



YMCA of Greater Flint

DISCOVERY TRAILS SUMMER DAY CAMP

CAMPER REGISTRATION PACKET



DISCOVERY TRAILS SUMMER DAY CAMP

AT THE PIERSON ROAD FAMILY YMCA

REGISTRATION FORM 2025



Camper Name: _____ M/F: _____ Date of Birth: ____/____/____ Phone Number: (____)____-_____
 Parents Name: _____ Address: _____ City: _____
 State: _____ Zip Code: _____ email address: _____ Has your child attend camp before? Y/N: ____
 How did you hear about us? _____ Grade entering during the fall: _____
 I would like to contribute: \$ _____ in addition to my registration fees, to assist another child attend Summer Day Camp

JOIN US ON OUR NEW ADVENTURE!

Video Games Come To Life (June 16-20)
 Campers dive into a world where their favorite video games come to life through immersive, hands-on activities. Each day, campers can level up their skills in challenges inspired by classic games, from obstacle courses designed like Super Mario worlds to team-based missions inspired by multiplayer battle royales.

Magic, Marvels, and More! (July 21-25)
 Step into a world of imagination at this Storybook-themed summer camp, where kids bring their favorite fairy tales and adventures to life through creative activities and role-playing. Campers will journey through enchanted forests, solve mysteries, and create their own magical stories!

Lights, Camera, Action! (June 23-27)
 At this action-packed week, Campers step into the director's chair to create their own movie from start to finish. From brainstorming ideas and writing scripts to filming and editing, campers work together to bring their cinematic vision to life, culminating in a special screening of their finished project.

Ancient Games of Glory (July 28-August 1st)
 Get ready to compete and conquer at this Olympic-themed summer camp, where kids engage in friendly competitions and sporting challenges inspired by the world's greatest athletes. Campers will test their skills in track and field events, swimming, and team games, all while learning about the spirit of sportsmanship and global unity!

Wacky Water Week (June 30-July 3)
 Get ready for a splash-tacular time at Wacky Water Week, where campers dive into wild water games and challenges all week long. From water balloon battles to slip-n-slide races, campers stay cool while enjoying fun-filled, wet and wacky adventures under the sun!

Mega Messy Week (August 4-8)
 Dive into a world of creative chaos! From mudslide races to paint wars and slime-filled obstacle courses, it's the ultimate week for those who love getting messy while having a blast. With endless activities designed to challenge and entertain, Mega Messy Week promises unforgettable memories and a chance to embrace the wild side of summer!

Wild West Week (July 7-11)
 Saddle up for a week of western adventures, from gold rush treasure hunts to rodeo games and cowboy crafts. Campers will learn to lasso, compete in friendly "showdowns," and immerse themselves in the fun and excitement of the Wild West!

Around the World (August 11-15)
 Embark on an exciting adventure around the globe at this World Travel-themed summer camp, where kids explore different countries and cultures through fun activities, crafts, and games.

Nifty Ninjas (July 14-18)
 Unleash your inner warrior at this action-packed Ninja-themed summer camp, where campers train in agility, stealth, and strength through obstacle courses and stealth missions. Campers will master ninja skills, from climbing and balance to teamwork, all while having fun in a fast-paced, adventure-filled week!

Grand Finale (August 18 - 22)
 Is a celebration of all the fun, friendships, and memories made throughout the summer. Campers will enjoy exciting activities, special events, and thrilling challenges as they reflect on their growth and accomplishments. The week will culminate in a spectacular closing ceremony, where everyone comes together to celebrate the unforgettable summer experience with laughter, music, and recognition.

Day Camp Pricing

<u>Regular Price</u>	<u>July 1-3 Price</u>
Member Rate: \$210	Member Rate: \$168
Non Member Rate: \$225	Non Member Rate: \$180

Total Camp Fees:

Session Total:	_____
Campership Donation:	_____
Additional Child Savings (\$25 per session)	_____
Subtotal:	_____
Deposit / Payment:	_____
Remaining Balance:	_____

Refund Policy:

REFUND POLICY IS 50% of the deposit up to 30 days prior to the session start. Deposits are non refundable after the session start date.

