

# REGISTRATION

## REGISTRATION INSTRUCTIONS

1. Before completing the registration form, please discuss the choices available with your child. This will ensure that your child has a positive camping experience.
2. Pull out pages 10 through 14.
3. Fill out camp registration forms completely.
4. Make sure your child's age corresponds to the required age of each camp. Please use your child's age as of June 1, 2013.
5. Take your completed registration forms with your payment to the front desk at the YMCA Cape Cod West Barnstable facility, or mail to YMCA Cape Cod, 2245 Iyannough Road, West Barnstable, MA 02668. Remember, these forms must be accompanied with a deposit of \$25.00 per week. If you misplace a form or you need extra copies, additional forms may be downloaded at [www.ymcacapecod.org](http://www.ymcacapecod.org). Please note, any incomplete registrations without required deposits will not be processed.
6. Registration Fee, Deposit, Payment, Cancellation and Refund Policies please refer to page 16.

**Your child will not be allowed to attend camp or board a camp bus until all the necessary forms and information have been turned in to our business office and weekly tuition is paid in full. All paperwork and payments are due by 5 pm the Thursday prior to attending camp.**

**Weekly balances must be paid in full prior to the start of the camp week.**

For registration changes and financial questions please call (508) 362-6500 x 113.  
For Camp policy and program questions please call Camp Lyndon (508)-428-9251 X 208.

## REGISTRATION FORM

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

M/F \_\_\_\_\_ Birth Date \_\_\_\_\_ Do you have a YMCA Cape Cod Membership? Yes \_\_\_ No \_\_\_

Permanent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone \_\_\_\_\_

Summer Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone # \_\_\_\_\_ Evening Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMAIL ADDRESS**

Camper's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Camper's First Name: \_\_\_\_\_

Phone: \_\_\_\_\_

CAMPS	FEES M=Member N=Non-Member	All fees listed are per week										TOTAL
		Week 1 6/24 - 6/28	Week 2 No Camp July 4th 7/1 - 7/5	Week 3 7/8 - 7/12	Week 4 7/15 - 7/19	Week 5 7/22 - 7/26	Week 6 7/29 - 8/2	Week 7 8/5 - 8/9	Week 8 8/12 - 8/16	Week 9 8/19 - 8/23	Week 10 8/26 - 8/30	
2013 Registration Fee	\$25											\$25
Explorers, Unit 1	M \$200 N \$300	1	2	3	4	5	6	7	8	9	10	
Pioneers, Unit 2	M \$200 N \$300	1	2	3	4	5	6	7	8	9	10	
Voyagers, Unit 3	M \$200 N \$300	1	2	3	4	5	6	7	8	9	10	
<b>EXTENDED CARE, Must be a West Barnstable Day Camper to Attend</b>	<b>FEES</b>											<b>TOTAL</b>
AM - 7:30 - 9:00	\$30	1	2	3	4	5	6	7	8	9	10	
PM - 4:00 - 5:30	\$30	1	2	3	4	5	6	7	8	9	10	
AM & PM CARE	\$50	1	2	3	4	5	6	7	8	9	10	
<b>LUNCH PROGRAM</b>	<b>FEES</b>	<input type="checkbox"/> Check here to have Free/Reduced Lunch information sent to your home										<b>TOTAL</b>
Lunch Program	\$16.75	1	2	3	4	5	6	7	8	9	10	
<b>MULTI CHILD DISCOUNT</b>	Each additional child will receive a \$12.50 discount per week off total tuition, excluding Kiddie Camp											-
<b>EMPLOYEE DISCOUNT (see employee handbook)</b>												
<b>PAYMENT INFORMATION</b>											<b>TOTAL AMOUNT DUE:</b>	

**Balance Due at time of Registration** (\$25 registration fee +\$25 per week attending required): \$ \_\_\_\_\_

Upon receiving the required payment above, the Y will send out an invoice with the total amount due. Please mail documentation of Third Party Payments to be received by the YMCA Cape Cod.

Weekly tuition fees must be paid in full by the Thursday prior to the week of your camper's scheduled attendance.

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Check here for weekly bank draft payment, information will be mailed to your home.

Charge \$ \_\_\_\_\_ to the following credit card: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Make checks payable to: \_\_\_\_\_ Print Name of Cardholder: \_\_\_\_\_

YMCA Cape Cod \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

# REGISTRATION

## MEDICAL HISTORY

### MUST BE FILLED OUT EACH YEAR

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Address of Physician \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Dentist's Phone Number \_\_\_\_\_

Name of Orthodontist \_\_\_\_\_ Orthodontist's Phone Number \_\_\_\_\_

Do you carry medical/hospital insurance? Yes \_\_\_ No \_\_\_ Insurance Carrier \_\_\_\_\_

**Chronic or recurring illness/medical condition** \_\_\_\_\_

**Dietary restrictions** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Current Medications** \_\_\_\_\_

### PHYSICAL FORM TO BE ATTACHED

I \_\_\_\_\_ understand that I must request a current (within the last two years) copy of my child's physical from his/her physician and submit that form for this registration to be complete.

Parent/Guardian's Initials: \_\_\_\_\_

### IMMUNIZATION FORM TO BE ATTACHED

I \_\_\_\_\_ understand that I must request a copy of my child's immunization record from his/her physician and submit that form for this registration to be complete.

