



YMCA
We build strong kids,
strong families, strong communities.

Camper's Last Name: _____

Camper's First Name: _____

METROWEST YMCA CAMPER INFORMATION 2009

All information contained in this form is confidential. Only staff that relate to your child will have access to the information contained below. All information is voluntary and helps us provide the most positive experience possible for your child.

Please write the **name of the camp** that your child will be attending for **each session** that he or she will be here:

Name of Camp _____ Name of Camp _____ Name of Camp _____
Session 1 (6/29 – 7/10/09) Session 2 (7/13 – 7/24/09) Session 3 (7/27 – 8/7/09)

Name of Camp _____ Name of Camp _____
Session 4 (8/10 – 8/21/09) Session 5 (8/24 – 8/28/09)

Nickname (if any): _____ Age: ____ Sex: ____

Parent/Guardian Full Name: _____ Day Phone: _____

Parent/Guardian Full Name: _____ Day Phone: _____

Has your child previously attended day camp or any other organized program (other than school)? _____

What would you like your child to gain from this camping experience? _____

Other information of which we should be aware (i.e. visitation arrangements, family situations, specific fears or dislikes, etc.)

Please take a few minutes to read the descriptions below. Check off as many as you believe apply to your child. This will help us provide an easy adjustment to camp.

- | | | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Entertainer | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Serious | <input type="checkbox"/> Team Player | <input type="checkbox"/> Not likely to talk to Counselor |
| <input type="checkbox"/> Adventurous | <input type="checkbox"/> Independent | <input type="checkbox"/> Quiet | <input type="checkbox"/> Shy | <input type="checkbox"/> Competitive | <input type="checkbox"/> Likely to talk to Counselor |
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Laid back | <input type="checkbox"/> Restless | <input type="checkbox"/> Silly | <input type="checkbox"/> Good Listener | <input type="checkbox"/> Makes Friends Easily |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Outdoorsy | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Talkative | <input type="checkbox"/> Thoughtful | <input type="checkbox"/> Does not make friends easily |

Please indicate your child's swimming ability (i.e. non-swimmer, beginner, intermediate, or advanced; or specific swim class level)

Allergies _____
Physical or Social Limitations _____

Please DO / DO NOT group my child with _____
Summer camp is an opportunity to meet new friends and have new experiences. **With this in mind, the MetroWest YMCA will try, but cannot guarantee all friend requests.** We will pair up friends if and only if they are in the same grade, registered for the same camp, and each one appears on the other's Camper Information Sheet.

MAIL FORM TO: METROWEST YMCA HOPKINTON BRANCH, 45 EAST STREET, HOPKINTON, MA 01748 BY JUNE 1st