



**Participant Handbook for  
2026 Tri-Town YMCA Summer Camps**

136 S. Cornell Ave, Villa Park, IL 60181  
630.629.9622 | [tritownymca.org](http://tritownymca.org)

**For a better us.®**



## Tri-Town YMCA

136 S Cornell Ave, Villa Park, IL 60181  
 tritownymca.org | 630.629.9622

**Office Hours:** Monday - Friday, 7:00AM - 6:00PM

**Camp Hours:** Before Camp 6:30AM - 9:00AM  
 Camp 9:00AM - 4:00PM  
 After Camp: 4:00PM - 6:00PM

### Tri-Town YMCA Mission Statement

Tri-Town YMCA is committed to providing enriching and diverse opportunities that builds strong kids, families, and communities with a focus on youth development, healthy living, and social responsibility.

### Administration & Site Teams con't

**Schafer Team:** Syeda Quadri, Parent Navigator/Supervisor; Muhammed Ali, Jacky Coronel, Elvia Jimenez Flores, Miriam Munoz

**Westmore Team:** Dawn Christian, Supervisor; Illana Cherniavsky, Yoama Merida, Kim Oliva

**York Center Team:** Clarita Gaytan Vazquez, Parent Navigator/Supervisor; Khalida Tasneem

### Summer Counselors & Drivers

Leslye Aburto	Jessica Lopez
Uzma Ali	Rosy Macotello
Dielle Burd	Danielle Robledo
Araceli Bustamante	Lexi Toler
Esmeralda Calderon	Vicky Vera
Jaydy Fowler	Carrie Virgilio
Marycruz Fowler	Gia Weaser
Le'Kayla Hill	Nicolle Wieringa
Corbyn Holman	Anna Zielinski
John Liss	

**and members of our site teams!**

### Board of Directors

Tri-Town YMCA is a 501(c)3 nonprofit organization and is supported through the generosity of businesses, foundations, and friends from around the region. The organization is managed by a Board who provides governance, strategic direction, and oversight, ensuring that Tri-Town YMCA stays true to its mission and values. Tri-Town YMCA thanks its current board members and welcomes introductions to neighbors who might be interested in becoming a part of Tri-Town YMCA's Board of Directors. To explore the pathway for becoming a board member, please contact the CEO or President.

- Joe Ritchie, President
- Whitney Cimaglia-Voelker, Immediate Past President
- Rob Wellen, Secretary
- Jim Hogan, Treasurer
- Megan Angle
- Amy Augustine
- Alison Gardiner
- Tina Janopoulos
- Fred Leinweber
- Jerry Loizzo
- Dennis McGuire
- Rae Rupp Srch
- Paul Stika

### Administration & Site Teams

CEO	Sean Nelson
Director of Operations	Patty Ibarra
Director of Development	Holly Zielinski
Program Director	Habeeba Ahmed
Program/Parent Navigator Manager	Jenny Coronel
Office Administrator	Arlene Ralladis
Office Assistant	Debbie Ramos

**Ardmore Team:** Emma Elbert, Supervisor; Georgie Clements, Gianna Muscari, Janet Mayer, Nadia Wieringa

**North Team:** Anthony Moreno, Parent Navigator/Supervisor; Jessica Glover, Lesly Calixto Garcia

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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.**



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.

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,

Sean Nelson  
CEO

## Camp Groupings

Throughout the day, campers will work together in smaller groups with their counselors. Campers are typically split into their camp classrooms by the grade level they will be entering into in fall. If you have a special request for your child to be with a specific friend, we will do our best to accommodate these requests.

## Y Kids Camp

### Campers Entering 1st - 4th Grade

Y Kids is for participants who are entering 1st through 4th 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 5th - 8th Grade

Camp Adventure is for participants who are entering 5th through 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.

## 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 be invited to participate in an interview process to better understand their areas of interest and their responsibilities in the program. Please note, the CIT program is by invitation only. If your youth is interested in participating, please contact the Program Manager to learn more about the invitation process.

