



YMCA OF METROPOLITAN CHICAGO SUMMER DAY CAMP PARTICIPANT EMERGENCY INFORMATION PACKET 2025

This form must be completed upon enrollment in any YMCA of Metropolitan Chicago Summer Day Camp program. Only one of these forms is needed for Summer Day Camp and Out of School Time programming throughout the 2025–2026 school year. The following questions are being asked so that our program staff can better serve your child and all other participants. Your answers are strictly confidential. Please be as specific as possible.

TO COMPLETE THE FORM:

- 1) Print the form and take clear photos of all completed pages OR fill out electronically and save a copy of the document.
- 2) Submit the completed version of the form in-person to Program Leadership or the applicable Summer Day Camp program location's email address.

PARTICIPANT INFORMATION (PLEASE PRINT)						
Child's First Name:		Child's Preferred Name:			Child's M.I.:	
Child's Last Name:		Address:				
City:	State:	Zip:	Email:			
Age:	Birthdate:	Gender:	Male	Female	Nonbinary	Pronouns:
School Child Attends:		Child's Grade in Fall:	Primary Family Email Address:			

PARENT/GUARDIAN #1 INFORMATION (PLEASE PRINT)					
First Name:		Preferred Name:		M.I.:	Last Name:
Address:		City:	State:	Zip	
Email:	Cell Phone:			Employer:	
Title:	Work Hours:			Work Phone:	

PARENT/GUARDIAN #2 INFORMATION (PLEASE PRINT)					
First Name:		Preferred Name:		M.I.:	Last Name:
Address:		City:	State:	Zip	
Email:	Cell Phone:			Employer:	
Title:	Work Hours:			Work Phone:	

CHILD LIVES WITH:	Both Parents	Parent 1	Parent 2	Other:
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YMCA TRANSPORTATION POLICY
Transportation between YMCA program sites and/or off-site field trips is either provided by approved bus vendors with safety compliance letters, or on Y mini buses driven by Y staff who have gone through a background check and applicable driver training. When applicable, staff may walk youth to program or field trip locations. Transportation takes place at the end of the school day to the program location and before/after field trips, if applicable.
Staff maintain staff to youth ratios when on buses and ensure safe behavior with youth when riding on buses. Youth are not permitted to stand, move about, or disrupt the bus environment to ensure safety of all passengers and the driver.

BUS RULES:

1. All passengers must wear a securely fastened seat belt if available.
2. Children must be seated and facing forward at all times.
3. No food or drinks are to be consumed on the bus/van.
4. Children must keep their hands and feet to themselves and inside the bus at all times.
5. Destruction of seats or any other property on the bus is not allowed.
6. No yelling, screaming, or distracting the bus driver.
7. No throwing objects inside the bus, or out of the bus windows.
8. Staff will be dispersed throughout the bus for maximum supervision.

By enrolling your participant in YMCA programming, you are providing expressed written permission to transport your child as necessary within the guidelines in this policy.

AUTHORIZED PICK-UP/EMERGENCY PICK-UP**Adults Authorized to Pickup My Child/Emergency Contact**

*Other than parents/guardians *Minimum of 2 required

Authorized pick-up individuals, also serve as emergency contacts if parents or guardians cannot be reached.

1. AUTHORIZED PICK-UP/EMERGENCY PICK-UP

First Name:	Preferred Name:	M.I.:	Last Name:
Address:		City	State Zip
Email:	Cell Phone:		Relationship:

2. AUTHORIZED PICK-UP/EMERGENCY PICK-UP

First Name:	Preferred Name:	M.I.:	Last Name:
Address:		City	State Zip
Email:	Cell Phone:		Relationship:

3. AUTHORIZED PICK-UP/EMERGENCY PICK-UP

First Name:	Preferred Name:	M.I.:	Last Name:
Address:		City	State Zip
Email:	Cell Phone:		Relationship:

4. AUTHORIZED PICK-UP/EMERGENCY PICK-UP

First Name:	Preferred Name:	M.I.:	Last Name:
Address:		City	State Zip
Email:	Cell Phone:		Relationship:

5. AUTHORIZED PICK-UP/EMERGENCY PICK-UP

First Name:	Preferred Name:	M.I.:	Last Name:
Address:		City	State Zip
Email:	Cell Phone:		Relationship:

I authorize the people listed above to pick up my child and be contacted in the event of an emergency from the YMCA. In doing so, I relieve the YMCA of Metropolitan Chicago, its community hubs and employees of all responsibility for my child after he/she has been released from the program. Attempts will be made to reach the parent/legal guardian first.

