



CAMP TERRA MARE REGISTRATION FORM

***PLEASE NOTE:** A current record of immunizations must accompany this form at the time of registration.
Registration will not be accepted if form is incomplete.

CAMPER INFORMATION

Camper's Last Name: _____

First Name: _____

Address: _____

City/State/Zip: _____

Male Female Birth Date: ____/____/____

Email: _____

Grade entering September 2019: _____ Age: _____

Home # () _____

Parent or Guardian Name: _____

Day Phone # () _____

Cell Phone # () _____

Parent or Guardian Name: _____

Day Phone # () _____

Cell Phone # () _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP INFORMATION (in addition to names listed above)

(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 # () _____

*Please inform us if there is anyone who is not allowed to pick up your child: _____

HEALTH HISTORY (Please attached additional page(s) if necessary)

Doctor: _____

Phone # () _____

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

Please list any medications (including inhalers) that the camper takes regularly: _____

Please indicate if your child is under the care of a physician for any of the following conditions (circle all that apply):

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: As a required by the Board of Health, your child will not be permitted into camp without 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 AND WAIVER OF LIABILITY:

I give permission for my child to participate in all camp activities, routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I give permission to use any pictures taken of my child during participation at camp for promotional purposes.

I give permission for all persons listed on this form to pick up my child and/or be contact if I cannot be reached.

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.

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.

I have read and understand the Parent/Guardian Consent Form, Behavior Management Guidelines, general information, & Family Handbook.

Parent/Guardian Signature: _____

Date: _____

- ★ Normal pick up is by 4:00pm each day. If your child is not picked up by 4:00pm you will be charged for extended care at a cost of \$10.00 per occurrence.
- ★ Extended afternoon care pick up is by 5:15pm each day (you must be pre-registered). If your child is not picked up by 5:15pm you will be charged a fee of \$5.00 per every minute after 5:15pm.

This policy will be enforced

Initial: _____

CAMPER NAME: _____

MEDICAL: Asthma Seizure condition Allergy

Other _____

CAMP TERRA MARE REGISTRATION FORM

To be completed by parent or guardian

Camper's Name: _____

Date of Birth: _____

T-shirt size, circle one: Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult XL

How many years have you attend our summer camp program? (please circle)

First time! One summer Two summers Three or more

Please note that space in summer camp is limited. Registration, if not done in person, is not guaranteed until your registration form has been processed, at which point you will receive a phone call or email to confirm your registration.

PLEASE CHECK THE CORRESPONDING BOX FOR EACH CAMP WEEK YOU WOULD LIKE TO REGISTER FOR:

Camp Terra Mare	FEES M=Member P=Public	Week 1 June 24-28	Week 2 July 1-5*	Week 3 July 8-12	Week 4 July 15-19	Week 5 July 22-26	Week 6 Jul 29 - Aug 2	Week 7 Aug 5-9	Week 8 Aug 12-16	TOTAL
Weekly Registration	M \$255 P \$305									
2019 Registration Fee	\$15									\$15
EXTENDED CARE	FEES (full week, 5 days)	Week 1 June 24-28	Week 2 July 1-5*	Week 3 July 8-12	Week 4 July 15-19	Week 5 July 22-26	Week 6 Jul 29 - Aug 2	Week 7 Aug 5-9	Week 8 Aug 12-16	TOTAL
AM 8:00-9:00	\$30									
PM 4:00-5:15	\$35									
AM & PM Care	\$60									
Sibling Discount										TOTAL
Multi-child	Siblings receive a \$5/child per week discount									-
PAYMENT INFORMATION (To be completed by Member Services)										
Total Camp Fees (sum of all weeks + extended care - discount if applicable):										\$
Balance Due at time of Registration (\$15 registration fee + \$25 non-refundable deposit per week attending):										\$

*no camp July 4th, price for camp week is prorated at registration

CAMP FEES AND DEPOSIT

The balance of camp fees are due 2 weeks prior to the start of each camp week. The deposit for each week is applied towards the total camp fee. A written 2 week notice is required if you wish to withdraw your child from camp. Tuition, less the \$15 registration fee and \$25 deposit per week, will be refunded if notice is received two weeks prior to your child's camp session. See Family Handbook for full refund policy

Initial : _____

PAYMENT METHOD

(please circle one): 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 indicate payment method and initial for approval:

☐ Full payment (check/money order) included with this registration form Initial _____

☐ Full payment charged to credit card or checking account listed above Initial _____

Scheduled weekly payments:

☐ Deposit included (check/money order) Initial _____

☐ Deposit charged to credit card or checking account listed above Initial _____

I approve weekly balances to be scheduled to be charged 2 weeks prior to each week's start date to card listed above.

Initial _____

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

For this reason we do not accept camper grouping requests.

YMCA OF MARTHA'S VINEYARD

W www.ymcamv.org P 508.696.7171

E camp@ymcamv.org

Swartz Family Facility Home of Alex's Place

111R Edgartown Vineyard Haven Rd.

Vineyard Haven, MA 02568

**SEND COMPLETE REGISTRATION
FORM WITH IMMUNIZATION
RECORD AND DEPOSIT TO:**

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

Email: Camp@ymcamv.org
Registration forms not accepted by fax