## 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. **Parents/Guardians are to escort their child to the camp entrance and check-in their camper. Drop off is at the gymnasium building. Camp experiences begin immediately in the morning; please drop off by no later than 9:15AM. If you're dropping off after 9:15AM, please go to the school building. If your camper is registered for before-camp care, please drop off at the please drop off at the gymnasium between 6:30AM to 9:00AM. If a camp participant will be arriving to camp late or departing early, please email [officeassistant@tritownymca.org](mailto:officeassistant@tritownymca.org) or call 630.629.9622 ahead of time.**





### **Camp Arrival & Dismissal Con't**

From 3:45PM to 4:15PM, campers can be picked up from the gymnasium. After this timeframe, pick up is at the school building. For campers registered for after-camp care, the pick-up time is between 4:00pm and 6:00pm.

**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.

### **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 Friday, May 15. 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 have the option to receive a nutritious lunch and afternoon snack each day at camp. If your child would prefer to bring their own meals and snacks, they are welcome to do so. We are not able to accept food deliveries for campers (Doordash, Instacart, etc.). 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 & On-Site/Off-Site Field Trips

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.

Tri-Town YMCA summer campers will have the opportunity to learn about nutrition and healthy cooking with camp counselors. Throughout camp season, we will be putting a new sport in action every week. Each camp group/classroom has adopted a sport that they will study and share out with other campers during their designated week.

On a weekly basis, campers will either go off-site or have on-site field trips (scheduled trips are subject to change). During these days, campers are to wear their camp t-shirt.

Week	Theme	Field Trips
Week 1 6/1-6/5	Soccer	Off-Site: Cantigny
Week 2 6/8-6/12	Basketball	Off-Site: Brookfield Zoo
Week 3 6/15-6/19	Football	On-Site: Reptile Show
Week 4 6/22-6/26	Golf	Off-Site: Holes & Knolls
Week 5 6/29-7/2*	Tennis	Off-Site: Visit to Dairy Queen
Week 6 7/6-7/10	Volleyball	On-Site: Inflatables Day
Week 7 7/13-7/17	Badminton	Off-Site: TBA
Week 8 7/20-7/24	Gymnastics	Off-Site: Movie Day
Week 9 7/27-7/31	Track & Field	Off-Site: Enchanted Castle
Week 10 8/3-8/7	Carnival	On-Site: Camp Carnival
Week 11 8/10-8/14	Free Week	On-Site: Ice Cream Social

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



## Swimming

Campers will go swimming on Wednesdays and Fridays. Typically our pool visits will be to Jefferson Swimming Pool, but there may be special occasions that we visit other local aquatic centers for pool days. 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.

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 Schedule

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

6:30am-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 10:00AM-11:00AM Second Floor Lunch 11:00AM-12:00PM
12:00pm-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 vehicles.
- While riding in vehicles, 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 \$35 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:

Y Kids, Adventure Club, & Counselor In Training Camp Fees			
	5 Days	4 Days	3 Days
Before Camp 6:30 AM-9AM	\$50	\$40	\$30
Camp Day 9AM-4PM	\$210	\$185	\$150
After Camp 4PM-6PM	\$50	\$40	\$30

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 who are on the Child Care Assistance Program and do not communicate changes or absences will be subject to paying the full daily fee.**

***There are no refunds for changes made after Thursday, prior to the week of program.***





### **Financial Assistance/Child Care Assistance Program**

Tri-Town YMCA does accept enrollments into programs from families who 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 Parent Navigators at 630.629.9622. Appointments with Parent Navigators are typically held between 4PM and 6PM, Monday through Friday.

### **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)

Paperwork can be dropped off at Tri-Town YMCA (136 S. Cornell Ave, Villa Park) or emailed to [officeassistant@tritownymca.org](mailto:officeassistant@tritownymca.org).

