School T-Shirts	3 Swimming Pool Day Wear Swimsuit, Bring Sandals, Towel, & Goggles	4 FOURTH OF JULY NO CAMP TODAY COME SEE US AT THE PARADE	5 Popsicle Friday	6
7 Theme: An Ace of a Summer Country: England	8 PAJAMA DAY	9 PAJAMA DAY	10 Swimming Pool Day Wear Swimsuit, Bring Sandals, Towel, & Goggles	11 Wear Camp Shirt & Swimsuit On-Site Field Trip: Foam Party	12	13
14 Theme: Strike! Country: Australia	15 Crazy Sock Day	16 Crazy Sock Day	17 Swimming Pool Day Wear Swimsuit, Bring Sandals, Towel, & Goggles	18 Wear Camp Shirt Off-Site Field Trip: Bowling at Fox Bowl in Wheaton	19 Popsicle Friday & Talent Show	20
21 Theme: Side Out! Country: Greece	22 Bring a Stuffed Animal Day	23 Bring a Stuffed Animal Day	24 Swimming Pool Day Wear Swimsuit, Bring Sandals, Towel, & Goggles	25 Wear Camp Shirt & Swimsuit On-Site Field Trip: Tie-Dye & Outdoor Water Fun	26	27
28 Theme: Diving into Fun! Country: Jamaica	29 Dress Like Your Favorite Movie Character Day	30 Dress Like Your Favorite Movie Character Day	31 Swimming Pool Day Wear Swimsuit, Bring Sandals, Towel, & Goggles	1 Wear Camp Shirt & Swimsuit Off-Site Field Trip: Water Park Visit	2 Popsicle Friday	3

ALL INFORMATION SUBJECT TO CHANGE



TRI-TOWN YMCA SUMMER CAMP CALENDAR MAY/JUNE 2024

ALL INFORMATION SUBJECT TO CHANGE

SUN	MON	TUE	WED	THU	FRI	SAT
26 Theme: Hole in One  Country: Scotland	27  NO CAMP MEMORIAL DAY	28 LAST DAY NO CAMP LAST DAY OF SCHOOL	29	30	31  Wear Camp Shirt On-Site Field Trip: Mini Golf	1
2 Theme: Opening Ceremonies  Country: France	3	4 PAJAMA DAY	5  Swimming Pool Day Wear Swimsuit, Bring Sandals, Towel, & Goggles	6  Wear Camp Shirt Off-Site Field Trip: The Morton Arboretum in Lisle	7  Popsicle Friday	8
9 Theme: Ninja Fun  Country: Japan	10	11  Crazy Sock Day	12  Swimming Pool Day Wear Swimsuit, Bring Sandals, Towel, & Goggles	13  Wear Camp Shirt On-Site Field Trip: Martial Arts	14	15
16 Theme: GOALLL!  Country: Brazil	17	18  Bring a Stuffed Animal Day	19  Swimming Pool Day Wear Swimsuit, Bring Sandals, Towel, & Goggles	20  Wear Camp Shirt Off-Site Field Trip: Roller Skating in Aurora	21   Popsicle Friday & Talent Show	22
23 Theme: Going the Distance  Country: Mexico	24	25  Dress Like Your Favorite Movie Character Day	26	27  Wear Camp Shirt On-Site Field Trip: Gaming Truck	28	29



TRI-TOWN YMCA SUMMER CAMP CALENDAR AUGUST 2024

SUN	MON	TUE	WED	THU	FRI	SAT
<p>4</p> <p>OLYMPICS Theme: Closing Ceremonies</p>  <p>Country: South Africa</p>	<p>5</p>	<p>6</p>  <p>School Mascot Day Wear Your School T-Shirts</p>	<p>7</p>  <p>Swimming Pool Day Wear Swimsuit, Bring Sandals, Towel, & Goggles</p>	<p>8</p>   <p>Wear Camp Shirt On-Site Field Trip: Camp Carnival & Pizza Lunch</p>	<p>9</p>	<p>10</p>
<p>11</p>  <p>Theme: Counselors' Choice</p>	<p>12</p>	<p>13</p> <p>PAJAMA DAY</p>	<p>14</p>	<p>15</p>	<p>16</p> <p>Districts 44 & 45 Return to School Before/After School Program Begins for D44 & D45</p>	<p>17</p>

ALL INFORMATION SUBJECT TO CHANGE

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TRI-TOWN YMCA 2024 SUMMER CAMP REGISTRATION FORM

Directions: This form is to be completed for each participant in summer camp regardless if registering online, in-person, or by mail. Please legibly print and complete all components of the registration form. If there are sections that do not apply, please enter N/A. Please submit your registration via:

Email: officeassistant@tritownymca.org **OR Mail/Drop Off:** Tri-Town YMCA, 136 S Cornell Ave, Villa Park, IL 60181

There is a \$25 registration fee due at the time of enrollment. Please make checks payable to Tri-Town YMCA. Incomplete forms may delay processing. Need help, call 630.629.9622.