Initials_____

HEALTH INFORMATION	
The following questions are asked so that we may best serve your child in programs. Any information you disclose is confidential to YMCA staff, as needed for your child's participation.	
While in program, are there any health conditions that you would like us to be aware of?	No Yes: _____
While in program, will your child need to take medication? Please complete the Permission to Dispense Medication form.	No Yes: _____
While in program, are there allergies we should be aware of?	No Yes: _____
Are all immunizations up to date?	No Yes: _____
Date of last Tetanus TDap	Date: _____ / _____ / _____
Are there any activities that your child should be exempted from for health reasons? No Yes: _____ Description: _____	
IF APPLICABLE, PLEASE COMPLETE THE FOLLOWING: If your child has an IEP or a 504 plan during the school year, you may choose to connect with our Inclusion Department. Doing so creates a partnership to determine and plan for support, including accommodations that may be needed to promote the most successful summer experience for your camper. If you would like to connect, please select "yes" to the accommodation request below. The Inclusion Department can also be reached at inclusion@ymcachicago.org .	
Does your child require an accommodation due to disability in order to participate in programs?	No Yes: _____
Is there anything else we should know? _____	

RELEASES	
MEDICAL RELEASE • I do hereby give my permission for the YMCA of Metropolitan Chicago staff to secure proper medical treatment and care for child/children named below, and further, if deemed appropriate by the YMCA of Metropolitan Chicago staff, to transfer child/ children named below off site by ambulance to secure medical treatment and care.	Initials_____
AUTHORIZATION FOR SUNSCREEN • I acknowledge that I will sufficiently apply sunscreen to all of my child's exposed skin, and agree that YMCA of Metropolitan Chicago Staff may reapply the sunscreen that I provide, labeled with my child's name.	Initials_____
YMCA BEHAVIOR MANAGEMENT PROCEDURES • My child and I have read and understand the behavior expectations and procedures, found in the parent handbook.	Initials_____
YMCA CHILDCARE & TRANSPORTATION POLICIES • I/We acknowledge that I have received a copy of and agree to YMCA policies and procedures (via the parent handbook) for the YMCA childcare programs, including but not limited to transportation, program rules, and parent/guardian conduct. If necessary for this YMCA program, I give the YMCA permission to transport my child.	Initials_____

TALENT RELEASE
<p>In consideration of my participation in activities to be conducted and/or sponsored by the YMCA, the receipt and sufficiency of which is hereby acknowledged, I hereby freely and without restraint consent to and grant the YMCA of Metropolitan Chicago and its agents, successors, licensees, assigns, and affiliated entities (collectively, the "YMCA") the right to publish, print, photograph, videotape, record or otherwise reproduce my voice, appearance, opinions, statements, biographical information, name, place of residence (city and state) and other personal information concerning me, to own all the results thereof as a work for hire for copyright purposes, and to exhibit, display distribute, transmit and/or otherwise exploit any and all such reproductions containing my voice, opinions, statements, appearance, and/or other contributions, altered as the YMCA may see fit, in any and all media now or hereafter known, including without limitation by means of internet, email, still photography, billboard, radio, television, video, soundtrack recordings, printing, merchandising, public displays, exhibitions, and in advertising and/or publicity in connection therewith, and the right to use my name, city and state of residence in any connection with any of the foregoing. The rights granted by me hereunder are granted for the entire universe and shall inure in perpetuity and no further compensation shall be payable to me at any time in connection there with.</p> <p>I hereby release the YMCA from any and all claims and demands arising out of or in connection with the uses stated above, including without limitation any and all claims for libel, slander, invasion of privacy, infringement of my right of publicity, defamation, copyright or trademark violation, and any other personal and/or proprietary rights, and I agree that I shall not now or in the future assert or maintain any such claim against the YMCA with respect to the subject matter herein. The release shall be governed by Illinois law without regard to its conflict of laws principles.</p> <p>ACCEPT DECLINE</p>

CAMPER CONFIDENTIAL FORM

(To be completed by camper's parent/guardian)



Please help us assist your child with their camp experience by letting us know a little bit about them. This information helps us understand their unique needs and personality. All of the information you provide here is for your child's counselor and will be held in confidence. Some of the information is repeated from the Health History, but your child's counselor only has access to this form.

Camper's Name: _____ Well-Liked nickname: _____

Birth date: _____ Age at camp: _____

Grade in the fall: _____ Returning camper: ☐ Yes ☐ No How many years? _____

Camper lives with: ☐ Mother Only ☐ Father Only ☐ Mother and Father ☐ Other _____

Camper Gender: _____

How does your child feel about attending camp?

