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. **<u>Please complete a separate form for each child.</u>**
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.

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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

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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:)

1. Name_____Relationship_____
2. 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?

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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_____

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**

☐ **Week 1 (June 14-17)**	☐ **Week 2 (June 21-24)**	☐ **Week 3 (June 28-July 1)**
☐ **Week 4 (July 5-8)**	☐ **Week 5 (July 12-15)**	☐ **Week 6 (July 19-22)**
☐ **Week 7 (July 26-29)**	☐ **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!

Camp Power

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.**