PARTICIPANT INFORMATION			
First Name:	Last Name:	Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Race (this is collected for grant purposes): <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Caucasian/White		School Grade Entering Into: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	What School Will Your Child Be Attending in Fall?
Does your child have an IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes, please attach a copy of IEP.	Is your child attending summer school? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you approve for Tri-Town YMCA to share information with your child's school district/school/teacher/support staff members and for your child's school district/school/teacher/support staff members to share information with Tri-Town YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tri-Town YMCA works in partnership with Northeast DuPage Family & Youth Services (NEDFYS) to provide free counseling services on-site at the Y. These services are made available through the financial support of the DuPage Community Transformation Partnership grant program. Would you be interested in your child participating in counseling services (group, individual, and/or family)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you approve for Tri-Town YMCA to transport your child/ward for field trips, swimming pool visits, and/or for emergency purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you approve for Tri-Town YMCA to apply sunscreen and/or bug spray to your child/ward? Sunscreen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My child will bring and apply their own. Bug Spray: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My child will bring and apply their own.			

PARENT/GUARDIAN 1 CONTACT INFORMATION		
Please indicate your relationship to the participant. <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		
First Name of Parent/Guardian 1:	Last Name of Parent/Guardian 1:	
Street Address:	City, State, Zip Code:	
Primary Phone Number:	Secondary Phone Number:	
Email Address:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Employer:	Employer Phone:	

PARENT/GUARDIAN 2 CONTACT INFORMATION		
Please indicate your relationship to the participant. <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		
First Name of Parent/Guardian 2:	Last Name of Parent/Guardian 2:	
Street Address: <input type="checkbox"/> Address is the same as above	City, State, Zip Code:	
Primary Phone Number:	Secondary Phone Number:	
Email Address:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Employer:	Employer Phone:	

EMERGENCY CONTACTS & ADULTS AUTHORIZED TO PICK-UP MY CHILD/WARD				
First & Last Name	Relationship	Primary Phone	Secondary Phone	Authorized to Pick-up
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PARTICIPANT'S MEDICAL INFORMATION																											
<p>Has the participant been diagnosed with and/or being evaluated for any of the following medical conditions. If yes, please use the space to explain.</p> <table border="0"> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No ADHD</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Food</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Environmental</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Medicine</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Anemia</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Anxiety</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Asthma or other Breathing Condition(s)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Autism</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Behavior Disorders</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Cancer/Leukemia</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac Condition(s)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Cerebral Palsy</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Circulatory Condition(s)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Dermatological Condition (Acne, Eczema, etc.)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Digestive Condition(s)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Endocrine Condition(s)</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy (seizures)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Condition(s)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No HIV/AIDS</td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Condition(s)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Vision Condition(s)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Condition(s), please list</td> <td></td> <td></td> </tr> </table> <p>Please describe medical conditions:</p> <hr/> <hr/> <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Food	<input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Environmental	<input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No Asthma or other Breathing Condition(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No Behavior Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No Cancer/Leukemia	<input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac Condition(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Cerebral Palsy	<input type="checkbox"/> Yes <input type="checkbox"/> No Circulatory Condition(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Dermatological Condition (Acne, Eczema, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No Digestive Condition(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Endocrine Condition(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Epilepsy (seizures)	<input type="checkbox"/> Yes <input type="checkbox"/> No Hearing Condition(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Condition(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Vision Condition(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Condition(s), please list		
<input type="checkbox"/> Yes <input type="checkbox"/> No ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Food	<input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Environmental																									
<input type="checkbox"/> Yes <input type="checkbox"/> No Allergies – Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No Anxiety																									
<input type="checkbox"/> Yes <input type="checkbox"/> No Asthma or other Breathing Condition(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Autism	<input type="checkbox"/> Yes <input type="checkbox"/> No Behavior Disorders																									
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<input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Condition(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No Vision Condition(s)																										
<input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Condition(s), please list																											

MEDICAL PROVIDER INFORMATION				
Pediatrician/Doctor's Name	Doctor's Phone	Insurance Provider Name	Insurance Group #	Insurance Phone

