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SUMMER MINI CAMPS

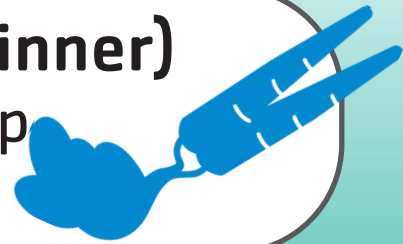
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REGISTRATION STARTS APRIL 13

COOKING Camp (Beginner)

June 8-11 Ages 8 & Up
1:00-3:00pm



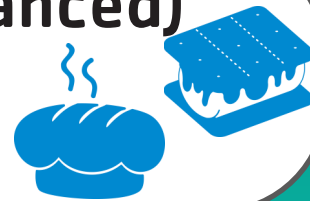
Junior ART Camp

June 22-25 Ages 8 & Up
1:00-3:00pm



COOKING Camp (Advanced)

July 13-16 Ages 9-14
1:00-3:00pm



Members \$40/Community \$55

Camps are held Monday through Thursday

Limited to 15 participants per camp.

All camps will take place at the Bauer Exhibit Building.

CALHOUN COUNTY YMCA

713 Hwy 35 S Port Lavaca TX 77979 361.551.2562



CALHOUN COUNTY YMCA SUMMER MINI CAMPS 2026

This enrollment form must be **COMPLETELY** filled out before we can accept any child for camp.

Fee:	_____
Staff:	_____
Date:	_____

Please make a selection:

Mini Camp

Date/Time

Cost

<input type="checkbox"/> Cooking, Beginner (ages 8 & Up)	June 8-11 from 1:00-3:00pm	\$40 Members/\$55 Community
<input type="checkbox"/> Junior Art (ages 8 & Up)	June 22-25 from 1:00-3:00pm	\$40 Members/\$55 Community
<input type="checkbox"/> Cooking, Advanced (ages 9-14)	July 13-16 from 1:00-3:00pm	\$40 Members/\$55 Community

CHILD'S INFORMATION

Name: _____ Date of Birth: _____ Age: _____ Gender: M or F
 Phone: (____) _____ Address: _____ City: _____ Zip: _____
 Does child have any known allergies _____

PARENT OR LEGAL GUARDIAN INFORMATION

Parent Name: _____ Relation to child: _____ Gender: M or F
 Date of birth: _____ Cell Phone: (____) _____ Work Phone: (____) _____
 Address: _____ City: _____ Zip: _____
 Employer: _____ Email Address: _____
 Authorized to pick up: ___ YES ___ NO*

ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY

Name: _____	Name: _____
Address: _____	Address: _____
Relation: _____	Relation: _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

My child has a regular physician. Below is the information for my physician, clinic/hospital preference:

Child's Doctor: _____ Address: _____ Phone#: _____
 Clinic/Hospital: _____ Address: _____ Phone#: _____

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Signature of Parent or Legal Guardian

Date