Does your camper have any special fears? _____

Does your camper have any dietary restrictions or food allergies? (Be specific)

My child makes friends: ☐ EASILY ☐ FAIRLY EASILY ☐ HAS DIFFICULTY

Please mark each word you would use to describe your camper when they are with other children: ☐ Shy ☐ Friendly ☐ Quiet ☐ Outgoing ☐ Leader ☐ Follower ☐ Competitive

When participating in group games/activities, are there areas that are difficult for your camper? (Ex. Winning/losing, rule following, turn-taking, etc)

How can we best help your camper work through those challenges?

Please read the Camp Policies and also please list any other information you feel will help us better serve your child, and to make their camp experience the highlight of their summer.

YMCA Camp Duncan
PAYMENT POLICY FORM
SUMMER 2025



Note: All Campers must have this form on file.

Camper's Name: _____
Last Name First Name

Please review the policy below AND initial each line as reviewed.

- _____ 1. Campers must be registered prior to the first day of each session.
- _____ 2. The \$25.00 deposit per session is non-refundable and non-transferable.
- _____ 3. Parents/Guardians of campers not registered for camp will be sent to the Main Office to determine if space is available and to pay necessary fees.
- _____ 4. **Balance of fees must be paid the MONDAY prior to the first day of the session starting.** Campers whose fees are not paid by the Wednesday of the week prior to the session starting will have their registration cancelled. Cancelled registrations will forfeit the nonrefundable deposit and will be moved to the bottom of any active waitlist.
- _____ 5. After initial registration, you must email campduncan@ymcachicago.org to add/cancel any sessions. Session changes can only be made in writing and will not be accepted by staff at check-in or check-out.
- _____ 6. **Cancellations must be made the Wednesday before the session begins.** To cancel your day camp session, email campduncan@ymcachicago.org. Deposits are nonrefundable at any time and session payments are nonrefundable after this cut-off date.
- _____ 7. Parents/Guardians will be responsible to pay for any balance of camp fees for the current session if a cancellation is made after Monday of the session. Failure to notify the Main Office of your cancellation will also result in a forfeit of your already paid camp fees.
- _____ 8. Refunds and credits are issued for medical reasons only and are issued upon receipt of a licensed medical doctor's written authorized medical statement.
- _____ 9. Refunds are not issued for campers going home early due to disciplinary action or homesickness.
- _____ 10. There is no reduction of fees or credit given for days not attended within your day camp session.
- _____ 11. Approved refunds: Cash and check payments are sent by mail six to eight weeks after cancellation. Credit card payments are credited back to card used for purchase within the same day but may take up to seven days to be recognized by your financial institution.
- _____ 12. The parent/guardian who registers a child is responsible for payment of fees. If custodial payment agreements are legally in place, it is the responsibility of the parent who registers the child to see that these payment agreements are followed through upon, or must personally see that fees are paid in full the first day of the camp session.
- _____ 13. Sessions added less than ten (10) days before the desired session are subject to the late fee. (Full time = \$300/week)
- _____ 14. Failure to fulfill camp payment for two weeks (does not need to be consecutive), the child(ren) may be removed from the Day Camp program for the rest of the year.

I do hereby affirm that I have read and understand the Day Camp Payment Policy. I understand that YMCA Camp Duncan reserves the right to not allow campers to attend camp without payment according to the above stated policy.

Parent / Guardian Signature _____ Date _____

YMCA Camp Duncan
SIGN-IN/SIGN-OUT POLICY FORM
SUMMER 2025



Note: All Campers must have this form on file.

Camper's Name: _____
Last Name First Name

SIGN-IN/SIGN-OUT PROCEDURES

- All camp participants **MUST** have a completed Participant Emergency Information Packet on file at camp.
- Campers must be signed in and out of the Day Camp program each day he/she attends.
- Each family is issued two rearview mirror hang tags.
- These tags indicate to camp staff that the adult in the vehicle is authorized to pick up the camper.
- Adults without identification tags are asked for a valid photo identification and must be listed on the authorized pick up list.
- Campers are not released to unauthorized adults.
- Campers are not released to authorized adults who do not have a hang tag, a valid photo ID and/or who are not at least 18 years of age.

NOTE: For safety reasons, additions to the camper release form must be made in person or by a signed, handwritten note with the Day Camp Director. No phone-in additions are accepted.

I do hereby affirm that I have read and understand the Day Camp Sign-In/Sign-Out Policy.

Parent / Guardian Signature _____ Date _____