



Today's Date: \_\_\_\_\_

Please print information on form.

# 2019 CAMP REGISTRATION FORM

Return completed forms to Scantic Valley YMCA - 45 Post Office Park Wilbraham, MA 01095

## CHILD'S INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ GENDER:  FEMALE  MALE BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ YMCA OF GREATER SPRINGFIELD MEMBER?  YES  NO

## PARENT(S)/GUARDIAN(S) INFORMATION:

PARENT/GUARDIAN: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PRIMARY E-MAIL: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PRIMARY E-MAIL: \_\_\_\_\_

PERSON OR AGENCY HAVING LEGAL CUSTODY: \_\_\_\_\_

ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION: (MUST LIST 2; LOCAL AND OTHER THAN PARENT(S)/GUARDIAN(S) LISTED ABOVE)

FIRST EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ALTERNATIVE PHONE: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SECOND EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ALTERNATIVE PHONE: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PERSON(S) AUTHORIZED TO PICK-UP YOUR CHILD: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PERSON(S) AUTHORIZED TO PICK-UP YOUR CHILD: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PERSON(S) **NOT** AUTHORIZED TO PICK-UP YOUR CHILD: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PERSON(S) **NOT** AUTHORIZED TO PICK-UP YOUR CHILD: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PLEASE NOTE: APPROPRIATE PAPERWORK, SUCH AS CUSTODY PAPERS, MUST BE ATTACHED IF THE CUSTODIAL PARENT REQUESTS NOT TO RELEASE THE CHILD TO THE OTHER PARENT.

**MEDICAL INFORMATION:**

ALLERGIES OR INTOLERANCE TO FOOD, MEDICATION, OR ANY OTHER SUBSTANCE:

IF AN ALLERGIC REACTION OCCURS, PLEASE LIST STEPS TO RELIEVE REACTION:

CHRONIC PHYSICAL PROBLEMS, PERTINENT DEVELOPMENTAL INFORMATION, ANY SPECIAL ACCOMMODATIONS NEEDED:

**FOR SPECIAL ACCOMMODATIONS, OR TO SHARE IMPORTANT INFORMATION ABOUT YOUR CAMPER, PLEASE SCHEDULE A MEETING WITH THE CAMP DIRECTOR.**

DOES YOUR CHILD TAKE MEDICATIONS OR VITAMINS ON DOCTOR'S ORDERS? \_\_\_\_\_

PLEASE SPECIFY: \_\_\_\_\_

**REGISTRANTS MUST SUBMIT A PHYSICAL EXAMINATION COMPLETED BY THE CAMPER'S PHYSICIAN.**

CHILD'S PHYSICIAN AND OFFICE NAME: \_\_\_\_\_ PHYSICIAN'S PHONE: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:**

I give the YMCA of Greater Springfield permission to provide my child cardiopulmonary resuscitation (cpr) and first aid treatment by a certified staff member. I also give permission to transport my child by ambulance, staff vehicle, or YMCA vehicle to an emergency center for treatment. I authorize the YMCA of Greater Springfield to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs and I cannot be located immediately.

It is also understood that this agreement may only cover those situations which are true emergencies. I understand that the provider will make every effort to contact me and/or my designated emergency contacts. I/we will be responsible for payment of medical expenses. Medical treatment costs are covered by:

MEDICAL INSURANCE PROVIDER: \_\_\_\_\_ POLICY#: \_\_\_\_\_

**PARENT WAIVER/AGREEMENTS:**

• I hereby register for the program above and accept the policies and procedures related to the program. I also hereby release for myself, my heirs, executors and administrators, and forever discharge the YMCA of Greater Springfield, its agents, servants, representatives and employees for any injuries which I may receive as a result in any program conducted and/or provided by the YMCA of Greater Springfield. I understand that participation in these programs has an inherent risk, and I assume said risk. I also understand that HEALTH and ACCIDENT COVERAGE is NOT PROVIDED by the YMCA of Greater Springfield, and that it is my responsibility to obtain such coverage.

• I give permission for my child, \_\_\_\_\_, to attend the YMCA of Greater Springfield summer program and to participate in all activities and field trips. I authorize the camp program to use photographs and videos of my child (ren) for the purpose of telling the program story and promoting the message of the program. I understand that the program is not responsible for the personal property of the participant(s). In case of an emergency, I understand that every effort will be made to reach the parent(s) or guardian(s) of the participant(s).

• I will allow photos taken by the YMCA to be used for publication/media purposes.

