



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOOL'S OUT FOR SUMMER!



PRE-CAMP (AGES 5—13)

School's out, join us for a summer experience like no other! Get excited for camp activities including ropes, boating, outdoor education, crafts, swimming, and so much more. We know it's not summer just yet but we had to share this little ray of sunshine...

- Ages 5-6 | \$52 & Ages 7-13 | \$49
- Camp Lyndon & West Barnstable
- June 20th & 21st
 - Camp Lyndon | 8:00am-4:30pm
 - West Barnstable | 7:30am-5:30pm

YMCA CAPE COD
2245 Iyannough Rd.
West Barnstable, MA 02668
1-508-362-6500



REGISTRATION

FINANCIAL ASSISTANCE AVAILABLE - Contact Finance Associate at 508-362-6500 x113

Camper's First Name: _____ Camper's Last Name: _____

Date of Birth: ____ / ____ / ____ Phone: _____

PLEASE CHECK OFF DESIRED WEEKS OF CAMP					
Camps	Age	Fee	June 20th	June 21st	Total
Camp Lyndon	5-6	\$52			
Camp Lyndon	7-13	\$49			
West Barnstable Camp	5-6	\$52			
West Barnstable Camp	7-13	\$49			
Payment Information			Total Amount Due:		

TOTAL PAYMENT DUE AT THE TIME OF REGISTRATION



Bus transportation to Camp Lyndon included!

Buses will leave North Falmouth Elementary School at 8:15 and arrive back at 4:30. Parents may also drop students at Camp Lyndon at 9:00 and pick them up at 4:00pm.

West Barnstable campers must be dropped off and picked up at the Y on Rt 132 by parents or guardians.

CURRENT PHYSICALS AND IMMUNIZATIONS REQUIRED!

Make checks payable to: YMCA Cape Cod

Charge \$ _____ to the following credit card: _____ Mastercard _____ Visa

Card number: _____ Exp: _____

Print name of card holder: _____

Signature of card holder: _____

THE FOLLOWING PAGES ARE REQUIRED FOR REGISTRATION!



REGISTRATION – MEDICAL HISTORY

HIPAA – All health records are securely stored and kept confidential according to all HIPAA laws.

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 _____

*Make sure forms are filled out completely. If not applicable, please write N/A.

Chronic or recurring illness/medical condition _____

Dietary restrictions _____

Allergies _____

Current Medications _____

Behavior concerns we should be aware of:

CHILD CAN NOT ATTEND CAMP WITHOUT FOLLOWING DOCUMENTATION

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: _____

REGISTRATION – CONTACT & EMERGENCY INFORMATION

Your child will not be released to any person other than those indicated on the sheet below.
Photo I.D. is required by anyone when picking up a child.

In case of an emergency/ illness, we will call the following contacts in the order listed unless otherwise noted.

EMERGENCY CONTACTS / AUTHORIZATION FOR PICK – UP

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.

If early pick-up is deemed necessary by director due to illness or discipline issues, a call will be made to you the parent or your emergency contact. **It is our policy that pick-up take place within the hour.**

Parent/Guardian/Relationship _____ Best Phone# _____

Address _____

Email Address _____

Parent/Guardian/Relationship _____ Best Phone # _____

Address _____

Email Address _____

Emergency Contact _____ Day Phone # _____

Relationship _____ Other Phone # _____

Emergency Contact _____ Day Phone # _____

Relationship _____ Other Phone # _____

Emergency Contact _____ Day Phone # _____

Relationship _____ Other Phone # _____

**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 CURRENT RESTRAINING ORDER REGARDING WHO MAY HAVE CONTACT WITH THIS CHILD?

IS THERE A COURT ORDER IN REGARD TO THE CHILD'S CUSTODY?

Signature of parent/guardian _____

Relationship to child _____ Date _____

REGISTRATION – AUTOMATIC WITHDRAWALS

WEEKLY CAMP TUITION PAYMENTS

EFT -Electronic Funds Transfer Agreement

Child's name (a separate form is required for each child): _____

I, _____, authorize my bank to make payment electronically on a weekly basis to the YMCA Cape Cod, to be posted to my child care account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US. law.