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HEALTH QUESTIONNAIRE AND RELEASE FORM

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form is to be filled in by parents/ guardians of minors, or by adults themselves.

Your camper will attend Discovery Trails Summer Day Camp at the Pierson Road Family YMCA from _____ to _____

Camper Name: _____
Camper Weeks: _____ (Camp use only) Group number: _____
Last Name
First Name

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*All information must be completed prior to authorizing registration for Discovery Trail Summer Day Camp.

2 Contact Information

Camper Name: _____
Male ___ Female ___ Birth Date _____
Grade in Fall _____
Camper Home Address: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Parent/guardian with legal custody to be contacted in case of illness or injury:
Relationship Name: _____ to Camper: _____
Preferred Phone: () _____
Home Address: _____

(If different from above) Second parent/guardian or other emergency contact:: Relationship Name: _____ to Camper: _____
Preferred Phone: () _____
Additional contact in event parent(s)/guardian(s) cannot be reached:
Relationship Name(s): _____ to Camper: _____
Preferred Phone: () _____

3 Allergy Information

Please select one of the following categories:
 No known allergies
 This camper is Allergic to Food: _____ Medicine: _____ The enviroment (insect stings, hay fever, etc): _____
 Other
Please describe the allergic reaction to what was selected above: _____

4 Diet & Nutrition

This camper eats a regular diet
 This camper eats a vegetarian diet
 This camper has special food needs (Please describe any special food needs.) _____

Restrictions: (The following restrictions apply to this individual.) Does not eat: Red Meat Pork Dairy Products Poultry Seafood Eggs ___ Other
Additional Dietary Information _____

5 Medical Coverage Information

This camper is covered by family medical/hospital insurance ___ Yes ___ No
Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Company Phone Number () _____

Include a copy of your insurance card; copy both sides of the card so information is readable. Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine test, and treatment related to the health of my child for both routine health care and in emergency situation. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Relationship Parent/Guardian _____ Date: _____
to Camper _____

If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

6 General Health History

Check "Yes" or "No" for each statement. If yes, please explain each answer below. Has/does the camper:

- | | |
|--|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever has surgery <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illness? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had Mononucleosis('mono') during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Experiences asthma or shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had Seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with Diarrhea/Constipation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had Headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wears glasses, contacts, or other eye wear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside of the country in the past 9 months <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the question. For travel outside of the country, please name countries visited and dates

7 Mental, Social, Emotional Health History

Check "Yes" or "No" for each statement. If yes, please explain each answer below. Has/does the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder "ADD" or attention deficit/hyperactivity disorder "ADHD" ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or eating disorders ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, has seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the campers life? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain the "Yes" answers in the space below, noting the number on the question. Camp staff may contact you for additional information:

Health Care Providers: Name of camper's primary doctor: _____ Phone: () _____

Name of Dentist: _____ Phone: () _____

Name of Orthodontist: _____ Phone() _____

8 The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Cross out those the camper should not be given:

Acetaminophen (Tylenol) * Ibuprofen (Advil, Motrin) *
 Phenylephrine decongestant (Sudafed PE) *
 Pseudoephedrine decongestant (Sudafed) *
 Antihistamine/allergy medicine * Guaifenesin cough
 syrup (Robitussin) Diphenhydramine
 antihistamine/allergy medicine (Benadryl) *
 Dextromethorphan cough syrup (Robitussin DM) Sore
 throat spray Generic cough drops * Bismuth
 subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)
 * Aloe Antibiotic cream Calamine lotion

9 Medications Being Taken: Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes No medications on a routine basis. OR This person takes medications as follows:

Med #1 _____

Dosage _____

Specific times taken each day _____ Reason for taking _____

Med #2 _____

Dosage _____

Specific times taken each day _____ Reason for taking _____

Med #3 _____

Dosage _____

Specific times taken each day _____ Reason for taking _____

Med #4 _____

Dosage _____

Specific times taken each day _____ Reason for taking _____

Attach additional pages for more medications. Identify any medications taken during the school year that participant does/may not take during the summer _____

10

Camper Additional Information

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

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Camper Release Form

To comply with the State of Michigan Law, YMCA Camp Boomerang must have the names of those adults you authorize to pick up your child. Please complete the following information and sign below. We will ask for photo identification at the time of pick up. Please list all adults authorized to pick up your child including yourself.