MEDICATION INFORMATION (Complete only if medication needs to be distributed to participant during programming)
<p>Does the participant take medication that needs to be administered during the program meeting time?</p> <input type="checkbox"/> Yes, the participant takes the following medications and I approve for Tri-Town YMCA to administer them during program as described and I have completed the Medication Authorization Form. <input type="checkbox"/> No, the participant does not take medication.
<p>Will the participant be carrying an autoinjector (epipen) or inhaler with them at program?</p> <input type="checkbox"/> The participant will not be carrying/ng an autoinjector or an inhaler. <input type="checkbox"/> Yes, the participant will be carrying an autoinjector or an inhaler and I have completed an action plan for them. <input type="checkbox"/> Yes, the participant will be carrying an autoinjector or an inhaler and I need to complete an action plan for them.

ADA COMPLIANCE
<p>Tri-Town YMCA intends to comply with the intent and spirit of the Americans with Disabilities Act to provide reasonable accommodations. Registrants requiring special accommodations such as a sign language interpreter or an inclusion aide should notify Tri-Town YMCA staff at least ten (10) days in advance of start date so that an appropriate plan can be developed between the registrant and Tri-Town YMCA.</p> <p>Does the participant have a special need?</p> <input type="checkbox"/> No, the participant does not have a special need and does not require accommodations <input type="checkbox"/> Yes, the participant does have a special need and requires accommodations such as
<hr/> <hr/>

REGISTRATION CHECKLIST
<p>Registration Checklist</p> <p>___ I have enclosed my child's completed registration form with emergency contacts.</p> <p>___ I have included a copy of my child's birth certificate.</p> <p>___ I have included a copy of my child's immunization records.</p> <p>___ If applicable, I have completed my child's diabetes, asthma, and/or allergy action plan.</p> <p>___ I have completed the enclosed credit card authorization form.</p>

2024 SUMMER CAMP DATE SELECTION

Please select the dates you wish to enroll your child into for the 2024 Summer Camp Season. If you need to adjust your schedule, all adjustments need to be made the Thursday prior to the week of care. Any cancellations and/or adjustments made after this timeframe are not eligible for a refund and/or will be subject to a \$10 Administrative Fee. Families that have been approved for the Child Care Assistance Program and do not communicate schedule changes and/or do not call in an absence, will be charged the full daily rate.

