

CAMPER REGISTRATION FORM

Please Fill Out Completely



To be completed by PARENT or GUARDIAN

Camper's Name: _____

Birth Date: ____/____/____

CAMP REGISTRATION* Please indicate your choice of camp, session dates, meal plan, electives and extended care selections below.

1. PLEASE INDICATE YOUR CAMP SELECTION BY CHECKING THE WHITE BOX BELOW:

BASKETBALL CAMP		Session 1: June 25-29	Session 2: Jul 23-27	Session 3: Aug 13-17
Member \$110/wk	<input type="checkbox"/>	A: 8-10:00 am (Ages 6-9)	<input type="checkbox"/>	A: 8-10:00 am (Ages 6-9)
Public \$135/wk	<input type="checkbox"/>	B: 10 am- 12 pm (Ages 10-13)	<input type="checkbox"/>	B: 10 am- 12 pm (Ages 10-13)
OR	<input type="checkbox"/>	CAMP BLUE (ages 5-12)	<input type="checkbox"/>	LEADERS-IN-TRAINING (13-14)
		Member \$240/wk; Public \$275/wk		Member \$206/wk; Public \$235/wk
			<input type="checkbox"/>	COUNSELORS-IN-TRAINING* (15-16)
				Member \$125/ wk; Public \$142/wk

*CIT program requires a separate application to be completed by the participant. Download the application at www.ymcamv.org, or contact Apryl Anastacio, SACC Director at 508 696 7171 x 105 or aa@ymcamv.org for a copy.

2. CAMP OPTIONS: PLEASE SELECT SESSION DATES AND IF YOU NEED ANY OF THE FOLLOWING: MEAL PLAN, ELECTIVE, OR EXTENDED CARE

See Adventure Elective information below* Indicate if you need AM, PM or BOTH and what days

SESSION 1: FARM-TASTIC!

Please circle one

Please circle either A, P or both on the day you need care

- June 25 - 29 meal plan elective (sail, farm, equine, swim) Extended Care: Mon A/P Tues A/P Wed A/P Thurs A/P Fri A/P
- July 2 - 6 meal plan elective (sail, farm, equine, swim) Extended Care: Mon A/P Tues A/P Wed A/P Thurs A/P Fri A/P

SESSION 2: MARITIME MADNESS

- July 9 - 13 meal plan elective (sail, farm, equine, swim) Extended Care: Mon A/P Tues A/P Wed A/P Thurs A/P Fri A/P
- July 16 - 20 meal plan elective (sail, farm, equine, swim) Extended Care: Mon A/P Tues A/P Wed A/P Thurs A/P Fri A/P

SESSION 3: FUNNY FARM

- July 23 - 27 meal plan elective (sail, farm, equine, swim) Extended Care: Mon A/P Tues A/P Wed A/P Thurs A/P Fri A/P
- July 30-Aug 3 meal plan elective (sail, farm, equine, swim) Extended Care: Mon A/P Tues A/P Wed A/P Thurs A/P Fri A/P

SESSION 4: AMITY ISLAND

- Aug 6 - 10 meal plan elective (sail, farm, equine, swim) Extended Care: Mon A/P Tues A/P Wed A/P Thurs A/P Fri A/P
- Aug 13 - 17 meal plan elective (sail, farm, equine, swim) Extended Care: Mon A/P Tues A/P Wed A/P Thurs A/P Fri A/P

SESSION 5: WET, WILD & WACKY

- Aug 20 - 24 meal plan elective (sail, farm, equine, swim) Extended Care: Mon A/P Tues A/P Wed A/P Thurs A/P Fri A/P

*Adventure Electives, Meal Plans and Extended Care must be registered and paid for in advance; separate fees apply.

ADVENTURE ELECTIVES	TALL SHIP ADVENTURE	FARM ADVENTURE	EQUINE ADVENTURE	LEARN TO SWIM
Dates offered	July 2-27 (4 weeks)	July 9 - Aug 17	all weeks	all weeks (Tues or Thurs)
Fees	\$35/week	\$10/week	\$20/week	\$5/lesson

MEAL PLAN Lunch service is provided through the Y Café and provides a set menu for all five days of camp. **Fee:** \$50/week

EXTENDED CARE AM Care: 8-9am; PM Care: 4-5pm. **Fee:** AM & PM (5 days): \$42; AM OR PM (5 days): \$21; AM OR PM Daily rates:\$6/day

PAYMENT METHOD

PAYMENT METHOD: Check enclosed Draft from checking account Credit Card (please circle: Master Card, Visa, AMEX, Discover)

Card No.: _____ Exp. Date: ____/____/____ CVV: _____

Bank account #: _____ Routing #: _____

Billing Address: _____

City/State/Zip: _____

Name on Card: _____ Signature: _____

Please note:

- A non-refundable deposit of \$35/week or \$50/family is required at registration and is applied toward the total camp fees
- The balance of all camp fees are due 2 weeks prior to the start of camp
- A scheduled payment can be set up to help you make your payments. Please indicate the payment method and schedule date below.

