

# YMCA CAMP REGISTRATION-09

**Camp Seewackamano**

**CHECK SESSION**

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

TA

**Pre Care @Y 7:30am**

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

**After Care @ Y till 6pm**

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

**Camp Wiltmeet**

**CHECK SESSION**

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>

**Pre Care @ 7:30 am**

Duzine  OR Epworth

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

**After Care @5:30pm**

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

**Camp Shawangunk**

**CHECK SESSION**

Summer

**Pre Care @Elementary 7:00am**

All Summer

**Camp Sandlot**

**CHECK SESSION**

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

**Pre Care @Y 7:30am**

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

**After Care @Y till 6pm**

1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

## CAMPER INFORMATION

Camper Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex **M** **F**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Grade \_\_\_\_\_ Age @ camp \_\_\_\_\_ Guardian Cell Phone \_\_\_\_\_

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

Asian  Latino  African American  Native American  Caucasian  Other \_\_\_\_\_

## TRANSPORTATION:

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

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

**CAMP WILTMEET:**

Bus -YES  NO  **NO BUS**-Driven to camp by \_\_\_\_\_

## FAMILY INFORMATION:

**(These names will be called 1<sup>st</sup> in emergencies)**

Guardian One \_\_\_\_\_ Occupation \_\_\_\_\_ Bus Phone \_\_\_\_\_

Guardian Two \_\_\_\_\_ Occupation \_\_\_\_\_ Bus 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

**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.

 **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 31<sup>st</sup>. After June 1<sup>st</sup> 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**

 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 & Sandlot 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 or Sponsor \_\_\_\_\_ Agency staff member name/# \_\_\_\_\_