

YWCA 2013 SUMMER CAMP REGISTRATION FORM

ONE FORM PER CHILD

Camp Wind-in-the-Pines, Leicester

7:30 a.m. – 6:00 p.m.

Camper Name: _____

Sex: M / F

DOB: _____

Guardian Name(s): _____

Yes, send me my confirmation via email! Email: _____

Address: _____ City/Town: _____ Zip Code: _____

Telephone (home): _____ (cell): _____ (work): _____

Camper Type: Day Campers: 6-12 years Fee: \$225 per session Counselors in Training: 13-15 years Fee: \$110 per session

Camper Shirt Size: YSmall YMedium YLarge Adult Small Adult Medium

Camp Sessions

Please indicate which camp session you are registering for:

Please note that there are no partial sessions. Check as many boxes as apply.

Session 1 June 17—21*

*Session 1 can be prorated based on the last day of school

Session 2 June 24—June 28

Session 3 July 1—5*

*No camp July, 4, 2012

Session 4 July 8—July 12

Session 5 July 15—July 19

Session 6 July 22—July 26

Session 7 July 29—Aug. 2

Session 8 Aug. 5—Aug. 9

Session 9 Aug. 12—Aug. 16

Session 10 Aug. 19—Aug. 23

Session 11 Aug. 26—Aug. 30

Camp Fees

Day Campers: \$225 X (# of sessions) = _____ Counselors in Training: \$110 X (# of sessions) = _____

Total

Total

Transportation

I will pick up and drop off my child at Camp Wind in the Pines in Leicester, MA

I want my child to take the bus from:

Worcester (1 Salem Sq.) Drop off between 7:30-8:25 a.m. Pick-up between 4:30-6:00 p.m.

Westborough (15 Grove St.) Drop off between 7:30-8:10 a.m. Pick-up between 4:45-6:00 p.m.

Payment

A non-refundable deposit of **\$30.00 per camp session** is due with this application. The deposit is applied to your total balance. Balances for sessions 1- 6 must be paid in full by **June 1, 2013**. Balances for sessions 7-11 must be paid in full by **July 1, 2013**.

I would like to pay

Deposit: \$30.00 x # of sessions: _____

Balance in full (See above to calculate total for desired program)

Enclosed is my check in the amount of \$ _____

Please bill my credit card the following amount \$ _____

Name on Card: _____ Circle: MasterCard Visa Discover

Credit Card #: _____ Exp Date: _____ Signature: _____

Cancellations will be accepted up to one month prior to the start of the session. Cancellations will result in the forfeiture of the non-refundable session deposit. The YWCA cannot guarantee placement if balances and required forms are outstanding after payment deadline.

I have read, understand and agree to the terms of this application.

Parent/Guardian Signature _____ Date: _____

SUBMIT CAMP WIND-IN-THE-PINES REGISTRATION FORMS:

Please mail or drop off registration form with payment at YWCA Central Massachusetts, School Age Program, 1 Salem Square, Worcester MA, 01608 or fax to 508-754-0496 or email schoolage@ywcacentralmass.org.

QUESTIONS, CALL 508-791-3181, EXT. 3019

YWCA AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE

ONE FORM PER CHILD

Pick-up List

Anyone picking up a camper must provide a photo ID and be listed below.

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

List up to 3 other people (other than parent/guardian) that are authorized to pick-up the camper or should be contacted in case of a medical emergency or emergency pick-up:

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

3. Name: _____ Relationship: _____ Phone Number: _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name _____ Hospital Affiliation _____
Address _____ Telephone Number _____
Medical Insurance Provider _____ Policy and/or Group # _____

Allergies and Medications

Known Allergies: _____

Does she/he need to take medication(s) during camp? Yes No

If your child requires medication, please specify: _____

The Permission to Administer Medication form must be filled out and given to the Camp Director on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please contact the Camp Director at 508-791-3181, ext.3019 prior to June 17 or at 508-892-9814 after June 17.

Medical Release

I authorize the YWCA as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the MA Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YWCA is not responsible for costs incurred for medical care.

Policies

Sunscreen

I give permission for sunscreen to be administered and/or applied to my camper as deemed necessary by the camp staff.

Backpack Search

I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons or other forbidden objects.

Lost or Stolen Items

Camper's are asked to leave any valuables, electronics (mp3 players, digital cameras, etc.) at home. The YWCA and its employees are not responsible for lost or stolen items.

Photographs

I give permission for my child's photograph to be taken for use by the YWCA Central Massachusetts in program brochures, annual report, website, and other promotional materials and for release to local newspapers.

Parent/Guardian Signature: _____ Date: _____