BANK INFORMATION

Checking Account# _____ Bank Transit Routing Number _____

(Please attached voided check)

Full Name of Bank: _____

PAYMENT DATES AND AMOUNTS

Weekly Amount of EFT= \$ Total account balance First Payment Date: _____

1. I understand that child care and other fees change periodically. 30 days advance notice is always given. By signing below, I authorize YMCA Cape Cod to charge my account for my total outstanding balance each week including any rate increases.
2. I understand that if I wish to terminate this authorization, I must notify the YMCA Cape Cod in writing at least ten (10) days prior to the next scheduled bank craft transaction.
3. Should any draft not be honored by my bank for any reason, I understand that I am still responsible for that payment plus a service charge (currently \$25) applied by the YMCA Cape Cod This is in addition to any service fee my bank may charge me.
4. I understand that after three unpaid drafts within a year, EFT payments will stop. For the following year, I will be required to pay the amount due each week by check or money order or cash. Cash payments are only accepted at the main reception desk at the West Barnstable YMCA.
5. I understand that if my payments fall behind more than 2 weeks, the YMCA Cape Cod will begin the termination process, as stated in the parent handbook.
6. I understand that the YMCA will process an EFT file weekly. Ordinarily it will be on Thursday, one week in advance, but if the agency is closed or if there are unforeseen circumstances, the YMCA reserves the right to process the EFT on any other day that week. Past due amounts CAN NOT BE PAID VIA EFT. Any past due amount must be paid by check, money order, or cash.
7. I understand that clerical errors can be made and agree to hold the YMCA Cape Cod harmless for any errors made in processing my weekly EFT payments.

Signed: _____ Date: _____ Print Name: _____

Note: Written debit authorization must provide that the receiver may revoke only by notifying originator as specified in authorization.

REGISTRATION – WAIVER & AUTHORIZATION FORM

WAIVERS: Please carefully read the following 7 waivers/authorizations

1) FIELD TRIP WAIVER:

I hereby give my child permission to leave YMCA property on a bus to participate in off-site activities.

Advance notice will always be given.

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 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 to administer and/or secure prompt medical treatment for my child. 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 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.

Parent/Guardian's Initials: _____

6) 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 parent handbook.

Parent/Guardian's Initials: _____

REGISTRATION – WAIVER & AUTHORIZATION FORM

WAIVERS: Please carefully read the following 7 waivers/authorizations

7) HIGH ROPES WAIVER:

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: This is a legally, binding agreement. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Cape Cod YMCA, Inc. Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Challenge Course/Ropes activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Challenge Course/Ropes participation, including but in no way limited to: (1) slips, trips, and falls, (2) encounters with nature including toxic plants and animals, (3) aquatic injuries, and (4) athletic injuries. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Challenge Course/Ropes participation and that said list in no way limits the operation of this Agreement.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in YMCA Cape Cod, Inc's Challenge Course/Ropes program, _____ the parent/ guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Cape Cod YMCA, Inc., it's officers, agents, and employees from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Cape Cod YMCA, Inc. on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Cape Cod YMCA, Inc. facilities/equipment or participation in Cape Cod YMCA, Inc. programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Cape Cod YMCA, Inc., its officers, agents, and employees.

In consideration of the named minor's participation in Challenge Course/Ropes I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Cape Cod YMCA, Inc., its agents and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's Challenge Course/Ropes participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Challenge Course/Ropes participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Challenge Course/Ropes and that by signing this agreement I hereby, on behalf of myself and the named minor, release Cape Cod YMCA, Inc., it's officers, agents, and employees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in Challenge Course/Ropes.

I, in my legal capacity as parent/guardian of the named minor, expressly agree, on behalf of myself and the named minor, that this document is intended to be as broad and inclusive as permitted by the law of Massachusetts and that if any portion of the document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Furthermore, I expressly agree that this document shall be governed by and interpreted in accordance with the laws of Massachusetts and that Massachusetts shall have exclusive venue to hear any and all disputes relating to or arising from this document.

I furtherer certify that my date of birth is ___/___/____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will. The foregoing written agreement represents the entire understanding between the parties. No oral representations, statements or inducement apart from the foregoing written agreement have been made.

IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____ in the year _____.

Participant Name (Print Clearly)

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

