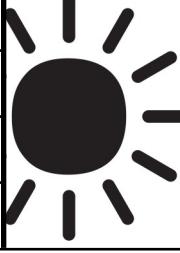


CAMPER	NAME				 <p>AGE GROUP</p> <p><input type="checkbox"/> RASCALS (entering K)</p> <p><input type="checkbox"/> ALL-STARS (entering Grades 1-5)</p> <p><input type="checkbox"/> ADVENTURTEENS (entering Grades 6-9)</p>					
	BIRTHDAY	AGE	<input type="checkbox"/> M	<input type="checkbox"/> F						
	ADDRESS									
	CITY	STATE	ZIP							
	SCHOOL	GRADE IN FALL	SHIRT SIZE							
SESSION 1 June 22-July 3		SESSION 2 July 6-17		SESSION 3 July 20-31		SESSION 4 August 3-14		SESSION V August 17-21		
<input type="checkbox"/> WEEK 1 WL <input type="checkbox"/> WEEK 2 WL <input type="checkbox"/> BEFORE CAMP WL <input type="checkbox"/> AFTER CAMP WL		<input type="checkbox"/> WEEK 1 WL <input type="checkbox"/> WEEK 2 WL <input type="checkbox"/> BEFORE CAMP WL <input type="checkbox"/> AFTER CAMP WL		<input type="checkbox"/> WEEK 1 WL <input type="checkbox"/> WEEK 2 WL <input type="checkbox"/> BEFORE CAMP WL <input type="checkbox"/> AFTER CAMP WL		<input type="checkbox"/> WEEK 1 WL <input type="checkbox"/> WEEK 2 WL <input type="checkbox"/> BEFORE CAMP WL <input type="checkbox"/> AFTER CAMP WL		<input type="checkbox"/> WEEK 1 WL <input type="checkbox"/> BEFORE CAMP WL <input type="checkbox"/> AFTER CAMP WL		
Child Primarily Resides With: <input type="checkbox"/> P/G 1 <input type="checkbox"/> P/G 2 <input type="checkbox"/> Both <input type="checkbox"/> Other _____										
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	DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICATIONS, PHYSICAL/EMOTIONAL DIFFICULTIES, AND/OR MEDICAL CONDITIONS?									
	Has your child ever been stung by a bee? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have any emergency medication (i.e. EpiPen, inhaler) that may need to be used at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you must submit an "Authorization to Administer Medication" form for each medication needed and bring them to camp on your child's first day									
	PHYSICIAN NAME					PHONE				
	PERSONS TO WHOM CHILD MAY BE RELEASED TO (OTHER THAN PARENTS/GUARDIANS) - TWO REQUIRED									
	NAME		PHONE 1		PHONE 2		RELATIONSHIP TO CAMPER			
NAME		PHONE 1		PHONE 2		RELATIONSHIP TO CAMPER				
NAME		PHONE 1		PHONE 2		RELATIONSHIP TO CAMPER				
PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY (WHEN PARENTS CANNOT BE REACHED) - TWO REQUIRED										
NAME		PHONE 1		PHONE 2		RELATIONSHIP TO CAMPER				
NAME		PHONE 1		PHONE 2		RELATIONSHIP TO CAMPER				
PERSONS TO WHOM CHILD MAY NOT BE RELEASED (MUST PROVIDE DOCUMENTATION)										
NAME		RELATIONSHIP								