Before Camp 1st - 8th Grades 7AM-9AM \$35 per week or \$7 per day						After Camp 1st - 8th Grade 4PM-6PM \$35 per week or \$7 per day					
	Mon	Tue	Wed	Thu	Fri		Mon	Tue	Wed	Thu	Fri
Week 1			<input type="checkbox"/> 5/29	<input type="checkbox"/> 5/30	<input type="checkbox"/> 5/31	Week 1			<input type="checkbox"/> 5/29	<input type="checkbox"/> 5/30	<input type="checkbox"/> 5/31
Week 2	<input type="checkbox"/> 6/3	<input type="checkbox"/> 6/4	<input type="checkbox"/> 6/5	<input type="checkbox"/> 6/6	<input type="checkbox"/> 6/7	Week 2	<input type="checkbox"/> 6/3	<input type="checkbox"/> 6/4	<input type="checkbox"/> 6/5	<input type="checkbox"/> 6/6	<input type="checkbox"/> 6/7
Week 3	<input type="checkbox"/> 6/10	<input type="checkbox"/> 6/11	<input type="checkbox"/> 6/12	<input type="checkbox"/> 6/13	<input type="checkbox"/> 6/14	Week 3	<input type="checkbox"/> 6/10	<input type="checkbox"/> 6/11	<input type="checkbox"/> 6/12	<input type="checkbox"/> 6/13	<input type="checkbox"/> 6/14
Week 4	<input type="checkbox"/> 6/17	<input type="checkbox"/> 6/18	<input type="checkbox"/> 6/19	<input type="checkbox"/> 6/20	<input type="checkbox"/> 6/21	Week 4	<input type="checkbox"/> 6/17	<input type="checkbox"/> 6/18	<input type="checkbox"/> 6/19	<input type="checkbox"/> 6/20	<input type="checkbox"/> 6/21
Week 5	<input type="checkbox"/> 6/24	<input type="checkbox"/> 6/25	<input type="checkbox"/> 6/26	<input type="checkbox"/> 6/27	<input type="checkbox"/> 6/28	Week 5	<input type="checkbox"/> 6/24	<input type="checkbox"/> 6/25	<input type="checkbox"/> 6/26	<input type="checkbox"/> 6/27	<input type="checkbox"/> 6/28
Week 6	<input type="checkbox"/> 7/1	<input type="checkbox"/> 7/2	<input type="checkbox"/> 7/3	<input type="checkbox"/> No Camp	<input type="checkbox"/> 7/5	Week 6	<input type="checkbox"/> 7/1	<input type="checkbox"/> 7/2	<input type="checkbox"/> 7/3	<input type="checkbox"/> No Camp	<input type="checkbox"/> 7/5
Week 7	<input type="checkbox"/> 7/8	<input type="checkbox"/> 7/9	<input type="checkbox"/> 7/10	<input type="checkbox"/> 7/11	<input type="checkbox"/> 7/12	Week 7	<input type="checkbox"/> 7/8	<input type="checkbox"/> 7/9	<input type="checkbox"/> 7/10	<input type="checkbox"/> 7/11	<input type="checkbox"/> 7/12
Week 8	<input type="checkbox"/> 7/15	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/17	<input type="checkbox"/> 7/18	<input type="checkbox"/> 7/19	Week 8	<input type="checkbox"/> 7/15	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/17	<input type="checkbox"/> 7/18	<input type="checkbox"/> 7/19
Week 9	<input type="checkbox"/> 7/22	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/24	<input type="checkbox"/> 7/25	<input type="checkbox"/> 7/26	Week 9	<input type="checkbox"/> 7/22	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/24	<input type="checkbox"/> 7/25	<input type="checkbox"/> 7/26
Week 10	<input type="checkbox"/> 7/29	<input type="checkbox"/> 7/30	<input type="checkbox"/> 7/31	<input type="checkbox"/> 8/1	<input type="checkbox"/> 8/2	Week 10	<input type="checkbox"/> 7/29	<input type="checkbox"/> 7/30	<input type="checkbox"/> 7/31	<input type="checkbox"/> 8/1	<input type="checkbox"/> 8/2
Week 11	<input type="checkbox"/> 8/5	<input type="checkbox"/> 8/6	<input type="checkbox"/> 8/7	<input type="checkbox"/> 8/8	<input type="checkbox"/> 8/9	Week 11	<input type="checkbox"/> 8/5	<input type="checkbox"/> 8/6	<input type="checkbox"/> 8/7	<input type="checkbox"/> 8/8	<input type="checkbox"/> 8/9
Week 12	<input type="checkbox"/> 8/12	<input type="checkbox"/> 8/13	<input type="checkbox"/> 8/14	<input type="checkbox"/> 8/15	<input type="checkbox"/> 8/16	Week 12	<input type="checkbox"/> 8/12	<input type="checkbox"/> 8/13	<input type="checkbox"/> 8/14	<input type="checkbox"/> 8/15	<input type="checkbox"/> 8/16

