

# 2018 YMCA SUMMER CAMP REGISTRATION

We must have 2 weeks written notice prior to a child cancelling camp or you will be charged the full amount. All camp changes must be made on the Thursday of the week before.

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

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

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

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

Home Telephone: \_\_\_\_\_ Grade (Fall 2018): \_\_\_\_\_

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

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

Ethnicity (optional):

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

**1st Parent/Guardian:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**2nd Parent/Guardian:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

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

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

\* Any persons picking up a child must be at least 18 years old and have a valid photo ID.

## MEDICAL INFORMATION:

Each camper's medical background is **required** as part of the camp's registration process. The camp director must be advised **in writing** of any conditions that would limit the campers ability to participate in any programs.

Current Health Status (allergies, diseases, dietary restrictions): \_\_\_\_\_

Specific activities to be restricted from for health reasons: \_\_\_\_\_

List any conditions requiring medication, treatment or special restrictions or considerations: \_\_\_\_\_

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

Record of immunizations including date of last tetanus shot: \_\_\_\_\_

If the camper is on any prescribed or over the counter medications - Please List \_\_\_\_\_

Does the camper need to take the medication at camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please **request** a medical dispensing form

\* All medicine must be in the original bottle and must be accompanied by a letter from the prescribing doctor allowing Pawtucket Family YMCA staff to dispense with instructions.

# 2018 SUMMER CAMP ENROLLMENT FORM

Campers Name

*Please check the camp(s) & desired weeks you wish to enroll*

First: \_\_\_\_\_

Last: \_\_\_\_\_

Date of Birth \_\_\_\_\_

	Week 1 6/18-6/22	Week 2 6/25 - 6/29	Week 3 7/2-7/6 (closed 7/4)	Week 4 7/9 - 7/13	Week 5 7/16 - 7/20	Week 6 7/23 - 7/27	Week 7 7/30 - 8/3	Week 8 8/6 - 8/10	Week 9 8/13 - 8/17 (closed 8/13)	Week 10 8/20 - 8/24
<b>HERITAGE PIONEERS</b> Ages 5 by June 1st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HERITAGE VOYAGERS</b> Ages 6 - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CAMP DINO-MYTES</b> Ages 5 - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AIM HIGH CAMP</b> Ages 6 - 7 - Aim High Camp Ages 8 -10 - Aim Higher Camp	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>ART CAMP</b> <i>(Must sign up for 2-week session)</i> Ages 9 - 11						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHEER &amp; DANCE CAMP</b> Ages 6 - 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SPORTS CAMP</b> Ages 6 - 8 - Rookies Ages 9 - 10 - Future Stars Ages 11 - 13 - All Stars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>PHOTOGRAPHY CAMP</b> <i>(Must sign up for all weeks)</i> Ages 9 & up		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXPLORERS ADVENTURE</b> Ages 8 - 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>THEATER CAMP</b> Ages 8 - 10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXPLORERS I CAMP</b> Ages 10 - 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>INTERN CAMP</b> Ages 11 - 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All trip fees must be paid one week in advance.

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

\_\_\_\_\_  
DATE

# 2018 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 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)

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

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

Relationship to camper: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Relationship to camper: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Relationship to camper: \_\_\_\_\_ Cell 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.**

# 2018 SUMMER CAMP PAYMENT AGREEMENT

All trip fees must be paid one week in advance.

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

\_\_\_\_\_  
DATE

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

(weekly draft from checking or savings account)

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

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

CHECKING

SAVINGS

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

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

\_\_\_\_\_  
DATE

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

(weekly charge to credit card - Visa, Mastercard, etc.)

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

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

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

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

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

\_\_\_\_\_  
DATE

## **PAYMENT PLAN III - Cash/Check** (weekly payment)

- I do not wish to participate in either Express Payment Plan at this time.
- I understand that the weekly fee is due the **FRIDAY BEFORE** camp.
- I understand that the full week is due whether or not my child attends **(unless I give the YMCA written notice of cancellation 2 weeks prior)**
- I understand a deposit of \$20.00 for each week is required at the time of registration if I choose not to participate in either Express Payment Plan.
- This deposit will go toward the balance for each week. Deposits are non-refundable and non-transferable after June 1st.
- I understand trip fees are due the Friday before and are non refundable.
- All summer camps must be paid one week in advance. Non-payments may result in dismissal from camp.

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

\_\_\_\_\_  
DATE