CAMP ULBRICH 2026

RATES	Before Camp Care (7:00-9:00AM) \$130 (\$5 \$65)	Basic Camp (9:00AM-4:00PM) YMCA Member: \$500 Program Member: \$542 (SESSION 5 YMCA Member: \$250 Program Member: \$271)	After Camp Care (4:00-6:00PM) \$130 (\$5 \$65)							
	Prices are per session. Two week sessions that are split are \$310 for YMCA Members and \$336 for Program Members A 10% sibling discount applies for siblings attending the same camp sessions. There is a \$50 deposit required for each session of camp your child is attending.									
PAYMENT	Who will be Responsible for Payment? (If both, each parent must sign form) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other _____									
	Payment Options <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> AUTOMATIC DRAFT You will be drafted the Friday before each session your child is enrolled.</td> <td style="width: 50%;"><input type="checkbox"/> PAYMENT PLAN Draft form MUST be completed. You will be drafted your specified amount the 1st of the month.</td> </tr> <tr> <td><input type="checkbox"/> USE MY ACCOUNT ON FILE Last 4 Digits of Card/Account: _____</td> <td>Final payment MUST occur in the month your child is attending camp.</td> </tr> <tr> <td colspan="2">Signature: _____</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> BILL ME Bills are sent for the entire summer 2 weeks before the start of camp. You are responsible for submitting the payment or contacting us to make the payment directly. This is not an automatic draft. Payment is due the FRIDAY (10 DAYS) before each session your child is enrolled.</td> </tr> </table>			<input type="checkbox"/> AUTOMATIC DRAFT You will be drafted the Friday before each session your child is enrolled.	<input type="checkbox"/> PAYMENT PLAN Draft form MUST be completed. You will be drafted your specified amount the 1st of the month .	<input type="checkbox"/> USE MY ACCOUNT ON FILE Last 4 Digits of Card/Account: _____	Final payment MUST occur in the month your child is attending camp.	Signature: _____		<input type="checkbox"/> BILL ME Bills are sent for the entire summer 2 weeks before the start of camp. You are responsible for submitting the payment or contacting us to make the payment directly. This is not an automatic draft. Payment is due the FRIDAY (10 DAYS) before each session your child is enrolled.
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<input type="checkbox"/> USE MY ACCOUNT ON FILE Last 4 Digits of Card/Account: _____	Final payment MUST occur in the month your child is attending camp.									
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PLEASE READ CAREFULLY BEFORE SIGNING. SIGNATURE IS REQUIRED FOR APPLICATION.

- I will provide an up-to-date immunization record, camp medical examination form and proof of medical insurance before my child can attend camp.
- I understand that the Wallingford Family YMCA does not provide health/accident insurance.
- **My deposit of \$50 per session is non-refundable and non-transferable.** Camp fees must be paid in full one week prior to the start of each session. Participants may not attend the session if payment in full is not received. Camp fees (excluding deposits) may be refunded with proof of medical ineligibility.
- Session changes after June 10, 2026 will result in a \$20 change fee. Changes must be made two weeks prior to the start of the session.
- 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 Wallingford Family YMCA participant will uphold and abide by the rules and regulations adopted by the Wallingford Family 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.
- Any participant who is dismissed or leaves early from the program for any reason, and at any time, will not receive a refund – partial or otherwise. It is the Wallingford Family YMCA's expectation that all campers will complete the program.
- Participant specifically assumes all risk of injury arising out of his/her presence on the premises of the Wallingford Family YMCA ("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 agree not to participate in any activity that may injure myself or others.
- I give permission for my child to attend field trips to Bertini Park, 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. Transportation to Bertini Park or any other off-site locations will be provided by Specialty Transportation.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



WALLINGFORD FAMILY YMCA CAMP ULRICH 2026



YOUTH CAMP HEALTH EXAM/RECORD

TO BE COMPLETED BY PARENT OR GUARDIAN

CAMPER NAME

BIRTHDATE

PARENT/GUARDIAN

PHONE

ADDRESS

CITY/ST/ZIP

EMERGENCY CONTACT

PHONE

SPECIAL HEALTHCARE NEEDS & ACCOMMODATIONS

It is our hope that every camper feels safe, secure & understood and we will make every reasonable accommodation needed for a camper to succeed at here at Camp Ulrich. **Let us know if special provisions are needed to enable your child to fully participate and if there are certain situations that may cause your child difficulty. How can we help your child in these situations?**

NOTE: If a camper has a special health care need or disability that requires special care be taken or provided during the time they are at camp, an individual plan of care (IPC) will be developed with the parent(s)/guardian(s) & health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by a parent/guardian and staff responsible for the care of the camper.

AUTHORIZATION FOR SUNSCREEN ADMINISTRATION BY CAMP STAFF

(IF NECESSARY)

I hereby request that **sunscreens** be administered to my child by a YMCA staff member at Camp Ulrich while they are enrolled in camp. The sunscreen will be administered to any exposed skin as needed for sun protection, and reapplied after extended sun exposure or swimming. I understand that that I must supply the sunscreen in the original container labeled with my child's name. By signing below, I affirm that I have administered the sunscreen provided to my child without adverse side effects.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT OR GUARDIAN MEDICAL AUTHORIZATION

(REQUIRED FOR ALL PERSONS UNDER THE AGE OF 18)

By signing below, I attest that this health history is correct so far as I know, and my child named previously has permission to participate in all camp activities except as noted by me or the physician. If I cannot be reached in an emergency, I hereby give permission for the YMCA staff and/or physician selected by the Camp Director to hospitalize, secure medical treatment for and order injection, anesthesia or surgery for my child as named previously.

PARENT/GUARDIAN SIGNATURE

DATE