



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CONTACT INFORMATION

Child's Name: _____

Additional Child's Name: _____

Additional Child's Name: _____

Parent's Contact

Mother's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Father's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

If neither parent can be reached, this person may act on my behalf:

Name: _____

Phone: _____

Relationship: _____

Medication (to be used at camp): _____

Permission to dispense: _____

Medications must be in the original bottle from the pharmacy (with original label).

ADDITIONAL AUTHORIZED PICK UP

PASSWORD _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

YMCA OF ELKHART COUNTY

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