***If you have additional questions that have not been answered by this handbook, please contact our Administration Office at 630.629.9622 or email [officeassistant@tritownymca.org](mailto:officeassistant@tritownymca.org).***

# Meet the Counselors Night!

**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**



***Friday, May 15, 2026***

***6:30 PM- 8:30 PM***



# Tri-Town YMCA Summer Camp Calendar



SUNDAY	SUNDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Week One Soccer	1 Y-Cash Store	2 Rep Your Fav Team! Cooking	3 Pool & Water Balloons Wear your swimsuit! Bring a towel, sandals & goggles	4 Cantigny Park	5 Pool & Bubbles Wear your swimsuit! Bring a towel, sandals & goggles	6
Week Two Basketball	8 Y-Cash Store	9 Do Your Hair Crazy Cooking	10 Pool & Water Balloons Wear your swimsuit! Bring a towel, sandals & goggles	11 Brookfield Zoo	12 Pool & Bubbles Wear your swimsuit! Bring a towel, sandals & goggles	13
Week Three Football	15 Y-Cash Store	16 Wear a Summer Shirt Cooking	17 Pool & Water Balloons Wear your swimsuit! Bring a towel, sandals & goggles	18 On-Site Reptile Show	19 Pool & Bubbles Wear your swimsuit! Bring a towel, sandals & goggles	20
Week Four Golf	22 Y-Cash Store	23 Fav Character Day Cooking	24 Pool & Water Balloons Wear your swimsuit! Bring a towel, sandals & goggles	25 Holes & Knolls Mini-Golf	26 Pool & Bubbles Wear your swimsuit! Bring a towel, sandals & goggles	27
Week Five Tennis	29 Y-Cash Store	30 Sunglasses Day Cooking				

# JUNE 2026

### IMPORTANT MAY DATES

TUESDAY, MAY 26: CLASSROOM DECORATING

WEDNESDAY, MAY 27: WATER BALLOONS

THURSDAY, MAY 28: BBQ WITH THE CEO

FRIDAY, MAY 29: CIT GARAGE SALE



# Tri-Town YMCA Summer Camp Calendar



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Week Five Tennis			1 Pool & Water Balloons Wear your swimsuit! Bring a towel, sandals & goggles	2 Walking Trip: Dairy Queen	3 No Camp: July 4 <sup>th</sup> Holiday	4
Week Six Volleyball	6 Y-Cash Store	7 Wear Silly Socks Cooking	8 Pool & Water Balloons Wear your swimsuit! Bring a towel, sandals & goggles	9 On-Site: Inflatable Water Slide: Bring Your Swimsuits and Towels	10 Pool & Bubbles Wear your swimsuit! Bring a towel, sandals & goggles	11
Week Seven Badminton	13 Y-Cash Store	14 Tie-Dye Day Cooking	15 Pool & Water Balloons Wear your swimsuit! Bring a towel, sandals & goggles	16 Off-Site: TBD	17 Pool & Bubbles Wear your swimsuit! Bring a towel, sandals & goggles	18
Week Eight Gymnastics	20 Y-Cash Store	21 Pajama Day Cooking	22 Pool & Water Balloons Wear your swimsuit! Bring a towel, sandals & goggles	23 Field Trip to the Movies	24 Pool & Bubbles Wear your swimsuit! Bring a towel, sandals & goggles	25
Week Nine Track & Field	27 Y-Cash Store	28 Hat Day Cooking	29 Pool & Water Balloons Wear your swimsuit! Bring a towel, sandals & goggles	30 Enchanted Castle	31 Pool & Bubbles Wear your swimsuit! Bring a towel, sandals & goggles	

# JULY 2026





# Tri-Town YMCA Summer Camp Calendar



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2 Week Ten CIT Carnival 	3 Y-Cash Store 	4 <b>SUPER</b> Show Your Superhero Side Cooking	5 <b>Pool &amp; Water Saloons</b> Wear your swimsuit! Bring a towel, sandals & goggles	6 Carnival 	7 <b>Pool &amp; Bubbles</b> Wear your swimsuit! Bring a towel, sandals & goggles	8
9 Week Eleven Free Week ???	10 Y-Cash Store 	11 <b>School Start!</b> Wear Your School Colors Cooking	12 <b>Pool &amp; Water Saloons</b> Wear your swimsuit! Bring a towel, sandals & goggles	13 Ice Cream Social 	14 <b>Last Day of Camp</b>	15
16	17 School Days Off at the Y	18	19 Districts 44 & 45 Return to School Before/After School Program Begins for D44 & D45 No Camp Programming	23	24	25
26	27	28	29	30	31	