Please indicate payment and initial for approval:

- Full payment (check/money order) included with this registration form Initial _____
- Deposit included; please schedule payment of balance using the credit card or checking account listed above on (please indicate date) _____. Initial _____
- Use credit card or checking account listed above for deposit now; please schedule balance payment on (please indicate date) _____. Initial _____
- Use credit card or checking account listed above now for full balance. Initial _____

Camp is an opportunity for new experiences and to make new friends.

For this reason we do not accept camper grouping requests.

SEND THE COMPLETED REGISTRATION FORM WITH IMMUNIZATION RECORD, COPY OF PHYSICAL AND DEPOSIT TO:

YMCA of MV
Attn: Summer Camp
111R Edgartown VH Rd.
Vineyard Haven, MA 02568

CAMPER NAME:

CAMPER INFORMATION FORM

Please Fill Out
Completely



***PLEASE NOTE: A complete physical and current record of immunizations must attend this form at the time of registration.**

Camper's Last Name: _____ First Name: _____
Address: _____ City/State/Zip: _____
 Male Female Birth Date: ____/____/____ Email: _____
Grade entering September 2012: _____ Age: _____ Home # () _____
Father or Guardian Name: _____ Day Phone # () _____
Cell Phone # () _____
Mother or Guardian Name: _____ Day Phone # () _____
Cell Phone # () _____

EMERGENCY CONTACT INFORMATION: (by MA state law—phone # must be other than home)

1. Name: _____ Day Phone # () _____
2. Name: _____ Day Phone # () _____

PERMISSION SLIP (Signature Required)

- I give permission for my child to participate in all camp activities (including swimming) and field trips.
- I give permission to use any pictures taken of my child during participation at camp for YMCA promotional purposes
- I understand the camp fees do not include health & accident insurance, and I will be responsible for any and all charges incurred for prompt medical treatment.

Parent/Guardian Signature: _____

PICK UP AUTHORIZATION: (All campers must be signed in and out by an authorized adult—Signature Required)

The following individuals have authorization to pick up my child. The Parent/Guardian listed above does not need to be included. Please inform anyone that you list that a photo ID will be required at time of pick up.

1. Name: _____ Day Phone # () _____
2. Name: _____ Day Phone # () _____
3. Name: _____ Day Phone # () _____

Parent/Guardian Signature: _____

HEALTH HISTORY (Please submit current physical and record of immunizations with this form)

Doctor preference: _____ Phone # () _____

Please list any allergies to bee stings, food, medications, etc: _____

Please list any medications (including inhalers) that the camper is on: _____

Please indicate if your child is under the care of a physician for any of the following conditions:

- Seizure Disorder Ear infection/tubes Diabetes Convulsions Insect Stings/Allergy/Sensitivity
- Penicillin Allergy Asthma ADD/ADHD Other _____

Any recommendations and/or restrictions while at camp: _____

Any additional health information: _____

Insurance Carrier: _____ Policy #: _____

Important—the following information must be completed for attendance: (Signature required)

PLEASE NOTE: As a requirement of our licensure by the board of health, your child will not be permitted into camp without:

- A current physical (within 1 year) signed by your physician.
- A complete record of Immunizations (signed and dated by physician or nurse practitioner), including:
By age 5, all children must have 5 doses of DTP or DTaP, MMR and poliomyelitis, and IPV vaccines.
By age 12, children also need 3 doses of hepatitis B, varicella, and a booster of Td vaccine.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the camp to order x-rays, routine tests, and treatment for my child. In the event that I cannot be reached in an emergency, I also hereby permit the physician selected by the camp staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I also give permission for routine medical care for my child by the camp. This form may be photocopied for use off camp property. Parent/Guardian Signature: _____ Date: _____

CAMPER NAME: _____