

Pioneer Trails Day Camp

PARENT AGREEMENT

Name of Child _____

I acknowledge that I have received and read the Parent Handbook and I am fully aware of the policies and rules of the West Essex YMCA Pioneer Trails Day Camp. Any questions have been answered to my satisfaction by the YMCA staff.

Please retain the Parent Information Guide for your records. The registration process is not complete until fees are paid in full and the following forms are completed and returned to the West Essex YMCA:

- Medical Release Form Parent Agreement

I also agree to complete the Permission to Give Medication Form and Permission to Walk Home Form if applicable for my child.

All paperwork must be completed and returned to my attention by June 1st, 2010 or your child's camp start date will be affected.

By signing below, I (we) understand and agree to accept the terms and conditions of the following YMCA policies listed in the Parent Information Guide:

- Program Policies
- Safety Rules for the Pool and Bus Trips
- Policy on the Release of Children
- Discipline and Expulsion Policy
- Policy on Illnesses and Communicable Diseases

Parent/Guardian Signature

Date

Send completed paperwork to:

West Essex YMCA
321 S. Livingston Ave, NJ 07039
(973) 992-7500 FAX: (973) 992-7680

