

2010 METROWEST YMCA DAY CAMP REGISTRATION FORM

PLEASE FILL OUT BOTH SIDES OF THIS FORM. PLEASE PRINT

One form per child. To enroll more than one child, please download a copy of this form from our website.

CAMPER NAME

Sex: M F Age: Birthdate:
Grade Completed by June 2010 (circle one) PreK K 1 2 3 4 5 6 7 8 9
Address: Town Zip
Family E-MAIL (required)
T-shirt Size (circle ONE) 4T Youth Small Youth Medium Youth Large Small Med Large XL XXL XXXL

Is your child new to the MetroWest YMCA Day Camp? Yes No #of years Last Camp Attended

PARENT/GUARDIAN NAME #1

Address:
City,State,Zip:
Home Phone:
Work Phone:
Cell Phone:
EMAIL:

PARENT/GUARDIAN NAME #2

Address:
City,State,Zip:
Home Phone:
Work Phone:
Cell Phone:
EMAIL:

EMERGENCY CONTACT #1

Name:
Relationship to Camper:
Home Phone:
Work Phone:
Cell Phone:

EMERGENCY CONTACT #2

Name:
Relationship to Camper:
Home Phone:
Work Phone:
Cell Phone:

PARENT PICK-UP AUTHORIZATION

Please list up to six people, who are authorized to pick up your child from camp bus or extended care. Parents and guardians listed above are automatically authorized unless specifically listed as Non-Authorized. Your child will only be released to an authorized person who has a photo ID:

1. 2. 3.
4. 5. 6.

NON-AUTHORIZED PICK-UP

1. 2.
3. 4.

IN THE SIGNING OF THIS REGISTRATION FORM, PARENTS/GUARDIANS ACCEPT THE FOLLOWING STATEMENTS:

- The non-refundable deposit (\$50 per session per child) for camps to be registered for on the reverse of this form is enclosed.
- If the complete camp tuition has not been paid two weeks before the beginning of my child's camp session, or a suitable payment plan arranged with the YMCA is not in place, my child will be withdrawn from camp by the YMCA.
- I understand that after the camper's registration has been accepted, if the camper subsequently fails to attend, withdraws, experiences incomplete attendance for any reason, or is dismissed, no refund, transfer of any deposit or tuition paid will be made. This applies to all camp programs including buses and extended care. A refund for medical reasons will be considered, but such a request must be accompanied by a note from your child's doctor, explaining why your child can not attend camp.
- I agree to have all medical forms completed and returned to Camp by June 1, 2010 and understand that my child may not attend Camp until the properly completed forms and all payments have been received by Camp. I also understand that my child's last physical examination must be within the last 24 months prior to their first registered camp day.
- The MetroWest YMCA may make, have, use, publish and reproduce photographs, slides, motion pictures and/or video of my child for its record or public relations efforts. I understand that I must write a signed letter to the Camp Director stating any limitations or refusal of use of such pictures/video in order for my child to not be photographed or video taped.
- I grant permission for my child to participate in all MetroWest YMCA Day Camp programs, activities and events including out-of camp trips by Camp or commercial transportation, and overnights, understanding that Camp leadership will be provided.
- I understand that the Camp Director and Executive Director of the MetroWest YMCA Day Camp reserve the right to dismiss a camper (without refund) when in his/her judgment that camper's behavior is inappropriate, disruptive or unsafe to themselves or others.
- In the event that I cannot be reached in an emergency, I give permission to the physician selected by the MetroWest YMCA to secure and administer treatment, including hospitalization for my child. I also give permission to the medical personnel selected by the Camp Director and/or Camp Nurse to order x-rays, routine tests, treatment and necessary transportation. My child's medical forms may be copied for out of camp trips.
- I understand that it is my responsibility to bring any special concerns, medical or otherwise, about my child to the Camp Director's attention at the time of registration.
- I understand that the YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his or her physical condition or resulting from his or her participation in any activities, the use of equipment, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries which may result from participation in these activities.
- I hereby release and discharge the MetroWest YMCA, its agents, servants, and employees from any and all claims of injury, illness, death, loss, or damage which my child may suffer as a result of his or her participation in these activities. I understand that the MetroWest YMCA is not responsible for personal items lost or stolen while members and/or program participants are using the YMCA facilities on YMCA premises.
- I have read, I understand, and I accept the MetroWest YMCA price schedule and registration policies.

SIGNED

Parent/Guardian Signature

Date

See reverse side for program registration and rates.

