



# 2019 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: \_\_\_\_\_

Is there something your child may need to have a successful day at camp? (i.e. do they have an iep in school, do they have a struggle with transitions, are they a beginner swimmer or need ear plugs) 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 least 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: \_\_\_\_\_ Cell: \_\_\_\_\_ 2. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Cell: \_\_\_\_\_ 4. Name: \_\_\_\_\_ 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: \_\_\_\_\_

Grades	TRADITIONAL			SPECIALTY CAMPS	SPECIALTY CAMPS	SPECIALTY CAMPS	
	Rainbow	Exploration	Adventure				
<b>Grades</b>	<b>K - 2</b>	<b>3 - 5</b>	<b>6 - 8</b>	<b>1 - 7</b>	<b>3 - 8</b>	<b>4 - 8</b>	<b>8 - 10</b>
<b>JUNE 17 - JUNE 21</b> WEEK #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>JUNE 24 - JUNE 28</b> WEEK #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> or <input type="checkbox"/>	Basketball Gymnastics	<input type="checkbox"/> Travel	
<b>JULY 1 - JULY 5</b> WEEK #3 No Camp July 4th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Race 4 Chase or <input type="checkbox"/> Plus			
<b>JULY 8 - JULY 12</b> WEEK #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Race 4 Chase or <input type="checkbox"/> Plus	<input type="checkbox"/> Drama or <input type="checkbox"/> Fishing or <input type="checkbox"/> Bike		
<b>JULY 15 - JULY 19</b> WEEK #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Race 4 Chase or <input type="checkbox"/> Plus	<input type="checkbox"/> Multi-Sport or <input type="checkbox"/> Dance	<input type="checkbox"/> Travel	
<b>JULY 22 - JULY 26</b> WEEK #6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Race 4 Chase or <input type="checkbox"/> Plus	<input type="checkbox"/> Cooking or <input type="checkbox"/> Art or <input type="checkbox"/> Bike		
<b>JULY 29 - AUGUST 2</b> WEEK #7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Race 4 Chase or <input type="checkbox"/> Plus	<input type="checkbox"/> Drama	<input type="checkbox"/> Travel	<input type="checkbox"/> Go-Pro
<b>AUGUST 5 - AUGUST 9</b> WEEK #8 No Bus Transportation Aug 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Race 4 Chase or <input type="checkbox"/> Plus	<input type="checkbox"/> Gymnastics or <input type="checkbox"/> Fishing or <input type="checkbox"/> Bike		
<b>AUGUST 12 - AUGUST 16</b> WEEK #9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Race 4 Chase or <input type="checkbox"/> Plus	<input type="checkbox"/> Cooking or <input type="checkbox"/> Science	<input type="checkbox"/> Travel	
<b>AUGUST 19 - AUGUST 23</b> WEEK #10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Race 4 Chase or <input type="checkbox"/> Plus		<input type="checkbox"/> Art	<input type="checkbox"/> Travel

**Before & Camp**

Drop off 6:30am - 9:00am  
Pick up 4:00pm - 4:30pm

**Extended Care & Pick Up**

Pick up 4:30pm - 5:00pm  
Pick up 5:00pm - 6:00pm



See Bus Schedule \*\$10 Fee Will Apply

Morning Bus Location \_\_\_\_\_ Code # \_\_\_\_\_  
Afternoon Bus Location \_\_\_\_\_ Code # \_\_\_\_\_

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/Children: \_\_\_\_\_

*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 photography/videos of YMCA programs and uses these photographs in promotional/social media material (i.e. flyers, brochures, facebook etc.) 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/Children: \_\_\_\_\_

## OPTION I

**Weekly draft from checking or credit card account**

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

Payment in full \$246.00, money order or check

\$20.50 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:**

*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.

Member signature \_\_\_\_\_ Date \_\_\_\_\_ Staff Initial \_\_\_\_\_

#### OFFICE USE ONLY

\_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ MemberST \_\_\_\_\_ Car Passes \_\_\_\_\_ Guest Passes \_\_\_\_\_ Program Book \_\_\_\_\_