

CAMP OCP REGISTRATION FORM

CAMPER NAME: _____ Grade entering September 2010: _____
Sex: _____ Date of Birth _____ / _____ / _____ Home phone: _____
Home Address: _____
Custodial parent/guardian _____ Daytime Phone _____ email _____
Second parent or guardian _____ Daytime Phone _____ email _____
Home Address _____

Please circle the appropriate fee then mark each session (8:00am-5:00pm) and After Camp Care (5:00pm-6:00pm) for which you are registering. In order to receive member rates, memberships must be active through August 29, 2010.

Rates per weekly session:

Member rate (8am-5pm): \$242

Non-member rate (8am-5pm): \$295

Optional After Camp Care (5:00-6:00pm) \$25

____ Session 1: June 28-July 2

____ After Camp Care

____ Session 6: August 2-August 6

____ After Camp Care

____ Session 2: July 5-July 9

____ After Camp Care

____ Session 7: August 9-August 13

____ After Camp Care

____ Session 3: July 12-July 17

____ After Camp Care

____ Session 8: August 16-August 20

____ After Camp Care

____ Session 4: July 19-July 24

____ After Camp Care

____ Session 9: August 23-August 27

____ After Camp Care

____ Session 5: July 26-July 30

____ After Camp Care

METHOD OF PAYMENT

____ # of Sessions X \$50 deposit per session (non-refundable) + total After Camp Care fees = _____ Total Enclosed

____ **Check** (Payable to MetroWest YMCA) _____ **Cash** _____ **Credit Card** (____ MasterCard _____ Visa _____ Discover)

Account Number: _____ Expiration Date _____

Signature: _____

____ I plan on applying for Y Assist - YMCA financial assistance (**deposit is still required**)

____ I have an EEC voucher for financial assistance (**deposit is NOT required if voucher is submitted with registration materials**)

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

1. I understand that a \$50 registration deposit per session must accompany this form to reserve a place on the roster. This deposit is non-refundable, but will be credited toward the cost of the Summer Program sessions. All After Camp Care fees are also required at time of registration.
2. If the complete camp tuition including After Camp fees have not been paid, my child will not be able to attend the program. For June sessions, full payment is due on May 1; for July camp sessions, full payment is due June 1; for August camp sessions, full payment is due July 1.
3. I understand that my child may not attend Camp until all of 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.
4. 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 After Camp 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.
5. I understand that the MetroWest YMCA reserves 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. (Please review the parent handbook.)
6. 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 of refusal of use of such pictures/video in order for my child to not be photographed or video taped.
7. I grant permission for my child to participate in all MetroWest YMCA Camp OCP programs, activities and events including out-of camp trips by Camp or commercial transportation, understanding that Camp supervision will be provided.
8. 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.
9. Children picked up more than 5 minutes after closing time, will be assessed a late pick up fee of \$1 a minute per child. We are only budgeted to pay staff until closing this late pick-up fee helps to compensate the staff for their time. You will be notified if this occurs and will be billed on your next statement.
10. 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.
11. I hereby release and discharge the MetroWest YMCA, it's 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 which may have been lost or stolen while members and/or program participants are using the YMCA facilities on YMCA premises.
12. I have read, I understand, and I accept the MetroWest YMCA price schedule and registration policies.

Parent/Guardian Signature

Date



**Please return the completed registration form, health form and deposit to:
MetroWest YMCA Attn: Camp OCP, 280 Old Connecticut Path, Framingham, MA 01701**