



2018 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: _____

Authorization for medical treatment: Yes [] No []

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.

Parent/Guardian Signature: _____

Date: _____

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

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 25 - JUNE 29 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 2 - JULY 6 WEEK #2 No Camp July 4th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
JULY 9 - JULY 13 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 16 - JULY 20 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"/> Challenger
JULY 23 - JULY 27 WEEK #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Gymnastics or <input type="checkbox"/> Basketball	<input type="checkbox"/> Travel	<input type="checkbox"/> Multi-Sports
JULY 30 - AUGUST 3 WEEK #6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Weird Science or <input type="checkbox"/> Bike	<input type="checkbox"/> Travel	
AUGUST 6 - AUGUST 10 WEEK #7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drama or <input type="checkbox"/> Surf	<input type="checkbox"/> Travel	
AUGUST 13 - AUGUST 17 WEEK #8 No Bus Transportation Aug 13	<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 20 - AUGUST 24 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.
 Westwood YMCA, 2093 Harkney Hill Road, Coventry, RI 02816 • Phone: (401) 397-7779 • Fax: (401) 397-3930



CAMPER WAIVER

Name of Child(ren) _____

This is a release of legal rights – read and understand before signing.

In exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to enter the YMCA for any purpose including but not limited to observation, or use of facilities, or equipment, or participation in any program affiliated with the YMCA, I, the undersigned, understand and expressly acknowledge that I, and if applicable, my spouse and dependents, release the YMCA of Pawtucket its employees, officers, directors, trustees, agents, members, volunteers or guests (hereafter referred to as “releases”) from any and all action, debts, expenses (including attorney fees) and claims of negligence on account of, or in any way growing out of, directly or indirectly, all known or unknown injuries to the person(s) or property, or resulting death of the undersigned, whether caused by negligence of releases or otherwise while the undersigned, is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Pawtucket.

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 give permission 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



PAYMENT AGREEMENT

Name of Child(ren) _____

OPTION I

Weekly draft from checking or credit card account

Already have a Family Membership **Purchase the Family Membership** (not required)

Payment in full \$244.00, money order or check

\$20.33 per month drafted on the 1st of each month for 12 consecutive months, cancellation after 1 year must be in writing. Balance due upon cancellation within the first year (12 drafts).

Please check if you would like the \$15 registration fee to be drafted

Bank Draft (draft from checking or savings account will be 10 days prior to scheduled week)

_____ PRINT NAME ON THE ACCOUNT

ROUTING & ACCOUNT # _____ *Please attach VOIDED check* Checking _____ Savings _____
(Check One)

_____ AUTHORIZED SIGNATURE DATE

Credit Card (charge to credit card will be 10 days prior to scheduled week)

Visa, Mastercard, Discover and American Express

_____ CREDIT CARD TYPE PRINT NAME ON CARD

_____ CREDIT CARD # EXP DATE

_____ AUTHORIZED SIGNATURE DATE

OR

OPTION II

Full payment by cash, check or credit card. All fees due at registration

_____ AUTHORIZED SIGNATURE DATE

WESTWOOD YMCA FAMILY MEMBERSHIP

Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Ethnicity _____

Parent's Place of Business _____ Work# _____

Email Address _____ Cell# _____

Parent'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** _____

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

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

Liability Waive and Release:

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In exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to enter the YMCA for any purpose including but not limited to observation, or use of facilities, or equipment, or participation in any program affiliated with the YMCA, I, the undersigned, understand and expressly acknowledge that I, and if applicable, my spouse and dependents, release the YMCA of Pawtucket its employees, officers, directors, trustees, agents, members, volunteers or guests (hereafter referred to as "releases") from any and all action, debts, expenses (including attorney fees) and claims of negligence on account of, or in any way growing out of, directly or indirectly, all known or unknown injuries to the person(s) or property, or resulting death of the undersigned, whether caused by negligence of releases or otherwise while the undersigned, is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Pawtucket.

Member signature _____ Date _____ Staff Initial _____

OFFICE USE ONLY

_____ Date _____ Amount _____ MemberST _____ Car Passes _____ Guest Passes _____ Program Book _____