Y Kids Day Camp 1st - 5th Grades 9AM – 4PM Fees Vary Based on Days Registered						Specialty Day Camps 4th-8th Grades 9AM-4PM \$185 per week					
Adventure Camp 5th - 8th Grades 9AM – 4PM Fees Vary Based on Days Registered											
	Mon	Tue	Wed	Thu	Fri						
Week 1			<input type="checkbox"/> 5/29	<input type="checkbox"/> 5/30	<input type="checkbox"/> 5/31	<input type="checkbox"/> Week 1 Outdoorsy Camp with Ms. Mary W-F \$111 <input type="checkbox"/> Week 3 Babysitting & First Aid with Ms. Laurel M-F (must be 11 years+) \$185 <input type="checkbox"/> Week 5 STEM Camp with Ms. Jenny M-F \$185 <input type="checkbox"/> Week 7 Arts & Crafts Camp with Ms. Ashley & Ms. Anna \$185 <input type="checkbox"/> Week 8 Latin Dance Camp with Ms. Jenny & Mr. Alex \$185 <input type="checkbox"/> Week 9 Life Skills & Manners Camp with Ms. Laurel M-F \$185					
Week 2	<input type="checkbox"/> 6/3	<input type="checkbox"/> 6/4	<input type="checkbox"/> 6/5	<input type="checkbox"/> 6/6	<input type="checkbox"/> 6/7	CIT PROGRAM IS A SEPARATE REGISTRATION FORM					
Week 3	<input type="checkbox"/> 6/10	<input type="checkbox"/> 6/11	<input type="checkbox"/> 6/12	<input type="checkbox"/> 6/13	<input type="checkbox"/> 6/14						
Week 4	<input type="checkbox"/> 6/17	<input type="checkbox"/> 6/18	<input type="checkbox"/> 6/19	<input type="checkbox"/> 6/20	<input type="checkbox"/> 6/21						
Week 5	<input type="checkbox"/> 6/24	<input type="checkbox"/> 6/25	<input type="checkbox"/> 6/26	<input type="checkbox"/> 6/27	<input type="checkbox"/> 6/28						
Week 6	<input type="checkbox"/> 7/1	<input type="checkbox"/> 7/2	<input type="checkbox"/> 7/3	<input type="checkbox"/> No Camp	<input type="checkbox"/> 7/5						
Week 7	<input type="checkbox"/> 7/8	<input type="checkbox"/> 7/9	<input type="checkbox"/> 7/10	<input type="checkbox"/> 7/11	<input type="checkbox"/> 7/12						
Week 8	<input type="checkbox"/> 7/15	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/17	<input type="checkbox"/> 7/18	<input type="checkbox"/> 7/19						
Week 9	<input type="checkbox"/> 7/22	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/24	<input type="checkbox"/> 7/25	<input type="checkbox"/> 7/26						
Week 10	<input type="checkbox"/> 7/29	<input type="checkbox"/> 7/30	<input type="checkbox"/> 7/31	<input type="checkbox"/> 8/1	<input type="checkbox"/> 8/2						
Week 11	<input type="checkbox"/> 8/5	<input type="checkbox"/> 8/6	<input type="checkbox"/> 8/7	<input type="checkbox"/> 8/8	<input type="checkbox"/> 8/9						
Week 12	<input type="checkbox"/> 8/12	<input type="checkbox"/> 8/13	<input type="checkbox"/> 8/14	<input type="checkbox"/> 8/15	<input type="checkbox"/> 8/16						

TRI-TOWN YMCA CREDIT CARD AUTHORIZATION

I authorize Tri-Town YMCA to charge the full amount due on a weekly basis for programming I have enrolled myself or my child(ren)/ward (s) for participation as well as any other applicable fees such as late pick-up fees, program registration fees, supply fees, and/or administrative fees. I understand that my credit card will be charged on the Friday prior to the week of care and that if the charge does not go through that I will be assessed additional fees as described in Tri-Town YMCA’s general registration information. I understand that if I wish to change the card on-file that I must complete this form and resubmit it to Tri-Town YMCA.

Name on Card		
Credit Card Number		
Card Expiration Date	Security Code	Credit Card Type <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Authorized Signature		Date

PARTICIPANT WAIVER AND PHOTO/VIDEOGRAPHY RELEASE

In case of **MEDICAL EMERGENCY**, I authorize Tri-Town Young Men’s Christian Association (Tri-Town YMCA), its directors, officers, employees, agents, volunteers, and designees (collectively “Tri-Town YMCA”) to take such emergency action as may be deemed necessary.

Please read this form carefully and be aware that enrolling and participating in any program, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program.

I recognize and acknowledge that there are certain risks of physical injury or illness associated with participating in this program, and I voluntarily agree to assume the full risk of any injuries, illness damages, or losses, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all program shall be at my or my minor child’s/ward’s sole risk. I further agree to waive and relinquish all claims I or my minor child/ward may have or which may occur to me and/or my minor/ward as a result of participation in this program. I do hereby fully release and forever discharge the Tri-Town YMCA and the YMCA USA from any and all claims for injuries, damages, or loss that I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in release of all claims.

I, hereby grant Tri-Town YMCA non-revocable permission to capture my/my minor child/ward image and likeness in photographs, videotapes, motion pictures, recordings, or any other media (collectively “Images”). I acknowledge that Tri-Town YMCA will own such Images and further grant Tri-Town YMCA permission to copyright, display, publish, distribute, use, modify, print, and reprint such Images in any manner whatsoever related to Tri-Town YMCA business, including without limitation, publications, advertisements, brochures, web site images, or other electronic displays, and transmissions thereof. I further waive any right to inspect or approve the use of the Image by Tri-Town YMCA prior to its use. I forever release and hold Tri-Town YMCA harmless from any and all liability arising out of the use of the Images in any manner or media whatsoever, and waive any and all claims and causes of action relating to use of the Images, including without limitation, claims for invasion of privacy rights or publicity.

- Yes, I have enclosed the participant’s birth certificate, immunization records. If applicable, diabetes, asthma and/or action plan.
- Yes, I have read and understand the above and Tri-Town YMCA’s General Registration and Refund Policies.