# AUGUST 2026



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## TRI-TOWN YMCA 2026 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 \$35 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			
<b>First Name:</b>	<b>Last Name:</b>	<b>Birthdate:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
<b>Race (this is collected for grant purposes):</b> <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 <input type="checkbox"/> Other		<b>School Grade Entering Into:</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup>	<b>What School Will Your Child Be Attending in Fall?</b>
<b>Does your child have an IEP?</b> <input type="checkbox"/> Yes, please attach or send a copy <input type="checkbox"/> No	<b>Is your child attending summer school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you approve for Tri-Town YMCA to transport your child/ward for field trips, swimming pool visits, and/or for emergency purposes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Do you approve for Tri-Town YMCA to share information about your child with your child's school district, school, teacher, and/or support staff members?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Do you approve for your child's school district, school, teacher, and/or support staff members to share information with Tri-Town YMCA about your child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tri-Town YMCA works in partnership with Northeast DuPage Family & Youth Services (NEDFYS) to provide social emotional learning curriculum during summer camp programming thanks to a grant from the DuPage Community Transformation Partnership. As a part of this grant, we provide free individual counseling services on-site during camp. Would you like to be contacted to learn more about free individual, group, or family counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Do you approve for Tri-Town YMCA to apply sunscreen and/or bug spray to your child/ward?</b> <b>Sunscreen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My child will bring and apply their own. <b>Bug Spray:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> My child will bring and apply their own.			
Tri-Town YMCA leads the community initiative called the Villa Park Area Early Childhood Collaborative (VPAECC). VPAECC provides a variety of free programs and services for local families, especially those that have children birth to five years old. Do you have children five years or younger in your home that we can reach out to you and share more information about VPAECC programs and services? <input type="checkbox"/> Yes, I have a child(ren) five years or younger, please contact me <input type="checkbox"/> Yes, I have child(ren) five years or younger, but I'm not interested <input type="checkbox"/> No, I do not have child(ren) five years or younger, but I'm interested in learning about VPAECC events and programs			

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

PARENT/GUARDIAN 2 CONTACT INFORMATION		
<b>Please indicate your relationship to the participant.</b> <input type="checkbox"/> There is not a second parent/guardian contact <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		
<b>First Name of Parent/Guardian 2:</b>	<b>Last Name of Parent/Guardian 2:</b>	
<b>Street Address:</b> <input type="checkbox"/> Address is the same as above	<b>City, State, Zip Code:</b>	
<b>Primary Phone Number:</b>	<b>Secondary Phone Number:</b>	
<b>Email Address:</b>	<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
<b>Employer:</b>	<b>Employer Phone:</b>	

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

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 colspan="3"><input type="checkbox"/> Yes <input type="checkbox"/> No Other Medical Condition(s), please list _____</td> </tr> </table>		<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 _____		
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<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 _____																												
<p>Please describe medical conditions: _____</p>																												

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 will need to take medication during program time and I approve for Tri-Town YMCA to administer them as described in the completed 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. Does the participant have a special need? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

REGISTRATION CHECKLIST						
<p>Registration Checklist</p> <table border="0"> <tr> <td><input type="checkbox"/> I have enclosed my child's completed registration form with emergency contacts.</td> <td><input type="checkbox"/> I have included a copy of my child's birth certificate.</td> </tr> <tr> <td><input type="checkbox"/> I have included a copy of my child's immunization records.</td> <td><input type="checkbox"/> I have reviewed and included the Code of Conduct Form with my child.</td> </tr> <tr> <td><input type="checkbox"/> If applicable, I have completed my child's diabetes, asthma, and/or allergy action plan.</td> <td><input type="checkbox"/> I have completed the enclosed credit card authorization form</td> </tr> </table>	<input type="checkbox"/> I have enclosed my child's completed registration form with emergency contacts.	<input type="checkbox"/> I have included a copy of my child's birth certificate.	<input type="checkbox"/> I have included a copy of my child's immunization records.	<input type="checkbox"/> I have reviewed and included the Code of Conduct Form with my child.	<input type="checkbox"/> If applicable, I have completed my child's diabetes, asthma, and/or allergy action plan.	<input type="checkbox"/> I have completed the enclosed credit card authorization form
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<input type="checkbox"/> If applicable, I have completed my child's diabetes, asthma, and/or allergy action plan.	<input type="checkbox"/> I have completed the enclosed credit card authorization form					

