



**YMCA Trinidad & Tobago**  
**We Build**  
**Strong Individuals**  
**Strong Families**  
**Strong Communities**

**Official use only**

Payment of registration fees

Yes  No

Receipt# \_\_\_\_\_

Initials \_\_\_\_\_

**CAMP APPLICATION**

**Camp 9:00 am – 3:00pm**

**Supervision: 7:30am – 5:00pm**

**Please fill out completely in BLOCK Letters, so that your application can be processed promptly.**

**TYPE OF CAMP (Please tick ONE)**

Easter  Summer  Christmas

**PARTICIPANT'S INFORMATION**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address:

\_\_\_\_\_

Does the child suffer from any allergies or Medical Condition(s)? Yes  No

If Yes, please explain, detailing any medication.

\_\_\_\_\_

**PARENT/GUARDIAN**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Office: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Persons to whom we may release the participant to:

1. \_\_\_\_\_
2. \_\_\_\_\_

***Please notify us at least 3 hours in advance when sending non-authorized persons to collect your son/daughter***

***There are fees in place for Pick-ups after 5pm***

**EMERGENCY CONTACT**

(Other than in your household) *Required for all*

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Office: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**I do hereby consent that \_\_\_\_\_, (a minor) is allowed to attend YMCA's  
**Camp.****

Signature \_\_\_\_\_ Date \_\_\_\_\_