

YWCA 2016 SUMMER CAMP REGISTRATION FORM

COMPLETE ONE FORM PER CHILD

Camp Wind-in-the-Pines, Leicester 7:30 a.m. – 6:00 p.m.

Camper Name: _____

Gender: M / F DOB: _____ Grade entering in the fall: _____

Parent/Guardian Name(s): _____

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

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

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

Camper Shirt Size: YSmall YMedium YLarge Adult Small Adult Medium

How did you hear about us? Returning Camper YWCA Website Parent Referral Baystate Parent Other

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.)*

- | | |
|---|--|
| <input type="checkbox"/> Session 1 June 13-17 | <input type="checkbox"/> Session 7 July 25-29 |
| <input type="checkbox"/> Session 2 June 20-24 | <input type="checkbox"/> Session 8 August 1-5 |
| <input type="checkbox"/> Session 3 June 27-July 1 | <input type="checkbox"/> Session 9 August 8-12 |
| <input type="checkbox"/> Session 4 July 5-8 (Closed July 4) | <input type="checkbox"/> Session 10 August 15-19 |
| <input type="checkbox"/> Session 5 July 11-15 | <input type="checkbox"/> Session 11 August 22-26 |
| <input type="checkbox"/> Session 6 July 18-22 | |

Payment

Leicester Drop off and Pick Up: (no transportation fee)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Day Camper (\$200 total per session) 6-14 yrs old | \$200 X _____ (# of sessions) = _____ |
| <input type="checkbox"/> Counselor in Training (\$85 total per session) 14-15 yrs old | \$ 85 X _____ (# of sessions) = _____ |

Total Due: _____ **Total =** _____

Worcester Drop off and Pick Up: (transportation fee required)

- | | |
|--|---|
| <input type="checkbox"/> Day Camper (\$245 total per session) 6-14 yrs old | \$200 X _____ (# of sessions) = _____ |
| | + Transportation Fee \$45 X _____ (# of sessions) = _____ |

- | | |
|--|---|
| <input type="checkbox"/> Counselor in Training (\$130 total per session) 14-15 yrs old | \$85 X _____ (# of sessions) = _____ |
| | + Transportation Fee \$45 X _____ (# of sessions) = _____ |

Total Due: _____ **Total =** _____

A non-refundable deposit of \$30.00 per camp session is due with this application. The deposit is applied to your total balance. Balances must be paid in full by June 1, 2016.

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

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

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 deposit per session. 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 FORM:

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.

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 your child need to take medication(s) during camp? Yes No

If your child requires medication, please specify: _____

The Permission to Administer Medication form must be completed 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 13 or at 508-892-9814 after June 13.

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.

Statistical Data – The YWCA receives funding for a portion of child care activities. Please choose the appropriate selection for your child:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native | |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Hawaiian Native/ Pacific Islander | |

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, cell phones, 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, or video to be taken for use by the YWCA Central Massachusetts in program brochures, annual report, website, social media sites and other promotional materials and for release to local newspapers.

Parent/Guardian Signature: _____ Date: _____