Camp Sunrise 2026 Registration Questionnaire

Child's First/Last Name:_____

Please Ensure You Sign Up The Correct Child For The Correct Grade That They Are Going Into In THE Fall Of 2026

1.Grade Entering In The Fall Of 2026

☐ Pre School- 3's ☐ Pre School- 4's ☐ Pre-k ☐ Kindergarten

☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th

2.I Understand That My Child Must Be Potty Trained

(Please type Yes)_____

3.I Understand I Will Contacted for Pick-Up If More Than 1 Toileting Accident Occurs

(Please type Yes) _____

4.I Understand My Child Cannot Attend/Will Be Sent Home Without: A valid Medical Form, Emergency Contact Form, as well as any necessary Medicine with Paperwork.

(Please type Yes)_____

5.Name Friend Requests Your Child Would Like To Be Grouped With

****Requests are NOT GUARANTEED!****_____

6.Any Camper Your Child Prefers Not To Be Placed With, If Applicable.

****Requests are NOT GUARANTEED!****_____

7.Does My Child Require Additional Services At Camp? *

(Please Type No or Yes) _____

If Services Are Needed, Please Explain Below _____

_____

_____

_____

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8.Parent/Guardian's First and Last Names *_____

9.Alternate Pick Up's First and Last Names_____

10.Preferred Email Address for Contact, Camp Info, and Updates *

(If entering multiple email addresses, please separate them with a semicolon and a space. E.g. example1@ymca.org) ***COMPANY EMAILS WILL NOT ACCEPT EMAILS, PLEASE ONLY PUT PERSONAL EMAILS***

_____

11.Preferred Phone Number for Contact. _____

12.Does Your Child Have an Allergy And/or Medical Issue We Should Be Aware Of?

(If yes, please write allergy, medical issue, and any medication we should be aware of. If no, please write none.)

_____

13.Would Your Child Require Any Medication While At Camp Such As Emergency, Routine or Other?

(If yes, please explain. This will include all over the counter medication, e.g. Tylenol. Additional documentation will be required to be filled out by a doctor.)

_____

14.Camper Notes: Please Provide Any Additional, Relevant Info For Staff/Director/First Aiders To Know

_____

15.Do You Give Permission For Your Child To Be Photographed/Videoed At Camp? *

(Pictures & video may be used on social media, around the Y in marketing materials and other publications.)

Please type yes or no_____

16.What Is Your Child's T-Shirt Size? *

- ☐ Youth X-Small
- ☐ Youth Small
- ☐ Youth Medium
- ☐ Youth Large
- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult X-Large
- ☐ Adult 2XL

17.I Acknowledge That I Will Have Read And Agreed To The Handbook And All Policies *

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(Please type Yes)_____

18.By typing yes you agree to have your card charged on May 4, 2026 for the balance.

(Please type Yes)_____

19. Will You Be Providing Outside Support Staff For Your Camper For All Hours Of Their Camp Day?

Those who marked yes will receive an email about potential price adjustment.

(Please type Yes or No)_____

If Yes, Please Provide Agency Contact Information For Support Staff Below

_____

Riverbrook Regional YMCA - Wilton Branch Camp Gordyland Facility Use Permission Agreement and Statement of Understanding

*I give permission for my child to participate in the following activities and **are not limited to,** but may be dependent upon the age restrictions as dictated by Camp Gordyland and CT Camping Regulations: Mini Golf, Low Ropes (teambuilding), High Ropes (Grades 4 & Up), Archery (Grades 3 & Up), Inflatable Water Element (Grades 3 & Up), Corcl, Paddle Boats & Canoes, Beach, Pool, Splash Pad (Ages 3-5), Fishing, Gaga, Picnic Games, Outdoor Adventure, Gordy's Gourmet (Campfire Cooking: Grades 3 & Up), and Sports fields. I give my child permission to participate in special events including **but are not limited to,** Carnival (in which face paint and temporary tattoos may be used), Color Run (in which Colored Powder will be used) please be advised that they will be messy/dirty at pick up; Color Games (in which face paint, hair spray and body paint may be used as determined by the child's preference). It is the parents responsibility to inform the appropriate parties of any allergies or sensitivities to products including but not limited to, face/body paint, hair spray, color powder, or temporary tattoos used during camp programming.*

I understand that the Riverbrook Regional YMCA assumes no responsibility for injuries or illnesses which they may sustain as a result of their physical condition or resulting from their participation in any athletic activities, sports program, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself and my heirs that we assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the Riverbrook Regional YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which they may suffer as a result of their participation in these activities. In an emergency, I authorize the Riverbrook Regional Y to administer first aid by trained staff and to obtain emergency medical treatment for any person listed on this membership. I understand the Wilton Ambulance Corp will be contacted for transportation to Norwalk Hospital Emergency Room. I accept responsibility for all fees incurred in the care and transportation.
I acknowledge this Agreement and accept the Policies set forth above, in the Parent Handbook and on the website and, being in sympathy with the goals and purposes of the Riverbrook Regional YMCA.

*Sign here:*_____