

Richard G. Snyder YMCA Day Camp

Child Information

Child's Name: _____

Birth Date: _____ Age: _____ Entering what grade: _____

Street: _____ City: _____

State: _____ Zip Code: _____

Parent/Guardian: _____

Relationship to Child: _____

Cell Phone: _____ Home or Work Phone: _____

Emergency Contacts

(other than parent/guardian above)

Name: _____

Relationship to child: _____

Phone Number: _____

Name: _____

Relationship to child: _____

Phone Number: _____

Richard G. Snyder YMCA Day Camp

Health Information Form

Does your child have any special medical conditions or health needs?

Yes or No

If yes, please explain

Does your child have any food, medication, or environmental allergies?

Yes or No

If yes, please explain and what action is needed for their allergic reaction

Is your child currently taking any medications?

Yes or No

Please list

If yes, does this medication need to be taken during day camp?

Yes or No

Staff will NOT give medications to child. Child must be able to take it themselves, staff is not trained/authorized to administer medications. _____

Initial

Parent/Guardian Signature

Date

Richard G. Snyder YMCA Day Camp

Pick-up Release Form

If you, the parent or guardian, are unable to pick up your child from the Richard G. Snyder YMCA Campus day camp, we ask that you list the names of those persons who have permission to pick your child(ren) up from camp. Please give a written note to your camper's counselor if you know in advance that someone else will be picking your child up. Also, if your child needs to leave camp early for some reason, please give a written note to your child's counselor that states when the child will be leaving and who will be picking up the child. Please make sure to include both parents' names.

YOUR CHILD WILL NOT BE RELEASED EXCEPT TO THOSE LISTED BELOW.
(they must show ID at pickup)

The following people have my permission to pick up my child(ren) from camp:

Name	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Child's Name

Parent/Guardian Signature

Date

Richard G. Snyder YMCA Day Camp
Swimming Permission Slip

Child's Name _____ D.O.B. _____

My child has my permission to swim at the Y during the Summer Day
Camp Program. A certified lifeguard will be on duty.

My child is a: Swimmer Non-Swimmer

- Water safety will be stressed with the children during their recreational time in the pool.
- Non-swimmers will have the opportunity to take swim lessons (included with Day Camp cost)
- All campers must pass swim test to be allowed to swim in the warm pool and lap pool. They will stay in the shallow pool if not.

Parent/Guardian Signature _____ Date _____

RELEASE FOR CLIENT PICTURES

Descriptive pictures are needed to educate people about services available at the Y Enrichment Program. Such pictures are used in slideshow presentations, brochures, the Y website, newspaper articles and television programs. Policy prohibits the use of pictures without permission; please help us with our educational work by permitting the use of your pictures.

I, _____, hereby authorize the Y enrichment program to take

(Parent/Guardian of camper)

photographic or electronic pictures of: _____.

(camper name and birthdate)

This release is valid if your child is enrolled in our program and will be subject to revocation at any time by the client or authorized representative. I hereby release the Center from all liability that may be incurred from the use of my photographic or electronic pictures.

Parent/guardian Signature: _____

Date: _____

Richard G. Snyder YMCA Day Camp
Parent Handbook/Behavior Chart Agreement

I, _____, the Parent(s)/Legal Guardians of, _____
, have received the 2026 Summer Day Camp Parent Handbook and have read its contents. We understand that the rules listed in the handbook are what is to be followed by the staff members of the Richard G. Snyder YMCA Campus Summer Day Camp. _____
Initial

We understand the updated behavior policy and behavior expectations in the handbook. _____
Initial

We have read and understand the cancellation and refund policy. _____
Initial

We will discuss any questions or concerns with Brooke Williams, Day Camp Director. We will support and adhere to the policies included in this document.

Signature: _____

Date: _____