

# 2017 YMCA SUMMER CAMP REGISTRATION

We must have 2 weeks written notice prior to a child canceling camp or you will be charged the full amount

Please print all information clearly (blue or black pen only)

Camper's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Grade (Fall 2017): \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Ethnicity (optional):

Caucasian \_\_\_\_\_ Latino \_\_\_\_\_ Asian \_\_\_\_\_ African American \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

**1st Parent Name:** \_\_\_\_\_ Cell phone: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**2nd Parent Name** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child resides with: 1st Parent \_\_\_\_\_ 2nd Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Name and phone number(s) of person(s) **other than parents** allowed to pick up your child

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

5. \_\_\_\_\_ Phone: \_\_\_\_\_

**Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.**

## TRANSPORTATION:

Children must be 5 to ride the bus and be enrolled in Sprouts Camp.

**Please indicate the form of transportation, including pick up & drop off.**

Morning Bus Stop Number \_\_\_\_\_ Drop Off Location \_\_\_\_\_ Time \_\_\_\_\_

Afternoon Bus Stop Number \_\_\_\_\_ Pick Up Location \_\_\_\_\_ Time \_\_\_\_\_

(please initial)

NO BUS TRANSPORTATION is necessary. I will be responsible to pick up and drop off my child at:

Drop Off Time \_\_\_\_\_ Pick Up Time \_\_\_\_\_

# 2017 PARENT AUTHORIZATION FORM

*Please print all information clearly*

Name of Camper: \_\_\_\_\_ Today's Date \_\_\_\_\_

The YMCA of Pawtucket, Inc. does not discriminate on the basis of race, color, sex, handicap, religion or national origin. The YMCA of Pawtucket, Inc. reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period.

I understand and accept these guidelines \_\_\_\_\_  
(Parent/Guardian's Signature)

I give the YMCA of Pawtucket, Inc. permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at the YMCA of Pawtucket, Inc. and can be used for promotional purposes without notification.

\_\_\_\_\_  
(Parent/Guardian's Signature)

I give permission for the YMCA of Pawtucket, Inc. 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.

\_\_\_\_\_  
(Parent/Guardian's Signature)

I have received a copy of the YMCA Summer Camp Parent Handbook.

\_\_\_\_\_  
(Parent/Guardian's Signature)

I give permission for the YMCA of Pawtucket to search my child's belongings with the camper present when a health, well-being or safety of the camper or others require it.

\_\_\_\_\_  
(Parent/Guardian's Signature)

I give permission for my child to participate in ALL activities related to camps registered.

\_\_\_\_\_  
(Parent/Guardian's Signature)

# 2017 CAMPER INFORMATION FORM

*Please print all information clearly*

Name of Camper: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper lives with \_\_\_\_\_

Does your child have any siblings? \_\_\_\_\_

If yes, please list name and ages: \_\_\_\_\_

Is this your child's first experience with camp? \_\_\_\_\_

If no, please list number of years attending camp? \_\_\_\_\_

Please describe your child in one word \_\_\_\_\_

Is your child water confident? \_\_\_\_\_ skilled swimmer? \_\_\_\_\_

What does your child enjoy doing? \_\_\_\_\_

\_\_\_\_\_

Please check off what describes your child?

friendly       shy       active       aggressive

serious       easily embarrassed       easy going

enjoys outdoors       prefers to be indoors

Please let us know any other information important for us to know to better serve your child and enhance the camp experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 2017 CAMPER MEDICAL INFORMATION

*Please print all information clearly*

The medical background (**physical within the last year and immunizations**) of each camper is **required** as part of the camp's registration process. The camp director must be **advised** in writing of any condition that would limit the camper's ability to participate in any program. All medical information must be completed and no line left blank.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Pediatrician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of last physical \_\_\_\_\_ Tetanus Shot \_\_\_\_\_

List any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while at camp.

\_\_\_\_\_

List allergies and dietary restrictions: \_\_\_\_\_

List of past medical treatments: \_\_\_\_\_

List all current medications regardless of whether it needs to be taken at camp:

\_\_\_\_\_

Will your child need to take any prescription medications while at camp? Yes/No

Does your child require an Epi-pen? \_\_\_\_\_ If yes, you must provide the camp with an Epi-pen with prescription to be kept at camp during your child's enrollment.

Specific Activities to be restricted for health reasons: \_\_\_\_\_

\_\_\_\_\_

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
Hospital preferred

**Please notify the camp director if your child is exposed to any communicable disease during the three weeks prior to attending camp.**

# 2017 SUMMER CAMP PAYMENT AGREEMENT

\_\_\_\_\_  
PRINT NAME OF CHILD(REN)

\_\_\_\_\_  
DATE

## ***EXPRESS PAYMENT PLAN I - Automatic Bank Draft***

I authorize MacColl YMCA to draft for weekly camp fees including trip fees

\_\_\_\_\_  
PRINT NAME ON THE ACCOUNT

\_\_\_\_\_  
ROUTING & ACCOUNT # (ATTACH VOIDED CHECK)

\_\_\_\_\_  
NAME OF BANK

CHECKING  
 SAVINGS

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

## ***EXPRESS PAYMENT PLAN II - Credit Card***

I authorize MacColl YMCA to draft for weekly camp fees including trip fees

\_\_\_\_\_  
CREDIT CARD TYPE

\_\_\_\_\_  
YOUR NAME AS IT APPEARS ON CARD

\_\_\_\_\_  
CREDIT CARD #

\_\_\_\_\_  
EXP. DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

## **Cancellation/Refund Policy**

- Registration fees are non-refundable
- Prior to June 1st, you may cancel camp in writing: If paid in full a refund will be issued less the \$15 registration fee.
- After June 1st, a 2 week written notice is required to cancel; A \$25 cancellation fee will apply each time a cancellation is requested.
- Refunds are given for medical reasons when accompanied by a doctor's note and clear evidence that the child could not participate.
- Requests for refund must be made by, August 25, 2017, the last day of camp.

## **Late Fees**

- A late fee will be assessed per child for pickup after 6pm; \$10 for the first 15 minutes and \$1.00 for every minute thereafter. Payment must be made at time of pickup.

The YMCA reserves the right to keep children from attending field trips due to inappropriate behavior and reserves the right to dismiss a child from the program when the child's behavior interferes with the rights of others. No refund will be issued if a child loses field trip privileges or is dismissed from camp for any reason.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

