

YMCA CAMP REGISTRATION 2010

Camp Seewackamano
CHECK SESSION
 1st 2nd 3rd 4th
 TA
Pre Care @ Y 7:30am
 1st 2nd 3rd 4th
After Care @ Y till 6pm
 1st 2nd 3rd 4th

Camp Wiltmeet
CHECK SESSION
 1st 2nd 3rd 4th 5th
Pre Care @ 7:30 am
TONP Comm. Ctr OR Epworth
 1st 2nd 3rd 4th
After Care @ 5:30pm
 1st 2nd 3rd 4th

Camp Shawangunk
CHECK SESSION
 Summer
Pre Care @ Elementary 7:00am
 All Summer

CAMPER INFORMATION

Camper Name _____ Home Phone _____ Date of Birth _____ Sex **M** **F**
 Address _____ City _____ State _____ Zip _____
 Present Grade _____ Age @ camp _____ Guardian Cell Phone _____

TRANSPORTATION:

Please indicate bus and stop or the camper will be considered a "NO BUS-Driven to camp"

CAMP SEEWACKAMANO:

Bus # _____ Stop # _____ or **NO BUS**-Driven to camp by _____

CAMP WILTMEET:

Bus # _____ Stop # _____ or **NO BUS**-Driven to camp by _____

*******PLEASE NOTE THAT ANY BUS OR STOP CHANGES MUST BE APPROVED BY THE CAMP OFFICE MANAGER,
 OR CAMP DIRECTOR, PRIOR TO THAT CHANGE OCCURING*******

FAMILY INFORMATION:

(These names will be called 1st in emergencies)

Guardian One _____ Occupation _____ Work Phone _____

Guardian Two _____ Occupation _____ Work Phone _____

Family E Mail _____ ** Please list one email for the family--FOR CAMP INFO ONLY!!!**

Camper lives with: Parents Guardian Foster Family Status: Together Separated Divorced Deceased

EMERGENCY NUMBERS:

(MUST BE DIFFERENT THAN ABOVE NUMBERS & MUST BE LOCAL)

1. Name _____ Day Phone # _____ Relationship to child _____

2. Name _____ Day Phone # _____ Relationship to child _____

Camper Placement Request (friends I would like to be grouped with—Requests granted **ONLY** by grade and gender)

Camper Description : Fears _____ Likes _____

Dislikes _____ Comments/Special Needs _____

Please list full names of anyone allowed to pick up the camper: Note: We must release a child to their biological parent unless we have legal documentation on file stating otherwise. Anyone NOT allowed to pick up the camper please notify the Camp Registrar

Optional & Confidential Camper's Ethnicity (please mark as many as apply)

___ Asian ___ Latino ___ African American ___ Native American ___ Caucasian ___ Other _____

CONFIDENTIAL MEDICAL HISTORY FORM (MUST BE SUBMITTED WITH IMMUNIZATION FORM)

Insurance Carrier _____ Policy Number _____

Hospital Preference _____ Family Doctor _____ Dr. Phone # _____

Does your child have any allergies, physical challenges, or speech difficulties? _____

Does the above require special handling? ____ If so, please call the Camp Director to explain. Does the child require any other special consideration? (phobias, dietary restrictions, ADHD, recent trauma,) If so, please call the camp director to explain.

Medications taken at camp (circle one): YES NO

Current Medications: _____ Daily: _____ Time: _____ Dsg: _____

For what condition? _____

A Medical release form must be signed by parent and physician for medication to be self-administered at camp

I, _____, give permission for my child, _____, to receive emergency medical treatment in the event of injury or illness while attending the YMCA Camping programs. Including transportation by ambulance or camp vehicle to the hospital when planned or needed. I take will take full responsibility for any financial consequences of this medical treatment. Accidents and injuries sometimes occur during camp activities. Our YMCA cannot be held responsible for injuries occurring during these activities, nor can we be held responsible for medical expenses due to injuries caused during these activities.

X Guardian Signature _____ Date: _____

CAMP CONTRACT/POLICIES/FEES

1. A **non-refundable/non transferable** deposit per child/ per session must be submitted with application. This payment will be applied to the total camp fee.
2. ALL FEES DUE BY 5/31. Unpaid balances are replaced by wait listed campers.
3. A **NEW** copy of your **immunization records or waiver** must accompany application.
4. No split sessions or refunds given for unused sessions (except medical emergencies).
5. Camper placement request granted only if **grade/gender** appropriate.
6. I understand the **Refund Policy**: full refunds minus deposit granted before May 31st. After June 1st refunds not available (except with written medical emergencies)
7. The YMCA reserves the right to use any photographs/camper videos for promotional use. **Please notify the camp director if you do not authorize this for your child.**
8. The YMCA reserves the right to refuse any applicant, and to cancel any application for behavioral problems or inappropriateness, without refund.

I understand and agree to the above policies, procedures, fees and camping brochure

X Guardian Signature: _____ Date: _____

Guardian (Print Name): _____

YES!! I support the Youth Scholarship Fund with a Tax Deductible Donation of: \$ _____
See insert for further details on how your donation helps kids!

PAYMENT INFORMATION

Mandatory Camp Development Fee: \$10.00 (Camp Seewackamano & Wiltmeet ONLY) Dev. Fee Total: \$ _____

Deposit: \$75.00 per session (Camp Seewackamano & Wiltmeet ONLY) Number of Sessions: _____ Deposit Total: \$ _____

Deposit: \$25.00 per session (Camp Shawangunk ONLY) Number of Sessions: _____ Deposit Total: \$ _____

T-Shirt: \$10.00 each (2for \$17) Size: _____ Number of T-shirts: _____ T-shirt Total: \$ _____

Donation: \$ _____

Please Make Checks payable to YMCA Total Amount Enclosed: \$ _____

Also payable by credit card. Please call office 845.338.3810x115

OFFICE USE ONLY!! Date Received ____/____/____ DAXKO ____ FILE PRO ____ Immunization records/ other: YES

Y-schol. YES Agency Code or Sponsor _____ Agency staff member name/# _____

Switches- from session _____ to session _____ / from session _____ to session _____ / from session _____ to session _____

from session _____ to session _____ / from session _____ to session _____ / from session _____ to session _____