Parent/Guardian's Initials: \_\_\_\_\_

**Behavior concerns we should be aware of:**

\_\_\_\_\_

# REGISTRATION

## EMERGENCY INFORMATION FORM

Your child will not be released to any person other than those indicated with a check on the sheet below. If your child is signed-out, a photo I.D. will be required by the person picking him/her up. Your child can only be signed out by the people listed below.

Please indicate with a check those persons to whom your child may be released in case of illness/injury or dismissal. In case of an emergency/illness, we will call the following contacts in the order listed unless otherwise noted.

### EMERGENCY CONTACTS

Parent/Guardian..... Day Phone Number .....

Relationship..... Other Phone Number .....

Address (if different than child's) .....

Parent/Guardian..... Day Phone Number .....

Relationship..... Other Phone Number.....

Address (if different than child's) .....

Emergency Contact..... Day Phone Number .....

Relationship..... Other Phone Number.....

Emergency Contact..... Day Phone Number .....

Relationship..... Other Phone Number.....

Emergency Contact..... Day Phone Number .....

Relationship..... Other Phone Number.....

**IF YES TO EITHER QUESTION BELOW, A COPY OF ORDER IS NEEDED FOR THE CHILD'S FILE. PLEASE ATTACH TO REGISTRATION INFORMATION.**

**Is there a court order in regard to the child's custody?**

**Is there a current restraining order in regard to who may have contact with this child?**

Signature of parent/guardian.....

Relationship to child..... Date.....

# REGISTRATION

## WAIVER & AUTHORIZATION FORM

WAIVERS: Please carefully read the following 6 waivers/authorization.

1) CAMP LYNDON ONLY - TRANSPORTATION WAIVER:

I \_\_\_\_\_ will have a responsible adult pick up my child at the Camp or Bus Stop as specified on page 11 at the designated time. I have read and agree to the Transportation Procedure and Bus Stop Release Policy for YMCA Cape Cod Camp Lyndon as stated in the YMCA Cape Cod Summer Camp Handbook.

Parent/Guardian's Initials: \_\_\_\_\_

2) CAMP LYNDON ONLY - BUS STOP RELEASE WAIVER:

Parents and guardians of campers 11 years and older only: I give my son/daughter \_\_\_\_\_ permission to be released at his/her assigned bus stop if a designated adult is not present.

Parent/Guardian's Initials: \_\_\_\_\_

3) PHOTO/MEDIA WAIVER:

I, \_\_\_\_\_ the parent/guardian shown on this form, wish my child to be enrolled in camping programs with the YMCA Cape Cod at one of its sites. I hereby give permission for photographs and other media materials to be used for promotional display purposes and local media and news coverage.

Parent/Guardian's Initials: \_\_\_\_\_

4) CAPE COD YMCA, INC. RELEASE AND DISCLOSURE WAIVER:

I am aware in signing this document for my child's participation in various or certain programs and activities offered by Cape Cod YMCA, Inc., that certain elements of such programs or activities can be physically or emotionally demanding. The Cape Cod YMCA staff will use reasonable efforts to minimize my child's exposure to known risks, but I recognize that not all dangers and hazards can be foreseen. Further, I am aware that certain inherent risks exist in some programs and activities that are beyond the control of the Cape Cod YMCA. I acknowledge the absolute responsibility of my child to follow safety rules, standards, guidelines and procedures established for each activity and program. Failure to follow such rules and regulations may result in my child's dismissal from the program. I will encourage my child to ask for clarification or assistance if he/she doesn't understand any safety instructions.

I knowingly release and hold Cape Cod YMCA, Inc., and its employees, agents, volunteers, officers and directors, harmless from and against all liability for loss or injury to my child resulting from his/her participation in any activity or program. I agree to indemnify Cape Cod YMCA, Inc., and its employees, volunteers, agents, officers and directors, for all costs and expense which it or they may incur due to claims or demands alleging such an injury, including settlement payments, court judgments, and legal defense fees. I agree that Cape Cod YMCA shall have final authority regarding the defense and settlement of claims or suits brought against it or any of its employees, agents, volunteers, officers or directors, claiming any such injury.

Parent/Guardian's Initials: \_\_\_\_\_

5) AUTHORIZATION TO ADMINISTER MEDICATION FORM REQUIREMENT:

I \_\_\_\_\_ understand that the Authorization To Administer Medication Form must be completed prior to camp. Contact the Camp Lyndon nurse or WB YMCA Day Camp Director with any questions. This form will be available prior to and on the first day of each session of camp. Medications MUST be brought to camp by a parent/guardian. Medications MUST be in the original container with a correct and current prescription label (pharmacy will provide a separate container upon request).

Parent/Guardian's Initials: \_\_\_\_\_

6) AUTHORIZATION TO PROVIDE CARE

In the event of illness or accident to my child while attending YMCA Summer Camp, I hereby authorize the Director, Nurse of the Camp or the medical personnel selected by the Camp Director/Assistant Camp Director to administer and/or secure prompt medical treatment for my child. Unless otherwise noted, I authorize the Camp Nurse or Camp Director/Assistant Camp Director to administer Tylenol (acetaminophen) or Motrin/Advil (ibuprofen) for pain or fever. I also give permission to release any records necessary for insurance purposes and to provide or arrange related transportation for my child to the nearest medical facility as necessary. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director/Assistant Camp Director to secure and administer treatment, including hospitalization for my child. I also state this health history is correct to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted.

Please note exceptions: \_\_\_\_\_

Parent/Guardian's Initials: \_\_\_\_\_

Your signature signifies that you have read and agree to the above information.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Camper's Name: \_\_\_\_\_