



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 NAME: _____

Camper's Last Name: _____

First Name: _____

Address: _____

City/State/Zip: _____

Male Female Birth Date: ____/____/____

Email: _____

Age child will be while attending camp: _____

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 # () _____

Allergies:

- No Allergies
- Yes, Food Allergies. Describe: _____
 Risk of Anaphylaxis? (Please attach emergency allergy plan)
- Yes, Drug Allergies. Describe: _____
 Risk of Anaphylaxis? (Please attach emergency allergy plan)
- Yes, Environmental Allergies. Describe: _____
 Risk of Anaphylaxis? (Please attach emergency allergy plan)

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
Asthma (please attach emergency plan if applicable)			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: _____

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

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 29 -July 3rd	Week 2 July 6-10	Week 3 July 13-17	Week 4 July 20-24	Week 5 July 27-31	Week 6 August 3-7	Week 7 August 10-14	Week 8 August 17-21	TOTAL
Weekly Registration	M \$270 P \$325									
2020 Registration Fee	\$15									\$15
EXTENDED CARE	FEES (full week, 5 days)	Week 1 June 29 -July 3rd	Week 2 July 6-10	Week 3 July 13-17	Week 4 July 20-24	Week 5 July 27-31	Week 6 August 3-7	Week 7 August 10-14	Week 8 August 17-21	TOTAL
AM 8:00-9:00	\$30									
PM 4:00-5:15	\$40									
AM & PM Care	\$60									
Sibling Discount										TOTAL
Multi-child	Siblings receive a \$15/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):										\$

*Sibling Discount is not applicable when family is using outside subsidies or receiving Y Financial Assistance.

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 _____

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

★ Normal pick up is by 4:00pm each day. If your child is not picked up by 4:00pm you will be charged a late fee 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.

Initial: _____

All About Me!

Hello Parents & Caregivers! This form is an optional form for you to use to help us to get to know your child a bit, in advance of meeting them at camp. If your child has an IEP, Behavior Plan, medical history or any other documentation you would like to share, please do include that information with your registration packet. If you have any specific questions about our ability to meet the needs of your child please contact our Camp Director Tara Dinkel at tdinkel@ymcamv.org or 508-696-7171 ext. 117

Name: _____ **Age:** _____

Favorite Thing(s) To Do: _____

Favorite Movie or Show: _____

Favorite Food(s): _____

Favorite Song(s): _____

Favorite Book(s): _____

When I Grow Up I Want To Be: _____

What Makes Me Happy: _____

What Makes Me Upset, Sad or Uncomfortable: _____

What Does It Look Like When I am Upset, Sad or Uncomfortable: _____

How Can Our Camp Staff Help Your Child When They Are Upset, Sad, or Uncomfortable: _____

How Would You Describe Your Child? And Please Share Any Additional Information You Would Like For Us To Have About Your Child:

*Please note that this information will be shared with our camp leadership team & your child's camp counselors