I give permission for _____ to be released to:

at the end of camp or should an emergency arise where my child has to leave camp.

Date: _____ Signature of Parent or Guardian _____

Please select a security word to be used in the event that the people listed above cannot pick up your child from camp. Both you and the person picking up the child will be asked to confirm the security word. Please contact the camp office before check out if this occurs.

Security Word: _____

13

Audio / Visual Release

I understand that the YMCA may make certain reasonable recording of this camping event. Do you hereby authorize the YMCA to have and use reasonable photographs, slides, moving pictures, and audio/video tapes of your child for purposes of legitimate YMCA records, public relations and/or advertising?

___ Yes ___ No

14

Immunization History

Are your Camper's immunizations up to date? ___ Yes ___ No

15

Unique to you

Every camper at Discovery Trails Summer Day Camp brings an their own experiences and interests to help make camp special. Please complete the following to help our team learn more about your camper!

How would you describe yourself in three words?

When faced with a challenge, what is your usual response? Do you like to solve problems independently or ask for help?

What type of group setting do you enjoy the most? Do you prefer working in small teams, with a few close friends, or in large, energetic groups?

What makes you feel excited or proud of yourself?

How do you like to relax or unwind after a busy day or activity?

If you could be any character from a book, movie, or TV show, who would you choose and why?

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CAMPER CODE OF CONDUCT AGREEMENT

Are you ready to have fun this summer? We are! In order for you to have a fun, exciting and safe summer, everyone needs to follow the same guidelines. Below is a list of the basic rules that you will need to follow while you're here at camp. Keep in mind that more specific rules will be talked about when you get here (mealtimes, activities, etc.). Please read over all of these guidelines and make sure that you understand them. You will be expected to follow these guidelines as soon as you arrive at Discovery Trails Summer Day Camp.

Please read this list with your parent/guardian and sign it with them at the bottom.

Camper's Name: _____

WHILE AT DISCOVERY TRAILS:

- I will be honest and respectful (of my peers, my camp staff, and myself)
- I will follow directions and rules at camp
- I will not act violently toward any camper or staff member
- I will not steal or destroy property belonging to Camp Discovery Trails, campers, or staff
- I will not use/practice lewd conduct and language
- I will stay within camp boundaries
- I will do my best to HAVE FUN!!!

DISCIPLINE WILL BE HANDLED IN THE FOLLOWING MANNER:

Note: Anything deemed harmful to oneself or another camper are subject to immediate dismissal without refund.

Step 1: Counselors will address behavior with the camper, helping the camper to understand the rules and take responsibility for changing the behavior.

Step 2: Senior staff will meet with the camper to discuss and implement solutions.

Step 3: The camper will meet the Camp Director. Parental contact and clear objectives will be established.

Step 4: The camper will be removed from camp without a refund. A parent or guardian will be asked to pick up the camper from Discovery Trails Summer Day Camp as soon as possible. Parent or guardian is responsible for pickup/transportation of camper.

Camper: By signing this form, I am agreeing to follow the above guidelines. I understand that more specific rules will be explained to me when I arrive at Discovery Trails Summer Day Camp. I also realize that failing to follow these guidelines will result in disciplinary action by the staff of Camp Discovery Trails, and may include removal from the Summer Camp Program.

Camper's Signature: _____ Date: _____

Parent(s)/Guardian(s): I understand that should my child require transportation from camp due to illness, behavior problems or other reasons, I will be required to provide transportation in a timely manner as designated by camp administration. By signing this form, I am acknowledging that I read the guidelines with/to my child.

Parent/Guardian Signature: _____ Date: _____

This form MUST be completed along with the Health History Form in order for your child to participate at Camp Discovery Trails Both forms MUST be turned into Camp Discovery Trails two (2) weeks prior to your child's attendance at camp.