

Camp Power and Power UP are collaborative summer programs for youth. Camp Power (5-10-years old) and Power UP (11+ years old) programs are available ONLY to residents of University Village.

Camp Power & Power Up programs will run from 11:30am-4:00pm Monday-Thursday.

Included in the programs:

- Summer Lunch program
- Structured physical activities
- Sports skills development
 - Nutrition education
- Fieldtrips with NIU athletics and the larger community
 - Work with community gardens
- Curriculum-based games and activities and more!

Camp Power and Power UP will run June 14th-August 6th

Typical Daily Schedule:

11:30am	Camp Begins: sign-in of campers by authorized adult
11:30am	Lunch in the picnic area near the UV office
12-2pm	Activities on UV property and at Welsh Park
2-2:15pm	Healthy snack
2:00- 4:00pm	Games & Activities, Nutrition Education
4:00pm	Camp Ends: pick-up by authorized adult

Registration forms are due to University Village office by May June 7th.

**Camp Power Registration 2021
Kishwaukee Family YMCA**

Instructions:

1. **Please complete a separate form for each child.**
2. Fill out registration form completely.
3. Please use your child's grade they will be entering in Fall 2021.
4. Return completed registration form to University Village office by Sunday, June 7th.



PARTICIPANT EMERGENCY INFORMATION PACKET

My child will attend: Camp Power (Must be at least 5 years old by June 1, 2021)

Power Up (11-15-year-olds)

CHILD'S PERSONAL INFORMATION (PLEASE PRINT)

Name _____ Birthdate _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip _____

Family Email Address _____

Child /lives with: Both Parents Mother Father Other _____

Ethnicity: Caucasian African American Hispanic Asian or Pacific Islander Other _____

Grade entering in Fall 2021: _____

PRIMARY PARENT/GUARDIAN INFO MOTHER FATHER OTHER _____ Parent/Guardian

Name _____ Birthdate _____ Gender _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Cell Phone _____

Employer _____ Title _____ Work Phone _____

Ethnicity: Caucasian African American Hispanic Asian or Pacific Islander Other _____

SECONDARY PARENT/GUARDIAN INFO MOTHER FATHER OTHER _____

Parent/Guardian Name _____ Birthdate _____ Gender _____

Address _____ City _____ State _____ Zip _____

Email Address _____ Cell Phone _____

Employer _____ Title _____ Work Phone _____

Ethnicity: Caucasian African American Hispanic Asian or Pacific Islander Other _____

How did you hear about CAMP POWER?

My child has attended in previous years.

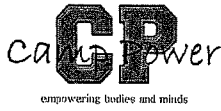
My child attends YMCA Before and After Care at school site.

YMCA Flyer or Postcard

YMCA Website

Social Media: Facebook, Instagram, Twitter, etc.

Family or friend referral



ADULTS AUTHORIZED TO PICK-UP/EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN (Minimum 2 Required)

	Name/Age	Relationship	Address	Preferred Phone
1.				
2.				
3.				
4.				
5.				

AUTHORIZED PICK-UP/EMERGENCY PICK-UP: I, _____
authorize the people listed above to pick up my child and be contacted in the event of an emergency from the Kishwaukee Family YMCA. Attempts will be made to reach the parent/legal guardian(s) first. Initials _____

UNAUTHORIZED PICK-UP: (People who CANNOT pick up your child from Day Camp:)

- Name _____ Relationship _____
- Name _____ Relationship _____

PARTICIPANT MEDICAL INFO

Please answer the following questions so that we can better serve your child in programs. Any information that you choose to disclose is confidential.

1. While in Day Camp, are there any health conditions that you would like us to be aware of?
 No Yes _____

2. While in Day Camp, will your child need to take medication?
 No Yes _____ *Must fill out Medication Authorization Form

3. While in Day Camp, are there any allergies we should be aware of?
 No Yes _____

Allergic Reaction: _____

Treatment: _____

*Epi-pens require Medication Authorization Forms.

4. Does your child require a modification, due to a disability, in order to participate in Day Camp?
 No Yes Please describe _____

(Questions, please contact Melissa Johnson at mjohnson@kishymca.org.)

5. Are there activities your child should be exempt from due to medical reasons?
 No Yes Please list: _____

6. Are all immunizations up to date?



No (Must provide exemption letter. Yes, Date of last Tetanus Shot _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? No Yes

If Yes, please indicate carrier or plan name _____ Group # _____
Carrier Address _____ City/State/Zip _____
Name of Insured _____ Relationship to Participant _____
Primary Doctor _____ Phone Number _____

I certify that _____ has been examined by a licensed physician in the past 12 months and is able to participate in the Kishwaukee Family YMCA Summer Day Camp program. The above medical information is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and field trips, except noted by examining physician and me.