Parent/Guardian Signature

Date



TRI-TOWN YMCA 2024 SUMMER CAMP PARTICIPANT CODE OF CONDUCT

Directions: Please review the Code of Conduct with your participant, complete, and submit it with your participant's camp paperwork.

Tri-Town YMCA Camp Participant Code of Conduct

All Tri-Town YMCA participants and if appropriate, parent(s)/guardian(s) are to review and agree to the following Code of Conduct:

- Demonstrate positive, respectful, an inclusive behavior.
- Listen and follow directions.
- Profanity and/or vulgar language is prohibited.
- No pushing/shoving.
- Physical fighting and/or threats are prohibited and will result in immediate suspension.
- All garbage/recycling is to be placed in appropriate containers.
- Be conscious of acceptable volume level, especially when riding in Tri-Town YMCA vehicles/school buses.
- While riding in Tri-Town YMCA vehicles/school buses, riders are to remain seated forward and keep the aisle clear.

Participants who do not follow the Code of Conduct may be given a warning, a thinking time out, an activity time-out, or may be suspended. Three suspensions will result in the dismissal from current and future programming.

Parents will be notified by staff during pick up time of any concerns that may have come up during the program time. In the event of a serious behavior concern, a parent/guardian may be contacted during program time and asked to pick up their child/ward.

No refunds will be issued for participants dismissed from programming.

PARTICIPANT INFORMATION	
First Name	Last Name
Yes, I understand and agree to follow the Code of Conduct for Tri-Town YMCA programming.	
Participant's Signature	Date

PARENT/GUARDIAN 1	
First Name of Parent/Guardian 1:	Last Name of Parent/Guardian 1:
Yes, I understand and agree to follow the Code of Conduct for Tri-Town YMCA programming.	
Parent/Guardian 2's Signature	Date

PARENT/GUARDIAN 2 CONTACT INFORMATION	
First Name of Parent/Guardian 2:	Last Name of Parent/Guardian 2:
Yes, I understand and agree to follow the Code of Conduct for Tri-Town YMCA programming.	
Parent/Guardian 2's Signature	Date



TRI-TOWN MEDICATION AUTHORIZATION FORM

Directions: This authorization is valid for one year from the date of the physician's signature. Medication must be brought to program by an adult and given to a YMCA representative. The medication must be in its original container provided by the pharmacy with the pharmacy label in place. Any changes in medication or dosage require that a new form be completed. This form must be received before any medication can be accepted and dispensed. A log will be retained by Tri-Town YMCA. Please complete a separate form for each medication to be dispensed.

PARTICIPANT INFORMATION (Please print)	
First Name	Last Name

TO BE COMPLETED BY THE PARTICIPANT'S LICENSED PRESCRIBER	
Only medications which are prescribed by a physician and which are essential for the participant to remain at program shall be given.	
Diagnosis	Medication Name
Dosage	Route of Administration
Time/Circumstance When Medication Should Be Administered	
Side Effects	
Special Instructions	Date of Prescription
May the Participant Self-Carry/Self-Administer (Asthma or Allergy Medication Only)	
Additional Notes to Y Staff	
I may be reached at the following in the event of a reaction to the medication or an emergency	
Physicians Name (print)	
Physician's Address	
Physician's Telephone	
Physician's Signature	Date

FOR PARTICIPANT SELF-ADMINISTERING ASTHMA OR ALLERGY MEDICATION TO BE COMPLETED BY PARTICIPANT'S PARENT/GUARDIAN	
Diagnosis	Medication Name
Dosage	Route of Administration
Time/Circumstance When Medication Should Be Administered	
Side Effects	
Special Instructions	Date of Prescription
Parent/Guardian Name (print)	Parent/Guardian Telephone
Self-Administration of Asthma Medicine: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Self-Administration of Allergy Medicine: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

TRI-TOWN MEDICATION AUTHORIZATION FORM (PAGE 2)

My child has been diagnosed with asthma and has been prescribed asthma medication by a qualified healthcare professional. I hereby authorize my child to carry his/her asthma medication and to self-administer his/her medication as prescribed by his/her physician.

My child's physician has instructed my child in the self-administration of his/her medication and has indicated that my child is capable of doing this independently. My child understands the need for the medication and the necessity of reporting to school personnel any unusual side effects. I have provided Tri-Town YMCA an extra supply of his/her medication with a prescription label for use in the event that he/she forgets to bring his/her asthma medication to program on a particular day.

