

Join us for the game of Magic

Enjoy playing Magic? Come enjoy it at an outstanding outside setting. Compete with peers and enjoy other outdoor activities all week

July 23 through July 27th 9 am to 4 pm

Campers Name _____



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: _____

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