



2017 SUMMER CAMP APPLICATION FORM

Camper's Name: _____ DHS# (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Age: _____ Female [] Male [] Grade entering in September: _____

Are you a Westwood YMCA member? Yes [] No []

Ethnicity: Caucasian [] Hispanic [] Asian [] African American [] Native American [] Other [] _____

Child resides with: _____ Did camper attend last year: Yes [] No []

Parent #1 Name: _____ Cell: _____

Place of Work: _____ Phone: _____

Email address: _____

Parent #2 Name: _____ Cell: _____

Place of Work: _____ Phone: _____

Email address: _____

Does this camper require any special accommodations to participate in camp? Yes [] No [] If yes, please explain: _____

MEDICAL INFORMATION

Please list any allergies to bee stings, foods, health problems, etc.: _____

Is the camper on any medication: Yes [] No [] If Yes, please explain: _____

Will the camper need to take the medicine at camp: Yes [] No [] If yes, you will need to request a medical dispensing form to fill out.

Record of Immunization including date of last tetanus shot: _____

List of current and past medical treatments: _____

Health Insurance Coverage: _____ Policy #: _____

Child's Physician name: _____ Telephone: _____

If the camper's activities should be restricted in any way, please describe: _____

List at two other contacts (relatives, friends, neighbors) who could be called during camp hours in case of illness or emergency, if you cannot be reached. The individuals listed below are the only individuals authorized to pick up your child in addition to the parents. We will not release your child to anyone else without written permission.

1. Name: _____ Phone: _____ 2. Name: _____ Phone: _____

Relationship: _____ Cell: _____ Relationship: _____ Cell: _____

Is there any court order relating to the child's custody? Yes [] No [] If yes, please provide a copy of the court order. All information is kept confidential

***Please notify Westwood YMCA each day the child is not attending camp**

AUTHORIZATION FORM

- The Westwood YMCA does not discriminate on the basis of race, color, sex, handicap, religion or nation origin. The Westwood YMCA reserves the right at its sole discretion to refuse an application or dismiss a youngster from camp. No refund will be made of fees if the youngster has attended any portion of the camping period.
- I give permission for the Westwood YMCA to transport my child off camp property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.
- I authorize the camp management to act as the agent of the parents in an emergency situation for the health and welfare of the camper involved if the services of a physician or hospital are required.
- The YMCA regularly takes photographs of YMCA programs and uses these photographs in promotional material. If you do not wish your child's photo to be used, please initial here. _____

Parent/Guardian Signature: _____

Date: _____

Westwood YMCA, 2093 Harkney Hill Road, Coventry, RI 02816
Phone: (401) 397-7779 • Fax: (401) 397-3930

Office Use Only			
ST	Reg Fee	Memb	PI



REGISTRATION FORM

Camper's Name: _____

	TRADITIONAL			SPECIALTY CAMPS	SPECIALTY CAMPS	SPECIALTY CAMPS
	Rainbow	Exploration	Adventure			
Grades	K - 2	3 - 5	6 - 8	3 - 8	4 - 8	8 - 10
JUNE 26 - JUNE 30 WEEK #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Basketball or <input type="checkbox"/> Weird Science	<input type="checkbox"/> Travel	
JULY 3 - JULY 7 WEEK #2 No Camp July 4th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
JULY 10 - JULY 14 WEEK #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drama or <input type="checkbox"/> Fishing	<input type="checkbox"/> Travel	
JULY 17 - JULY 21 WEEK #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cooking or <input type="checkbox"/> Multi Sports	<input type="checkbox"/> Travel	<input type="checkbox"/> Adventure
JULY 24 - JULY 28 WEEK #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tennis or <input type="checkbox"/> Golf	<input type="checkbox"/> Travel	<input type="checkbox"/> Multi-Sports
JULY 31 - AUGUST 4 WEEK #6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Basketball or <input type="checkbox"/> Bike	<input type="checkbox"/> Travel	
AUGUST 7 - AUGUST 11 WEEK #7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Weird Science or <input type="checkbox"/> Drama or <input type="checkbox"/> Surf	<input type="checkbox"/> Travel	
AUGUST 14 - AUGUST 18 WEEK #8 No Bus Transportation Aug 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cooking or <input type="checkbox"/> Fishing	<input type="checkbox"/> Travel	<input type="checkbox"/> Surf-Adventure
AUGUST 21 - AUGUST 25 WEEK #9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bike or <input type="checkbox"/> Multi Sports	<input type="checkbox"/> Travel	

Before & After Camp at Westwood YMCA

<input type="checkbox"/> Drop off 6:30 - 9:00am <input type="checkbox"/> Pick up 4:15 - 6:00pm

OR

See Bus Schedule Morning Bus Location _____ Code # _____ Afternoon Bus Location _____ Code # _____
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A late fee of \$10 will be charged if your child is picked up between 6:00pm and 6:15pm and an additional \$1 fee will be charged for every minute thereafter.
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CAMPER WAIVER

Name of Child(ren) _____

In attending the Westwood YMCA and using its facilities and equipment I agree that I am doing so at my own risk. The YMCA shall not be liable for any damages arising from the personal injuries sustained by me on the premises of the YMCA. I assume full responsibility for any injuries sustained by me on the premises of the YMCA. I release and discharge the YMCA, its directors and employees from any claims resulting from my use of the facilities and equipment of the YMCA. I represent that I am in good physical condition and I have no disability or impairment preventing me from engaging in an active or passive activity that would be detrimental to my health, safety, or physical condition. If I do so engage or participate, I agree that I am responsible for any damages caused by me to the facilities or equipment of the YMCA.

Signature: _____ Date: _____

Campers will participate in many if not all of the following activities throughout the summer; swimming, diving, nature walks, fort building, canoeing, kayaking, water rope swing, group games and sports, playground use, arts and crafts. I give permission for my child to participate in all day camp activities.

Initial here

The YMCA regularly takes photographs of YMCA programs and uses these photographs in promotional material. I do not wish to have my child's photo used.

Initial here

I give permission for the Westwood YMCA staff to apply sunscreen to my child. Please supply your child with sunscreen labeled with his/her name.

Initial here

WESTWOOD YMCA FAMILY MEMBERSHIP

What Does a Westwood YMCA Membership Include?

- Membership applies to the entire family
- Daily use of Westwood facilities for 1 year
- All programs at member rates
- (2) one-time use guest passes
- Discount on Family Camping and Rentals
- Member rates for programs at all other YMCAs in Association (includes Pawtucket Family YMCA, MacColl YMCA, Woonsocket YMCA and Heritage Park YMCA)



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FAMILY MEMBERSHIP FEE: \$242.00 or \$20.16/mo. - Monthly drafts must fulfill 1 year (12 drafts) before cancelling in writing

Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Ethnic Origin _____

Father's Place of Business _____ Work# _____

Email Address _____ Cell# _____

Mother's Place of Business _____ Work # _____

Email Address _____ Cell # _____

Members: 2 Adults and their related children up to the age of 23 living at the same address

1. **Father's Name** _____ **Birth Date** _____

2. **Mother's Name** _____ **Birth Date** _____

3. **Child's Name** _____ **Birth Date** _____

4. **Child's Name** _____ **Birth Date** _____

5. **Child's Name** _____ **Birth Date** _____

6. **Child's Name** _____ **Birth Date** _____

OFFICE USE ONLY

Date Amount MemberST Car Passes Guest Passes Program Book