Parent/Guardian Signature

Date

III. TO BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN

I, _____, parent or guardian of _____, am primarily responsible for administering medication to my child. However, in a medical emergency or if necessary for the critical health and well-being of my child, I hereby authorize Tri-Town YMCA ("YMCA"), and its employees and agents, on my behalf and in my stead, to administer to my child or to allow my child to self-administer, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child and treatment of my child's condition to be performed by an individual other than a nurse and specifically consent to such practices. I will notify the YMCA in writing if the medication is discontinued and will obtain a written order from the physician if the medication dosage or treatment is changed. I understand that this medication authorization is only effective for the current school year and will need to be renewed each subsequent school year.

I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against the YMCA, its employees and agents, arising out of the administration or self-administration, regardless of whether the authorization for self-administration of medication was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice nurse. In addition, I agree to indemnify and hold harmless the YMCA, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration or self-administration of said medication, except a claim based on willful or wanton conduct, regardless of whether the authorization for self-administration of medication was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice registered nurse.

Parent/Guardian Signature: _____

Date: _____

**Unused medication will not be sent home with the child and needs to be picked up on the last day of program by an adult. Medication will be destroyed if not picked up by the last day of program.*



**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**








NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.





**FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS**

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
--	--	--	--

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____



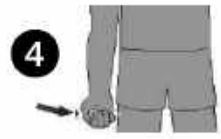
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



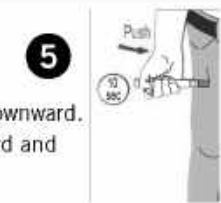
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____



TRI-TOWN DIABETES ACTION PLAN

Directions: If the participant has diabetes, please complete this form and submit it with your registration paperwork for summer camp.

Participant's Full Name: _____

Only medications which are prescribed by a physician and which are essential for the participant to remain at program shall be given.

Diagnosis: _____ **Medication Name:** _____

Dosage: _____ **Route of Administration:** _____

Time/Circumstances when Medication Should Be Administered: _____

Side Effects: _____

Special Instructions: _____

Date of Prescription: _____

I. DIABETES INFORMATION

Hyperglycemia (High Blood Sugar) <i>Not enough insulin in the body to allow sugar to be used</i>	Hypoglycemia (Low Blood Sugar) <i>Usually happens before lunch or after exercise</i>																						
<p>Possible Symptoms:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Excessive Thirst</td> <td style="width: 50%;">Excessive Hunger</td> </tr> <tr> <td>Flushed Dry Skin</td> <td>Breath Fruity Odor</td> </tr> <tr> <td>Frequent Urination</td> <td>Fatigue</td> </tr> <tr> <td>Tired</td> <td>Weakness</td> </tr> <tr> <td>Blurred Vision</td> <td>Vomiting</td> </tr> </table>	Excessive Thirst	Excessive Hunger	Flushed Dry Skin	Breath Fruity Odor	Frequent Urination	Fatigue	Tired	Weakness	Blurred Vision	Vomiting	<p>Possible Symptoms:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Weakness/Fatigue</td> <td style="width: 50%;">Excessive Hunger</td> </tr> <tr> <td>Feeling Faint</td> <td>Abdominal Pain</td> </tr> <tr> <td>Dizziness</td> <td>Confusion</td> </tr> <tr> <td>Shaky/Trembling</td> <td>Anxious/Irritable</td> </tr> <tr> <td>Nausea</td> <td>Sweaty/Pallor</td> </tr> <tr> <td>Rapid Pulse</td> <td>Slurred Speech</td> </tr> </table>	Weakness/Fatigue	Excessive Hunger	Feeling Faint	Abdominal Pain	Dizziness	Confusion	Shaky/Trembling	Anxious/Irritable	Nausea	Sweaty/Pallor	Rapid Pulse	Slurred Speech
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FIRST AID FOR HIGH OR LOW BLOOD SUGAR

