





# CAMP ULBRICH Y-CATION

## at the Wallingford Family YMCA

- ✓ **Swimming**
- ✓ **Dance Parties**
- ✓ **Art Projects**
- ✓ **Group Challenges**
- ✓ **All Camp Contests**



Held at our **East Side Branch**, Camp Ulbrich Y-Cation runs from **7:00AM-6:00PM** and is open to all students in **grades K-8**. For only **\$70** for YMCA members & **\$95** for Community Participants, your child will enjoy a jam-packed day of fun supervised by our camp staff and surrounded by friends.

**Don't miss out! Sign up for Camp Ulbrich Y-cation today!**

**New to Y-Cation?** Here are some things you should know

### What should my child bring with them to Y-Cation?

Each day, your child should bring snacks & a **non-perishable** lunch, water bottle, and a book to read. Lunches must be self-contained and kept in each student's bag and will **NOT** be refrigerated or heated up. Groups may swim or participate in water play every day, so make sure to pack a bathing suit and towel as well. They should **NOT** bring any toys or electronics.

### Where do I drop off & pick up my child?

Drop off is at the YMCA Main Building & pick up occurs at the KinderHouse at 16 Wallace Street, behind the YMCA. Late drop off after 9:15AM and early pick up before 3:15PM, you will have to go to the Camp Office at the KinderHouse, located at 16 Wallace Street. Please let us know at drop off if you will be picking your child up early so we can have them ready for you in the afternoon.

### What if I have additional questions?

For more information about financial assistance and program availability, contact Kim Lilienthal at 203-269-4497 x114 or [klilienthal@wallingfordymca.org](mailto:klilienthal@wallingfordymca.org). If you have additional questions about the program that are not answered here, please contact Rob Newton at [rnewton@wallingfordymca.org](mailto:rnewton@wallingfordymca.org).

Registration will be accepted up to 24 hours before the chosen date. Registrations after this period can only be taken if there are spots available and are subject to an additional \$40 charge per child. Fees are non-refundable. Credits may be issued if cancellation is received at least 48 hours prior to the selected date or if due to medical reasons. Draft modifications or program cancellations must be received 48 hours before the draft date. Y-Cation needs a minimum number of participants to run. If this number is not reached, Y-Cation will be cancelled and you will be refunded.

# CAMP ULBRICH Y-CATION REGISTRATION

## ONE CHILD PER REGISTRATION FORM

CAMPER	NAME		BIRTHDAY		AGE	GRADE	<input type="checkbox"/> M <input type="checkbox"/> F
	ADDRESS				CITY/ST/ZIP		
	<input type="checkbox"/> MON 10/13	<input type="checkbox"/> TUE 11/04 <input type="checkbox"/> TUE 11/11	<input type="checkbox"/> FRI 12/26 <input type="checkbox"/> MON 12/29	<input type="checkbox"/> TUE 12/30	<input type="checkbox"/> FRI 01/02 <input type="checkbox"/> MON 01/19	<input type="checkbox"/> MON 02/16 <input type="checkbox"/> TUE 02/17	<input type="checkbox"/> WED 03/11
	<b>YMCA Members: \$70 per day      Program Members: \$95 per day</b> <input type="checkbox"/> <b>AUTOMATIC DRAFT</b> (You will be drafted the <b>Friday</b> before the date(s) enrolled) <input type="checkbox"/> <b>PAY IN FULL AT REGISTRATION</b> Use account on file: Last 4 Digits of Card/Account: _____ Signature: _____						
FAMILY DATA	PARENT/GUARDIAN 1				HOME PHONE		
	EMAIL ADDRESS				CELL PHONE		
	PLACE OF EMPLOYMENT				WORK PHONE		
	PARENT/GUARDIAN 2				HOME PHONE		
	EMAIL ADDRESS				CELL PHONE		
	PLACE OF EMPLOYMENT				WORK PHONE		
MEDICAL	<b>DOES YOUR CHILD HAVE ANY ALLERGIES, DRUG SENSITIVITIES, MEDICAL CONDITIONS OR MEDICATIONS?</b>						
	If your child has an inhaler, is it a rescue inhaler that may need to be used at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	<b>PLEASE NOTE:</b> If your child has any medication that may be needed during the day (i.e. Epi-Pen, inhaler), you <b>MUST</b> submit an "Authorization to Administer Medication" form and bring the medication to camp on your child's first day						
	PHYSICIAN NAME				PHYSICIAN PHONE		
EMERGENCY	<input type="checkbox"/> My child is enrolled in the SAGE program for 2025-2026 school year						<b>All paperwork must be on file before child can attend.</b>
	<input type="checkbox"/> My child came to Camp Ulbrich 2025 and has a physical on file						
	<input type="checkbox"/> I will provide a copy of my child's latest physical at registration						
	<b>PERSONS TO WHOM CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS)</b>						
EMERGENCY	NAME		PHONE 1		PHONE 2		RELATIONSHIP
	NAME		PHONE 1		PHONE 2		RELATIONSHIP
	<b>PERSONS TO WHOM CHILD MAY NOT BE RELEASED (MUST PROVIDE DOCUMENTATION)</b>						
	NAME		RELATIONSHIP				

**PLEASE READ CAREFULLY BEFORE SIGNING. SIGNATURE IS REQUIRED FOR APPLICATION.**

- I understand that the Wallingford Family YMCA ("YMCA") does not cover participants with health or accident insurance. I specifically assume all risk of injury arising out of the participant's presence on the premises of the YMCA, use of its equipment or facilities and participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns hereby waive, release and agree to hold free from claims arising out of damages for the YMCA and its officers, directors, members, employees or agents. I understand the risk and dangers involved in participating in such programs and it is my opinion my child's health will allow him/her to safely participate in activities. I also give my permission for certified staff and or licensed medical staff to treat my child through hospitalization, injection, anesthesia or surgery.
- I give permission to the program to use without limitation or obligation my child's photograph, film footage or tape recordings which may include images or voice recordings in YMCA promotional materials.
- I agree that the participant will uphold and abide by the rules and regulations adopted by the YMCA and I recognize that they reserve the right to dismiss or suspend the participant at any time if, in the judgment of the Camp Director, such action is in the best interest of the program.
- I give permission for my child to attend field trips to Doolittle Park, the Rotary YMCA Teen Center, the YMCA KinderHouse and the Wallingford Family YMCA for camp activities. I understand that my child will walk to and from each activity.

Parent/Guardian Signature

Date