



2026 SUMMER CAMP

ATHENA WEEKS & THEMES

Please mark the weeks you plan for your child to attend.

Child's Name: _____

SCHOOL AGE: K – Entering 5TH Grade

MON-THU: Full Day (7:30am-3:00pm) at \$75 per week

LOCATION: Athena Elementary School

- **Week 1: 6/22-6/25 – FUN-damentals**
- **Week 2: 6/29-7/2 – Wild World Wonders**
- **Week 3: 7/6-7/9 – Squishy Science**
- **Week 4: 7/13-7/16 – Nature Explorers**
- **Week 5: 7/20-7/23 – Aqua Marine Adventures**

Please consider family vacation plans when enrolling.

For questions, contact Kim Huling: 509.525.8863 x2000 | khuling@wwymca.org

Must be enrolled in Athena-Weston School District.



2026 SUMMER CAMPS

OREGON PRE-REGISTRATION

The Y seeks grant funding to reduce or eliminate summer camp fees for families.
Final registration will occur once weekly costs are determined.

CAMPER'S LAST NAME, FIRST, INITIAL

DATE

Select one:

LITTLE EXPLORERS

PreK ½ Day

PreK Full Day

SCHOOL AGE

Entering K – 4TH

ATHENA

K – Entering 5TH

Shoe Size: _____

Please print clearly. Complete all blanks on this form. If there is a blank that is not applicable, write N/A in that blank. Incomplete forms cannot be accepted and we are unable to accept children into programs until all paperwork has been submitted. Print completed registration form, sign all applicable pages, and bring to the Walla Walla YMCA or our Freewater School office to complete registration. If you have any questions about completing this form, please contact the Y.

1 | CHILD'S INFORMATION

Full Legal Name _____ Preferred Name/Nickname _____

Address (physical and mailing, if different) _____ City _____ State _____

ZIP _____ Phone _____ School _____

Grade Entering _____ Age _____ Date of Birth _____ Other Schools/Programs Concurrently Attending _____

Gender _____ Email _____

2 | PARENTS/GUARDIANS In an emergency, contacts will be called in the order listed below.

Parent/Guardian Name _____ Date of Birth _____ Best Daytime Emergency Phone _____

Home Address _____ City _____ State _____

ZIP _____ Employer Name _____ Employer Address _____

Employer Phone _____ Email and Alternate Phone(s) or Contact Methods _____

Parent/Guardian Name _____ Date of Birth _____ Best Daytime Emergency Phone _____

Home Address _____ City _____ State _____

ZIP _____ Employer Name _____ Employer Address _____

Employer Phone _____ Email or Alternative Phone(s) or Contact Methods _____

3 | EMERGENCY MEDICAL CONTACTS Please list two ADDITIONAL contacts in the event a parent/guardian cannot be reached.

Emergency Contact Name 1 _____ Best Daytime Emergency Phone _____

Address _____ City _____ State _____

ZIP _____ Relationship to Child _____ Email and Alternate Phone(s) or Contact Methods _____

Emergency Contact Name 2 _____ Best Daytime Emergency Phone _____

Address _____ City _____ State _____

ZIP _____ Relationship to Child _____ Email and Alternate Phone(s) or Contact Methods _____

4 | AUTHORIZED PERSONS

Please list who you authorize to pick up your child in the event you cannot (in addition to the Parents/Guardians and Emergency Contacts listed above). Max of eight persons total.

Authorized Person Name _____ Phone _____

Authorized Person Name _____ Phone _____

Authorized Person Name _____ Phone _____

Authorized Person Name _____ Phone _____

Authorized Person Name _____ Phone _____

Authorized Person Name _____ Phone _____

Authorized Person Name _____ Phone _____

Authorized Person Name _____ Phone _____

Persons NOT Authorized for Pickup (appropriate legal paperwork must be on file with the YMCA for the custodial parent to list another parent):

5 | MEDICAL INFORMATION

Child's Doctor

Doctor Phone

Doctor Address

City

State

ZIP

Medical Insurance Provider

Policy Number

Date of most recent Physical Exam

Medical Facility Preference for Emergency Treatment

6 | ADDITIONAL INFORMATION

I **[GIVE]** **[DECLINE]** permission for my child to participate in food-related activities and special occasions in which food is consumed.

My child **[DOES]** **[DOES NOT]** have a food allergy or dietary restriction and **[MAY]** **[MAY NOT]** participate in food-related activities

Please describe any history of developmental or health problems that could affect the child's participation in Y programs. If none, indicate N/A

Does your child have any allergies and/or intolerances to food, medication, or other substances? List any symptoms and actions to be taken.