Parent/Legal Guardian Signature _____ Date _____

PARTICIPANT PERSONAL INFORMATION

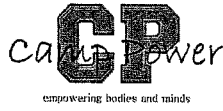
Swimming Ability: Non-Swimmer Fair Swimmer Good Swimmer

Please Describe your child's social interactions with children of the same age _____

How would you describe your child's personality? _____

Does your child have any fears we should be aware of?

Is there any other information that you would like to share so that we may better understand and work with your child?



PARENT AGREEMENT/CONSENT

Please initial on each line below to indicate you have read and agree to each statement:

___ **SUNSCREEN:** I agree to apply sunscreen to my child prior to drop-off. I agree to provide sunscreen for my child, and for day camp staff to apply sunscreen during the day. I understand that weather permitting, my child will be spending the majority of time outdoors.

___ **TRANSPORTATION:** I give permission for my child to go on walking trips and field trips with Day Camp Staff. I also give permission for my child to be transported in authorized buses for field trips. Parents/Guardians will be informed of all planned field trips.

___ **PHYSICAL ACTIVITIES:** I give permission for my child to participate in physical activities, such as sports and swimming, during the Day Camp program hours. I understand that physical activity is a regular part of the Day Camp program.

___ **MOVIES:** I give my child permission to view a Director approved G or PG rated movie, though it is not part of the regularly scheduled curriculum.

___ **PHOTO RELEASE:** The Kishwaukee Family YMCA is hereby granted permission to use any individual or group photos/videos showing my child participating in YMCA activities for use in public relations, social media, promotional or advertising purposes. (If not, please contact Heather at hdunker@kishymca.org to have your child placed on the No Photo Release list.

___ **CUSTODY:** YMCA staff are not trained to review legal documents or court decrees. Decisions regarding authorized pick-up will be governed by the persons listed in this document. All authorized pick-up persons must be 18 years or older, and have a valid picture ID.

___ **CHARACTER CONTRACT:** I have read and understand the YMCA behavior policy. My child and I have read and understand the character contract.

___ **POLICIES AND PROCEDURES:** I have read and understand and adhere to the policies and procedures contained in the Parent Handbook.

___ **SIGN-IN/PICK-UP:** I understand that Camp Power runs best when children are registered, and attendance changes are communicated to Camp Power staff in advance. Registration and Emergency Information Packet forms are necessary and required to be completed and turned into the University Village Office. I cannot sign-in my child if their registration is not current, and that Day Camp Staff will immediately require me to complete a registration packet.

I have read the above statements and fully agree to its terms. I have also received, read, and accept the **Policies and Procedures** listed in the Parent Handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Kishwaukee Family YMCA from any and all claims or demands, cost or expense arising out of any injuries, damages, or other losses, whether personal or property, sustained by me or any party who I am responsible.

Parent/Legal Guardian Signature _____ Date _____

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...

...the ... of ...



Camp Power Registration 2021

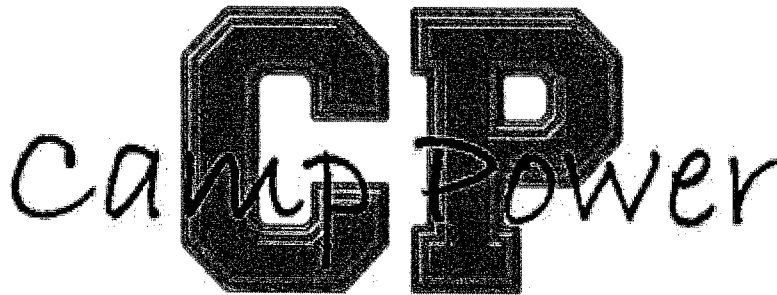
Kishwaukee Family YMCA

Camper Name _____	Gender _____	Birthdate _____
Parent Name _____	Parent Birthdate _____	
Address _____		City/State/Zip _____
Home Phone _____	CellPhone _____	
Family Email _____	Camper Grade Fall 2021 _____	
T-Shirt Size YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL		

Camp Power (K-5) Power Up 6th - 9th

<input type="checkbox"/> Week 1 (June 14-17)	<input type="checkbox"/> Week 2 (June 21-24)	<input type="checkbox"/> Week 3 (June 28-July 1)
<input type="checkbox"/> Week 4 (July 5-8)	<input type="checkbox"/> Week 5 (July 12-15)	<input type="checkbox"/> Week 6 (July 19-22)
<input type="checkbox"/> Week 7 (July 26-29)	<input type="checkbox"/> Week 8 (August 2-6)	

Forms can be submitted to the University Village Office, the front desk of the Kishwaukee Family YMCA, or via e-mail to Jen Lucchesi, childcare coordinator, at jenl@kishymca.org . Thank you!



empowering bodies and minds

Camp Power BBQ Kickoff Party
Thursday, June 3rd
5:30-7:30 pm

Yes, we will be attending!

No, I cannot attend.

