



# 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**

## Drop-off & Pick-up:

Due to COVID-19 we have made these necessary changes: No transportation will be offered and all drop-offs and pick-ups will need to take place at camp Westwood. Drop-off (including any necessary screening for campers) will take place between 7:30-8:30am. We ask that any campers experiencing symptoms of sickness stay home. Any camper with a high temperature will not be accepted at camp. Please drop off campers by 8:30am as late drop-offs will not be accepted due to screening. The camp day will run from 8:30am-4:00pm. All campers must be picked up by 5:00pm. A late fee of \$10.00 will be charged for campers picked up after 5:00pm. After 5:15pm and an additional \$1 fee will be charged for every minute thereafter.

### Morning Drop-off

### Afternoon Pick-up

Westwood Drop-off

7:30-8:30am

Westwood Pick-up

4:00-5:00pm

## 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.)

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## Child's Dislikes

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

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## 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.

	TRADITIONAL CAMPS			THEME WEEK
Grades	Rainbow K - 2	Exploration 3 - 5	Adventure 6 - 8	
Due to state restrictions we will offer our first week of camp June 29th				
<b>JUNE 29 - JULY 3</b> WEEK #1 No Camp July 3RD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>We are the Y</b>
<b>JULY 6 - JULY 10</b> WEEK #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Spy/Mystery</b>
<b>JULY 13 - JULY 17</b> WEEK #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Space</b>
<b>JULY 20 - JULY 24</b> WEEK #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Fantasy</b>
<b>JULY 27 - JULY 31</b> WEEK #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Decades</b>
<b>AUGUST 3 - AUGUST 7</b> WEEK #6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Carnival</b>
<b>AUGUST 10 - AUGUST 14</b> WEEK #7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Water</b>
<b>AUGUST 17 - AUGUST 21</b> WEEK #8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Color Wars/Spirit Week</b>
<b>AUGUST 24 - AUGUST 28</b> WEEK #9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Survivor</b>



# 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



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

#### OFFICE USE ONLY

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