



# 2026 SUMMER CAMP REGISTRATION FORM

Please submit a completed packet to the Newport County YMCA  
Welcome Center or email [campregistration@newportymca.org](mailto:campregistration@newportymca.org)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian/Authorized Pickup #1 \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone# (cell) \_\_\_\_\_ Phone# (work) \_\_\_\_\_

Parent/Guardian/Authorized Pickup #2 \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone# (cell) \_\_\_\_\_ Phone# (work) \_\_\_\_\_

Is there any court order relating to the child's custody? CHECK: ☐ YES ☐ NO

(if yes, please provide proper documentation)

**EMERGENCY CONTACTS:** List 2 other contacts who could be called during camp hours in case of illness or emergency if you cannot be reached.

The names listed below are additional individuals authorized to pick up your child:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

## WAIVER OF LIABILITY

Please read carefully before signing. By signing below, you understand and accept all terms and conditions of this application.

1. My child has permission to participate in fill camp activities: I authorize emergency medical treatment and transportation if the YMCA deems it necessary.
2. I understand that my child is to abide by fill camp rules and treat other campers and staff with respect: failure to comply with this standard may result in dismissal from camp.
3. I authorize camp staff who are trained in the basics of first aid and CPR to give my child first aid/CPR when appropriate.
4. I give permission for my child to be photographed for YMCA promotional purposes.

PLEASE CHECK: ☐ YES ☐ NO

My signature indicates that as a parent guardian of the applicant, I hereby grant permission for my child to participate in camp at the Newport County YMCA, and represent that my child is physically able to participate in camp activities. In consideration of the applicant's being allowed to participate in the camp, thereby release the Newport County YMCA, it employees, and officers from all claims resulting from illness, injuries, or other damage, which may be sustained by the child during attendance at camp. I furthermore agree and promise that I will not hold the Newport County YMCA or any of the above parties responsible in this respect.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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Newport County YMCA

## MEDICAL HISTORY

I have attached a copy of my child's immunization records (required). CHECK: ☐ YES ☐ NO

Does your child have any allergies? CHECK: ☐ YES ☐ NO

If YES, does your child require an epi-pen? CHECK: ☐ YES ☐ NO

If you answered YES to any of the above questions, please list allergies and reactions below (please provide note from child's physician):

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Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*If your child requires any additional behavioral needs, please complete an additional behavior sheet found on our website.

DHS # (if applicable) \_\_\_\_\_

\*DHS participants must submit completed packet; no online registration.

Please note: payment information is required for potential co-pay. Our office will email if there will be a co-pay required.

If your child does not attend camp by Tuesday each week, without notification to [katieb@newportymca.org](mailto:katieb@newportymca.org), they will be removed from any remaining registered camp weeks.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## PAYMENT METHOD

Complete one method of payment to be charged at the time of registration.

Name on Acct \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank Acct# \_\_\_\_\_ Routing# \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CHECK: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

YMCA Staff Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# CAMP REGISTRATION

CAMP SELECTION	Week 1: 6/22–6/26	Week 2: 6/29–7/3	Week 3: 7/6–7/10	Week 4: 7/13–7/17	Week 5: 7/20–7/24	Week 6: 7/27–7/31	Week 7: 8/3–8/7	Week 8: 8/10–8/14	Week 9: 8/17–8/21	Week 10: 8/24–8/28	Week 11: 8/31–9/4
Traditional Ages 5–13											
Half-Day Camp Ages 5–13											
JR Aquatics Ages 6–9											
Water Sports Ages 10–13											
Jr Gymnastics Ages 5–7											
Gymnastics Ages 8–12											
Lil' Ninja Ages 5–7											
NinjaZone Ages 8–12											
Sports Ages 8–13											
Outdoor Adventure Ages 8–13											
Camp Curious Minds Ages 7–11											
Hooked on Farming Camp Ages 8–11											
Counselors in Training Grades 8–9											
Extended Care– AM/PM											

## FINANCIAL ASSISTANCE AVAILABLE

No one will be denied the opportunity to participate in YMCA activities due to an inability to pay program or membership fees. Confidential scholarship assistance is available.

## FINANCIAL ASSISTANCE DEADLINE: JUNE 1, 2026

In order to receive assistance, you must complete a camp financial assistance application packet. Along with the packet, you must submit two of the following income verifications when you apply:

- Federal Income Tax filing for previous year
- Most recent unemployment check stubs
- Two months of paycheck stubs
- Two months of bank statements
- Current statement of award of benefits

Download the form on our website at [newportymca.org/financial-aid](http://newportymca.org/financial-aid) or stop by the YMCA and pick a form up at the Welcome Center. Send completed applications by email to [campregistration@newportymca.org](mailto:campregistration@newportymca.org)

## REGISTER ONLINE!



\*DHS applicants must complete a physical registration form and submit it to the Welcome Center or email [campregistration@newportymca.org](mailto:campregistration@newportymca.org)