PARTICIPANT WAIVER AND PHOTO/VIDEOGRAPHY RELEASE				
<p>In case of <b>MEDICAL EMERGENCY</b>, 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.</p> <p><b>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.</b></p> <p>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.</p> <p><b>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").</b> 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.</p> <p><input type="checkbox"/> <b>Yes, I have enclosed the participant's birth certificate, immunization records. If applicable, diabetes, asthma and/or action plan.</b></p> <p><input type="checkbox"/> <b>Yes, I have read and understand the above and Tri-Town YMCA's General Registration and Refund Policies.</b></p>				
<table border="0"> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><b>Parent/Guardian Signature</b></td> <td style="text-align: center;"><b>Date</b></td> </tr> </table>	_____	_____	<b>Parent/Guardian Signature</b>	<b>Date</b>
_____	_____			
<b>Parent/Guardian Signature</b>	<b>Date</b>			

**2026 SUMMER CAMP DATE SELECTION**

Please select the dates you wish to enroll your child into for the 2026 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.

**Y Kids Day Camp | 1st - 4th Grades | 9AM – 4PM | Fees Based on 3 to 5 Days Registered**  
**Adventure Camp | 5th - 8th Grades | 9AM – 4PM | Fees Based on 3 to 5 Days Registered**  
**CIT Camp | 6th - 8th Grades | 9AM - 4PM | \$210/Week | Invite Only**



	Mon	Tue	Wed	Thu	Fri
Week 1	<input type="checkbox"/> 6/1	<input type="checkbox"/> 6/2	<input type="checkbox"/> 6/3	<input type="checkbox"/> 6/4	<input type="checkbox"/> 6/5
Week 2	<input type="checkbox"/> 6/8	<input type="checkbox"/> 6/9	<input type="checkbox"/> 6/10	<input type="checkbox"/> 6/11	<input type="checkbox"/> 6/12
Week 3	<input type="checkbox"/> 6/15	<input type="checkbox"/> 6/16	<input type="checkbox"/> 6/17	<input type="checkbox"/> 6/18	<input type="checkbox"/> 6/19
Week 4	<input type="checkbox"/> 6/22	<input type="checkbox"/> 6/23	<input type="checkbox"/> 6/24	<input type="checkbox"/> 6/25	<input type="checkbox"/> 6/26
Week 5	<input type="checkbox"/> 6/29	<input type="checkbox"/> 6/30	<input type="checkbox"/> 7/1	<input type="checkbox"/> 7/2	No Camp
Week 6	<input type="checkbox"/> 7/6	<input type="checkbox"/> 7/7	<input type="checkbox"/> 7/8	<input type="checkbox"/> 7/9	<input type="checkbox"/> 7/10
Week 7	<input type="checkbox"/> 7/13	<input type="checkbox"/> 7/14	<input type="checkbox"/> 7/15	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/17
Week 8	<input type="checkbox"/> 7/20	<input type="checkbox"/> 7/21	<input type="checkbox"/> 7/22	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/24
Week 9	<input type="checkbox"/> 7/27	<input type="checkbox"/> 7/28	<input type="checkbox"/> 7/29	<input type="checkbox"/> 7/30	<input type="checkbox"/> 7/31
Week 10	<input type="checkbox"/> 8/3	<input type="checkbox"/> 8/4	<input type="checkbox"/> 8/5	<input type="checkbox"/> 8/6	<input type="checkbox"/> 8/7
Week 11	<input type="checkbox"/> 8/10	<input type="checkbox"/> 8/11	<input type="checkbox"/> 8/12	<input type="checkbox"/> 8/13	<input type="checkbox"/> 8/14