If my child DOES have a food allergy or dietary restriction and MAY participate in activities, they MAY NOT eat or handle the following items:

Please list any Schools and Child Care Centers your child has previously attended

Parent/Guardian Signature

Date

7 | PARENT STATEMENT OF UNDERSTANDING

The following is important for the safety and protection of your child. Please read this information and sign below.

- I understand that my child will not be released to any person(s) not listed on the enrollment form.
- I understand that my child will not be released to any person(s) who appears to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA Camp staff member or volunteer is there to receive and supervise my child.
- YMCA staff will sign your child/children in upon arrival each day and sign them out before leaving for the day.
- I understand that my child will not be allowed to leave the program with an unauthorized person.
 - Any person authorized to pick up my child must be listed on this form. Authorization by text or email will not be accepted.
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and program.

I have read and understand the statements above regarding YMCA policies and procedures.

Date

I have received a copy of the YMCA Parent Handbook which includes the bus policy.

Date

I have provided a copy of either my child's physical or immunization records.

Date

8 | STATEMENT OF AUTHORIZATION

1. My child has permission to be transported by a YMCA vehicle and to participate in all YMCA program activities and related field trips.
2. My child has permission to participate in swimming activities.
3. In the event that your child becomes ill during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parent or guardian to arrange for the child to be picked up from the center as soon as possible.
4. In the event that your camper or anyone in the immediate household develops a reportable communicable disease as defined by the State Board of Health, it is the responsibility of the parent to notify the YMCA within 24 hours or the next business day in order for the YMCA to take proper action, except in the case of life-threatening diseases which must be reported immediately.
5. My signature authorizes the management and staff of the Walla Walla YMCA to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. I/we grant permission for emergency medical treatment and/or routine medical care by the YMCA staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, including transportation by ambulance, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases the Walla Walla YMCA from any and all liability and/or financial responsibility for any medical expenses incurred.
6. The parent/guardian authorizes the application of sunscreen for his or her child by YMCA staff.

Assess your child's swimming abilities: (select one)

NON-SWIMMER
NO SWIM EXPERIENCE

BEGINNER
LIMITED INSTRUCTION

INTERMEDIATE
AVERAGE SWIM ABILITY

ADVANCED
SKILLED SWIMMER

Please note any known adverse reactions to any sunscreen brands/active ingredients:

By signing, I am authorizing all of the above.

Date

For office use only:

DATE VIEWED

VIEWED BY

DATE

DATE OF BIRTH

DATE CHILD ENTERED CARE

DATE CHILD WITHDREW FROM CARE

9 | BEHAVIOR AGREEMENT

At the YMCA, we want every day in camp to become a happy memory for your child. We strive to create an environment that will allow your child to thrive. Along with our efforts, we ask that your child help us create a positive environment by following some simple but effective rules. Below is our Behavior Agreement; please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at YMCA Summer Camp. Thank you!

- I will listen to the staff and follow their directions.
- I will respect other people's belongings by not touching/using their stuff without permission.
- I will not hit or fight other people.
- I will not yell while inside the campsite building or other sites and will use my inside voice when speaking.
- I will use words that do not hurt others.
- Before leaving the room or camp site, I will ask a staff member for permission.
- I will respect other's feelings by having a positive attitude when talking with them.



Not abiding by these rules can result in a break from the program. All incidents will be handled on a 3-incident system, except hitting/fighting. Hitting/fighting will be an immediate 1-day suspension from the program.

Parent/Guardian Signature

Date

Camper Signature

Date

9 | PAYMENT AUTHORIZATION

Please fill out details for your desired method of payment. This section is mandatory before application can be accepted.

CREDIT CARD

My preferred draft day is the _____ Day of the Month. I acknowledge that the charges drafted on this day will be for all service provided in that given month. I authorize the YMCA to charge my credit card for camp payments. I understand that I must provide written notice of cancellation.

If at any time there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my credit card draft in order to discontinue the debit.

Select one: AMEX MASTERCARD VISA DISCOVER

NAME AS IT APPEARS ON CARD

CREDIT CARD NUMBER

EXP DATE

BILLING ADDRESS OF CARDHOLDER

CITY

STATE

ZIP

BANK DRAFT

My preferred draft day is the _____ Day of the Month. I acknowledge that the charges drafted on this day will be for all services provided in that given month I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for camp payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge.

If at any time there is to be a change, deletion, or cancellation of my child's camp enrollment, it is to be submitted in writing to the YMCA branch where camp was purchased two weeks prior to the date of my draft in order to discontinue the debit. A voided check is required with all electronic funds transfer (EFT) applications.

NAME OF BANK

ACCOUNT NUMBER

TRANSIT/ROUTING NUMBER

Please Print Name

Signature of Card/Account Holder

Date