

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 8 through 13.
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 1st.
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. 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 14.

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 Wednesday 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 125 or x208.

For Camp policy and program questions please call WB Day Camp (508) 362-6500 X 125.

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: _____

All fees listed are per week

	Week 1	NO CAMP July 4th Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
6/23 - 6/27										
6/30 - 7/4										
7/7 - 7/11										
7/14 - 7/18										
7/21 - 7/25										
7/28 - 8/1										
8/4 - 8/8										
8/11 - 8/15										
8/18 - 8/22										
8/25 - 8/29										

CAMPS	FEES M=Member N=Non-Member	6/23 - 6/27	6/30 - 7/4	7/7 - 7/11	7/14 - 7/18	7/21 - 7/25	7/28 - 8/1	8/4 - 8/8	8/11 - 8/15	8/18 - 8/22	8/25 - 8/29	TOTAL
2014 Registration Fee	\$25											\$25
Ages 5-6 Years	M \$250 N \$375	1	2	3	4	5	6	7	8	9	10	
Ages 7-11 Years	M \$210 N \$310	1	2	3	4	5	6	7	8	9	10	
EXTENDED CARE, Must be a WB Day Camper to Attend	FEES											TOTAL
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	
LUNCH PROGRAM	FEES	<input type="checkbox"/> Check here to have Free/Reduced Lunch information sent to your home										TOTAL
Lunch Program	\$16.75	1	2	3	4	5	6	7	8	9	10	
MULTI CHILD DISCOUNT	Each additional child will receive a \$12.50 discount per week off total tuition, excluding Kiddie Camp											-
EMPLOYEE DISCOUNT (see employee handbook)												
PAYMENT INFORMATION	TOTAL AMOUNT DUE:											

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.



HELP A CHILD IN NEED DISCOVER FUN THIS SUMMER

I would like to donate and help send a child to YMCA Cape Cod summer camp.

☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ OTHER \$ _____

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:

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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

For your child's protection and safety it is mandatory that the Camp Director have your current phone number and at least one emergency contact at all times all changes to this information must be given directly to the Camp Director or Assistant Camp Director.

If early pick up is deemed necessary due to illness or discipline issues; by our Directors and a call has been made to you the parent or your emergency contact it is our policy that pick up take place within the hour.

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 5 waivers/authorization.

- 1) If early pick up is deemed necessary due to illness or discipline issues; by our Directors and a call has been made to you the parent or your emergency contact it is our policy that pick up take place within the hour.

Parent/Guardian's Initials: _____

- 2) 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: _____

- 3) 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: _____

- 4) 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: _____

- 5) 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: _____