

2019 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 2 weeks in advance.

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

Camper's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Grade (Fall 2019): _____

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.

2019 SUMMER CAMP ENROLLMENT FORM

Campers Name _____

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

First: _____

Last: _____

Date of Birth _____

	Week 1 6/17-6/21	Week 2 6/24 - 6/28	Week 3 7/1-7/5 (closed 7/4)	Week 4 7/8 - 7/12	Week 5 7/15 - 7/19	Week 6 7/22 - 7/26	Week 7 7/29 - 8/2	Week 8 8/5 - 8/9	Week 9 8/12-8/16 (closed 8/12)	Week 10 8/19 - 8/23
CAMP PIONEERS Age 5 \$12 activity fee per week	<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"/>
CAMP VOYAGERS Ages 6 - 8 \$12 activity fee per week	<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"/>
CAMP DINO-MYTES Ages 5 - 7	<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"/>
AIM HIGH CAMP Ages 6 - 7: Aim High Camp Ages 8 -10: Aim Higher Camp Field Trip \$5 per week	<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"/>
CHEER & DANCE CAMP Ages 6 - 9: Cheer & Dance Gold Ages 10 - 12: Cheer & Dance Elite	<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"/>
SPORTS CAMP Ages 7 - 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"/>
EXPLORERS ADVENTURE Ages 8 - 10 Field trip \$25 per week	<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"/>
ART CAMP Ages 9 & up Session 1: Weeks 1 - 5 Session 2: Weeks 6 - 10 \$20 supply fee per week	<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"/>
PHOTOGRAPHY CAMP Ages 9 & up Supply fee \$10 per week	<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"/>
EXPLORERS I CAMP Ages 11 - 14 Field trip \$30	<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"/>
FUTURE LEADERS CAMP Ages 12 - 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

2019 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.

2019 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