



## 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>			<b>School Grade Entering Into:</b>		<b>What School Will Your Child Be Attending in Fall?</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			<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>Does your child have an IEP?</b>		<b>Is your child attending summer school?</b>		<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, please attach or send a copy <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<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**

Please indicate your relationship to the participant.  
 Mom  Dad  Guardian  Step Parent  Grandparent  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**

Please indicate your relationship to the participant.  
 There is not a second parent/guardian contact  Mom  Dad  Guardian  Step Parent  Grandparent  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**

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.

<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 Endocrine Condition(s)
<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 HIV/AIDS
<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 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 _____		

**Please describe medical conditions:**  
\_\_\_\_\_

**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)**

**Does the participant take medication that needs to be administered during the program meeting time?**

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.

No, the participant does not take medication.

**Will the participant be carrying an autoinjector (epipen) or inhaler with them at program?**

The participant will not be carrying/ng an autoinjector or an inhaler.

Yes, the participant will be carrying an autoinjector or an inhaler and I have completed an action plan for them.

Yes, the participant will be carrying an autoinjector or an inhaler and I need to complete an action plan for them.

**ADA COMPLIANCE**

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?  Yes  No

**REGISTRATION CHECKLIST**

**Registration Checklist**

\_\_\_ I have enclosed my child's completed registration form with emergency contacts.      \_\_\_ I have included a copy of my child's birth certificate.

\_\_\_ I have included a copy of my child's immunization records.      \_\_\_ I have reviewed and included the Code of Conduct Form with my child.

\_\_\_ If applicable, I have completed my child's diabetes, asthma, and/or allergy action plan.      \_\_\_ I have completed the enclosed credit card authorization form

**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

## 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 | Unfit 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 @amp | 1st - 8th Grades | @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 @amp | 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  AmEx  Discover  MasterCard  Visa

Authorized Signature

Date