



2020 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

Pick up #1 Name: _____ Cell: _____

Place of Work: _____ Phone: _____

Email address: _____

Pick up #2 Name: _____ Cell: _____

Place of Work: _____ Phone: _____

Email address: _____

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**

Transportation & Drop-off:

Regular drop off times and pick up times are included in the weekly fee. Drop off 8-8:45am and pick up 3:30-4:15pm (Check below for transportation or extended care options.) Transportation and Extended pick up and drop off are at an additional charge. \$10.00 per week for transportation and \$10.00 for each before and after camp option for the week. A late fee of \$10.00 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.

Morning Bus or Drop-off

Afternoon Bus or Pick-up

<input type="checkbox"/> Horgan School	7:40am	<input type="checkbox"/> Horgan School	4:55pm
<input type="checkbox"/> Greenbush School	7:50am	<input type="checkbox"/> Greenbush School	5:05pm
<input type="checkbox"/> Hopkins Hill (Supervised Drop-off)	7-8:00am / Bus: 8am	<input type="checkbox"/> Hopkins Hill	5:15pm
<input type="checkbox"/> Metcalf School (Supervised Drop-off)	7-8:30am / Bus: 8:30am	<input type="checkbox"/> Metcalf School	6:00pm
<input type="checkbox"/> Westwood Drop-off	8-8:45am	<input type="checkbox"/> Westwood Pick-up	3:30-4:15pm
<input type="checkbox"/> Extended Westwood Drop-off	6:30-8am / \$10/week	<input type="checkbox"/> Extended Westwood Pick-up	4:15-5:45pm / \$10/week

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

CAMPER & MEDICAL INFORMATION

Camper's Name: _____ Date of Birth: _____

The Westwood YMCA does not offer one on one assistance. We make every effort to accommodate the needs of every camper and family. Below is a short questionnaire design to help us best get to know your campers likes/dislikes and what makes them successful.

Past camp experiences or first camp experience? _____

Is your child water confident? Yes No Skilled swimmer? Yes No Years experience: _____

Is there something your camper may need to have a successful day at camp? (i.e. do they have an iep in school, require ear plugs in the water?) _____

Child's Likes:

(Favorite movies, characters, foods, games, music, etc.)

Child's Dislikes

(Sounds, smells, touch, movement, foods, etc.)

Does your child:

Independent

With help

Not yet

Make transitions?

Recognize personal belongings?

Organize needed material for outings?

Make choices like field games or swim?

Does your child use any of the following strategies in school or learning environments?

Visual Schedules Social Stories Choice Zone Worksheet Problem Solving Worksheets

Fidget Tools: Chewing Gum Weighted Blanket/Vest Headphones Conversation Scripts Other: _____

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



REGISTRATION FORM

Camper's Name: _____

Please Check off your choice of camp for the week. Race 4 Chase is on separate form. Campers entering grade k-2 are only able to register for traditional or Race 4 Chase camps. Please note there is a \$50 change / cancellation fee will be charged for any changes within 2 weeks of the start of a particular camp week.

Grades	TRADITIONAL CAMPS			SPECIALTY CAMPS			THEME WEEK
	Rainbow K - 2	Exploration 3 - 5	Adventure 6 - 8	Grades Entering 3 - 5	Grades Entering 3 - 8	Grades Entering 4 - 8	
JUNE 22 - JUNE 26 WEEK #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Basketball	<input type="checkbox"/> Travel	We are the Y
JUNE 29 - JULY 3 WEEK #2 No Camp July 3RD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				Olympics
JULY 6 - JULY 10 WEEK #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> Cooking Bike Multisport		Spy/Mystery
JULY 13 - JULY 17 WEEK # 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Amazing Race	<input type="checkbox"/> Drama	<input type="checkbox"/> Travel	Space
JULY 20 - JULY 24 WEEK # 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> Bike Dance Fantasy		Fantasy
JULY 27 - JULY 31 WEEK # 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> Gymnastics Fishing Multisport		Decades
AUGUST 3 - AUGUST 7 WEEK #7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Amazing Race	<input type="checkbox"/> Drama	<input type="checkbox"/> Travel	Carnival
AUGUST 10 - AUGUST 14 WEEK # 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> or <input type="checkbox"/> or <input type="checkbox"/> Science Fishing Aqua		Water
AUGUST 17 - AUGUST 21 WEEK # 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Track	<input type="checkbox"/> Travel	Color Wars/Spirit Week
AUGUST 24 - AUGUST 28 WEEK # 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Bike		Survivor



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 \$250.00, money order or check

\$20.83 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 _____