**Before Camp | 1st - 8th Grades | 6:30AM-9:00 AM | See Fee Schedule Below**

	Mon	Tue	Wed	Thu	Fri
Week 1	<input type="checkbox"/> 6/1	<input type="checkbox"/> 6/2	<input type="checkbox"/> 6/3	<input type="checkbox"/> 6/4	<input type="checkbox"/> 6/5
Week 2	<input type="checkbox"/> 6/8	<input type="checkbox"/> 6/9	<input type="checkbox"/> 6/10	<input type="checkbox"/> 6/11	<input type="checkbox"/> 6/12
Week 3	<input type="checkbox"/> 6/15	<input type="checkbox"/> 6/16	<input type="checkbox"/> 6/17	<input type="checkbox"/> 6/18	<input type="checkbox"/> 6/19
Week 4	<input type="checkbox"/> 6/22	<input type="checkbox"/> 6/23	<input type="checkbox"/> 6/24	<input type="checkbox"/> 6/25	<input type="checkbox"/> 6/26
Week 5	<input type="checkbox"/> 6/29	<input type="checkbox"/> 6/30	<input type="checkbox"/> 7/1	<input type="checkbox"/> 7/2	No Camp
Week 6	<input type="checkbox"/> 7/6	<input type="checkbox"/> 7/7	<input type="checkbox"/> 7/8	<input type="checkbox"/> 7/9	<input type="checkbox"/> 7/10
Week 7	<input type="checkbox"/> 7/13	<input type="checkbox"/> 7/14	<input type="checkbox"/> 7/15	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/17
Week 8	<input type="checkbox"/> 7/20	<input type="checkbox"/> 7/21	<input type="checkbox"/> 7/22	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/24
Week 9	<input type="checkbox"/> 7/27	<input type="checkbox"/> 7/28	<input type="checkbox"/> 7/29	<input type="checkbox"/> 7/30	<input type="checkbox"/> 7/31
Week 10	<input type="checkbox"/> 8/3	<input type="checkbox"/> 8/4	<input type="checkbox"/> 8/5	<input type="checkbox"/> 8/6	<input type="checkbox"/> 8/7
Week 11	<input type="checkbox"/> 8/10	<input type="checkbox"/> 8/11	<input type="checkbox"/> 8/12	<input type="checkbox"/> 8/13	<input type="checkbox"/> 8/14

**After Camp | 1st - 8th Grade | 4PM-6PM | See Fee Schedule Below**

	Mon	Tue	Wed	Thu	Fri
Week 1	<input type="checkbox"/> 6/1	<input type="checkbox"/> 6/2	<input type="checkbox"/> 6/3	<input type="checkbox"/> 6/4	<input type="checkbox"/> 6/5
Week 2	<input type="checkbox"/> 6/8	<input type="checkbox"/> 6/9	<input type="checkbox"/> 6/10	<input type="checkbox"/> 6/11	<input type="checkbox"/> 6/12
Week 3	<input type="checkbox"/> 6/15	<input type="checkbox"/> 6/16	<input type="checkbox"/> 6/17	<input type="checkbox"/> 6/18	<input type="checkbox"/> 6/19
Week 4	<input type="checkbox"/> 6/22	<input type="checkbox"/> 6/23	<input type="checkbox"/> 6/24	<input type="checkbox"/> 6/25	<input type="checkbox"/> 6/26
Week 5	<input type="checkbox"/> 6/29	<input type="checkbox"/> 6/30	<input type="checkbox"/> 7/1	<input type="checkbox"/> 7/2	No Camp
Week 6	<input type="checkbox"/> 7/6	<input type="checkbox"/> 7/7	<input type="checkbox"/> 7/8	<input type="checkbox"/> 7/9	<input type="checkbox"/> 7/10
Week 7	<input type="checkbox"/> 7/13	<input type="checkbox"/> 7/14	<input type="checkbox"/> 7/15	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/17
Week 8	<input type="checkbox"/> 7/20	<input type="checkbox"/> 7/21	<input type="checkbox"/> 7/22	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/24
Week 9	<input type="checkbox"/> 7/27	<input type="checkbox"/> 7/28	<input type="checkbox"/> 7/29	<input type="checkbox"/> 7/30	<input type="checkbox"/> 7/31
Week 10	<input type="checkbox"/> 8/3	<input type="checkbox"/> 8/4	<input type="checkbox"/> 8/5	<input type="checkbox"/> 8/6	<input type="checkbox"/> 8/7
Week 11	<input type="checkbox"/> 8/10	<input type="checkbox"/> 8/11	<input type="checkbox"/> 8/12	<input type="checkbox"/> 8/13	<input type="checkbox"/> 8/14