HYPERGLYCEMIA (HIGH BLOOD SUGAR)	HYPOGLYCEMIA (LOW BLOOD SUGAR)
<ol style="list-style-type: none"> 1. Check the blood sugar if signs & symptoms occur. 2. Check urine for ketones, if Blood Sugar is above _____ 3. Stay with child continuously. 4. Provide water to drink, allow unlimited use of bathroom 5. Call parent/guardian if any of the following: Blood sugar is above _____ Ketones are <input type="checkbox"/> Moderate or <input type="checkbox"/> High Experiencing nausea/vomiting 6. Administer insulin per physician's order (see Medication Authorization) 7. Recheck blood sugar in _____ minutes and at _____ minute intervals 8. Call 9-1-1 if: -Participant loses consciousness -Unable to reach parent/guardian and symptoms worsen 9. Stay with child continuously <p>ADDITIONAL PUMP INSTRUCTIONS</p> <ul style="list-style-type: none"> -Check pump function, pump site, and tubing -Treat for Hyperglycemia as above <p>PARENT INITIALS: _____</p> <p>Additional Information</p> <hr/> <hr/> <hr/>	<ol style="list-style-type: none"> 1. Check the blood sugar if signs & symptoms occur. 2. Stay with the participant continuously. 3. Give the carbohydrate supplement ordered by the physician if blood sugar is less than _____ and participant is conscious, cooperative and able to swallow. - Give _____ grams carbohydrate - Examples: _____ 4. Check blood sugar after 15 minutes. - If blood sugar does not improve, give fast sugar again. - When symptoms improve, provide an additional snack of _____ 5. Call 9-1-1, the parents, and the participant's physician, if: - Symptoms do not subside - Participant loses consciousness - Unable to reach parent and symptoms worsen 6. Give Glucagon _____ mg injection if child is unconscious, experiencing a seizure or unable to swallow and place student on side. 7. When conscious and able to swallow 4 oz. of juice may be given until EMS arrives. <p>ADDITIONAL PUMP INSTRUCTIONS</p> <ul style="list-style-type: none"> -Check pump function, pump site, and tubing -Treat for Hypoglycemia as above <p>PARENT INITIALS: _____</p> <p>Additional Information</p> <hr/> <hr/> <hr/>

II. DIABETES MANAGEMENT AT TRI-TOWN YMCA

Blood Glucose Monitoring	Target Blood Sugar Range: _____ mg/dl to _____ mg/dl Usual Times to Check Blood Sugar: Before Snack Before Lunch Before Physical Activities After Physical Activities Can the participant check their own blood sugar: Can the participant check their own ketones:
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Insulin	Does the participant require assistance with carbohydrate counting? <input type="checkbox"/> Yes <input type="checkbox"/> No Can the participant give their own injections and/or operate pump? <input type="checkbox"/> Yes <input type="checkbox"/> No Types of Insulin Taken: _____ <input type="checkbox"/> Pen <input type="checkbox"/> Pump <input type="checkbox"/> Injection Usual Times of Insulin Injections: _____ Basal Rate, if on Pump: _____ Amount of Insulin to Give: _____ If sliding scale, physician order necessary
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Giving Insulin With their pump, does the participant know how to:	1. Using the glucose meter, check the blood sugar. 2. Document the blood sugar in the log book and notify parent/guardian as indicated under first aid for hypo/hyperglycemia on front of this document. 3. Administer insulin using the following calculations (sliding scale plus ratio amount): Units of Insulin to Give Based on Sliding Scale of Blood Sugar Reading PLUS Insulin/Carbohydrate Ratio Blood Sugar 150-200 = ____ Units Ratio: ____ Units insulin per ____ Carbs Blood Sugar 201-250 = ____ Units Blood Sugar 251-300 = ____ Units Blood Sugar 301-350 = ____ Units Blood Sugar 351-400 = ____ Units Blood Sugar >401 = ____ Units ***IF GREATER THAN ____ CALL PARENT & DOCTOR***
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Qualified Y Staff (Completed by Y)	Staff qualified to use glucose meter: _____ Staff qualified to give insulin injections and/or operate pump: _____
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Supply Location	Diabetes Care Supplies Are Kept: _____ Supplies of Snack Foods Are Kept: _____ Additional (emergency) Supplies Are Kept: _____
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FOOD & EXERCISE

Meals/Snacks	Time	Food Content/Amount	Preferred Snacks
Breakfast	_____	_____	_____
Mid-Morning	_____	_____	_____
Lunch	_____	_____	_____
Mid-Afternoon	_____	_____	_____
Before Exercise	_____	_____	Foods to Avoid
After Exercise	_____	_____	_____
Other	_____	_____	_____

Participant should not exercise if blood sugar is below _____ mg/dl OR above _____ mg/dl.
 Other exercise instructions or physical activity restrictions/limitations/accommodations:

Physician's Order (required)	This diabetic management plan has been approved by: _____ to _____ Physician's Signature Effective Date
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Parent/Guardian Signature (required)	This diabetic management plan has been approved by: _____ Parent/Guardian Signature Date
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