

CAMP SEEWACKAMANO APPLICATION-08

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

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

OFFICE USE ONLY!!
YMCA Membership checked _____
Y-schol. _____
Sponsor _____
Agency staff member name/# _____

Campers Name _____ Home Phone _____ Date of Birth _____ Sex **M** **F**

Address _____ City _____ State _____ Zip _____

Present Grade _____ Age @ camp _____ # of years of @ Camp Seewackamano _____

TRANSPORTATION: 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 _____

FAMILY INFORMATION:

Parent One _____ Occupation _____ Bus Phone _____

Parent Two _____ Occupation _____ Bus Phone _____

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

Family Status: together? Separated? Divorced? Deceased? /Camper lives with: parents? Guardian? Foster?

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: _____

Campers 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: _____

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.

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 while attending the YMCA Day Camp Seewackamano. Including transportation by camp vehicle or field trip, hospital when planned or needed. I take will take full responsibility for any financial consequences of this medical treatment.

 **Parent Signature** _____ **Date:** _____

CAMP CONTRACT/ POLICIES/ FEES

1. A **non-refundable/non transferable** registration fee of **\$75.00** per child/ per session must be submitted with application. This payment will be applied to the total camp fee.
2. Please add a one time **\$10 Camp Development Fee** per child (see insert on how your funds help camp)
3. ALL FEES DUE BY 5/31. Unpaid balances are replaced by wait listed campers.
4. A **NEW** copy of your **immunization records** must accompany application.
5. No split sessions or refunds given for unused sessions (except medical emergencies)
6. Camper placement request granted only if **grade/gender** appropriate.
7. I have understand the **Refund Policy**: full refunds minus deposit granted before May 31st /After June 1st refunds not available (except with written medical emergencies)
8. The YMCA reserves the right to use any photographs/camper videos for promotional use.
9. 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 and procedures and fees

 Parent's Signature: _____ Date: _____