**Y Kids, Adventure Club, & Counselor In Training Camp Fees**

	5 Days	4 Days	3 Days
Before Camp 6:30 AM-9AM	\$50	\$40	\$30
Camp Day 9AM-4 PM	\$210	\$185	\$150
After Camp 4 PM-6PM	\$50	\$40	\$30

**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.

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



# TRI-TOWN YMCA 2026 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.*



Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

**PLACE  
PICTURE  
HERE**

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): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE



**FARE**  
FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

## 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.

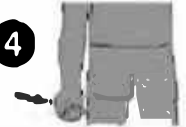
3



## 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.

4



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AM NEAL 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.

5



## 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.

5



## 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.

2



## 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 \_\_\_\_\_  
 LEADER \_\_\_\_\_ 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:** \_\_\_\_\_

May the student self-carry/self-administer  Yes  No  Not Applicable

**Additional Notes to Y Staff:** \_\_\_\_\_

**I. DIABETES INFORMATION**

<b>Hyperglycemia (High Blood Sugar)</b> <i>Not enough insulin in the body to allow sugar to be used</i>	<b>Hypoglycemia (Low Blood Sugar)</b> <i>Usually happens before lunch or after exercise</i>
<b>Possible Symptoms:</b> Excessive Thirst                      Excessive Hunger Flushed Dry Skin                      Breath Fruity Odor Frequent Urination                      Fatigue Tired                                      Weakness Blurred Vision                          Vomiting	<b>Possible Symptoms:</b> Weakness/Fatigue                      Excessive Hunger Feeling Faint                              Abdominal Pain Dizziness                                  Confusion Shaky/Trembling                          Anxious/Irritable Nausea                                      Sweaty/Pallor Rapid Pulse                                  Slurred Speech

**FIRST AID FOR HIGH OR LOW BLOOD SUGAR**

<b>HYPERGLYCEMIA (HIGH BLOOD SUGAR)</b>	<b>HYPOGLYCEMIA (LOW BLOOD SUGAR)</b>
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  <b>ADDITIONAL PUMP INSTRUCTIONS</b> -Check pump function, pump site, and tubing -Treat for Hyperglycemia as above   <b>PARENT INITIALS:</b> _____ <b>Additional Information</b> _____ _____ _____	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.  <b>ADDITIONAL PUMP INSTRUCTIONS</b> -Check pump function, pump site, and tubing -Treat for Hypoglycemia as above   <b>PARENT INITIALS:</b> _____ <b>Additional Information</b> _____ _____ _____

**II. DIABETES MANAGEMENT AT TRI-TOWN YMCA**

<b>Blood Glucose Monitoring</b>	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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<b>Insulin</b>	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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<b>Giving Insulin</b> With their pump, does the participant know how to: Change tubing <input type="checkbox"/> Yes <input type="checkbox"/> No Change batteries <input type="checkbox"/> Yes <input type="checkbox"/> No change insulin cartridge <input type="checkbox"/> Yes <input type="checkbox"/> No Decide bolus amount <input type="checkbox"/> Yes <input type="checkbox"/> No Give bolus <input type="checkbox"/> Yes <input type="checkbox"/> No	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): <b>Units of Insulin to Give Based on</b> <b>Sliding Scale of Blood Sugar Reading PLUS Insulin/Carbohydrate Ratio</b> 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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<b>Qualified Y Staff (Completed by Y)</b>	Staff qualified to use glucose meter: _____ Staff qualified to give insulin injections and/or operate pump: _____
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<b>Supply Location</b>	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	_____	_____	<b>Foods to Avoid</b>
Before Exercise	_____	_____	_____
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:

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