

2026 SUMMER TECH CAMP



REGISTRATION STARTS APRIL 13

Tech Camp teaches children technology skills like coding, game design, robotics, and other STEM activities, providing a fun and engaging environment.

TECH CAMP 1 June 15-26
Ages 9-14 2:00-4:00pm
Members/Community \$100

TECH CAMP 2 July 6-17
Ages 9-14 5:00-7:00pm
Members/Community \$100



CALHOUN COUNTY YMCA

713 Hwy 35 S Port Lavaca TX 77979 361.551.2562



CALHOUN COUNTY YMCA SUMMER TECH 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"/> TECH CAMP 1 (Ages 9-14) | June 16-26 from 2:00-4:00pm | \$100 Members/Community |
| <input type="checkbox"/> TECH CAMP 2 (Ages 9-14) | July 6-17 from 5:00-7:00pm | \$100 Members/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: _____

Address: _____

Relation: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

Relation: _____

Work Phone: _____

Home 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