• I have reviewed the Cell Phone Policy in the 2018 Parent Resource Book and will ensure that my child will NOT bring his/her cell phone to the program at any time during their session(s) at Stony Brook Acres.

By signing below, I have read, understand, and agree to the above Waivers & Agreements.

CHILD NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CANCELLATION POLICY:**

If fees have been paid and cancellation is made two weeks prior to the start of a camp session, the balance will be credited to your account, less the deposit. If fees have been paid out but cancellation is made fewer than two weeks before the start of the camp session, no refund will be issued.

**SWIMMING ASSESSMENT:**

- NON-SWIMMER (UNABLE TO SWIM/NO SWIM INSTRUCTION)
- BEGINNER (SOME LIMITED SWIM INSTRUCTION)
- INTERMEDIATE (AVERAGE SWIMMING ABILITY)
- ADVANCED (SKILLED SWIMMER)

**ALL INFORMATION ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND AGREE TO THE EMERGENCY MEDICAL AUTHORIZATION, PARENTAL AGREEMENTS, AND CANCELLATION POLICY OUTLINED ABOVE.**

**STOP!** IF YOU ARE COMPLETING AN ONLINE REGISTRATION, PLEASE SIGN THE PARTICIPANT WAIVER FORM, SUBMIT REQUIRED ADDITIONAL FORMS & STOP HERE.

**GO!** IF YOU ARE COMPLETING AN IN-PERSON, MAILED, E-MAILED, OR FAXED REGISTRATION, PLEASE CONTINUE TO THE NEXT PAGE AS WELL AS SUBMIT REQUIRED ADDITIONAL FORMS.

# 2019 CAMP SELECTION & FEES

PLEASE FILL OUT ONE FORM FOR EACH CAMPER

CAMPER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## STONY BROOK ACRES SUMMER PROGRAM

REGISTRATION FORM PLEASE CHECK ALL THAT APPLY	FULL SEASON 8 WEEKS	SESSION 1 JUNE 24-JUNE 28	SESSION 2 JULY 1-JULY 5 NO CAMP 7/4	SESSION 3 JULY 8-JULY 12	SESSION 4 JULY 15-JULY 19
GENERAL: AGES 6-11 MEMBER	<input type="checkbox"/> \$1,484.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$154.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$190.00
NON-MEMBER	<input type="checkbox"/> \$1,681.00	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$176.00	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$215.00
TEEN: AGES 13-16 MEMBER	<input type="checkbox"/> \$1,600.00	<input type="checkbox"/> \$205.00	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$205.00	<input type="checkbox"/> \$205.00
NON-MEMBER	<input type="checkbox"/> \$1,800.00	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$230.00
GENERAL: AGES 6-11 MEMBER	SESSION 5 JULY 22-JULY 26 <input type="checkbox"/> \$190.00	SESSION 6 JULY 29-AUG. 2 <input type="checkbox"/> \$190.00	SESSION 7 AUG. 5-AUG. 9 <input type="checkbox"/> \$190.00	SESSION 8 AUG. 12- AUG. 16 <input type="checkbox"/> \$190.00	SESSION 9 AUG. 19- AUG. 22 \$10 DEPOSIT PER DAY <input type="checkbox"/> \$45/DAY
NON-MEMBER	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$50/DAY
TEEN: AGES 13-16 MEMBER	<input type="checkbox"/> \$205.00	<input type="checkbox"/> \$205.00	<input type="checkbox"/> \$205.00	<input type="checkbox"/> \$205.00	
NON-MEMBER	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$230.00	
FUN WEEK: AUG. 19-22 MEMBER	MONDAY <input type="checkbox"/> \$45.00	TUESDAY <input type="checkbox"/> \$45.00	WEDNESDAY <input type="checkbox"/> \$45.00	THURSDAY <input type="checkbox"/> \$45.00	
NON-MEMBER	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$50.00	

ALL CAMPERS ARE ASSESSED A ONE-TIME \$10 FACILITY MAINTENANCE FEE

	SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5	SESSION 6	SESSION 7	SESSION 8
BREAKFAST CLUB: 6:30AM-7:15AM	<input type="checkbox"/> BREAKFAST CLUB	<input type="checkbox"/> BREAKFAST CLUB	<input type="checkbox"/> BREAKFAST CLUB	<input type="checkbox"/> BREAKFAST CLUB	<input type="checkbox"/> BREAKFAST CLUB	<input type="checkbox"/> BREAKFAST CLUB	<input type="checkbox"/> BREAKFAST CLUB	<input type="checkbox"/> BREAKFAST CLUB
PRE CAMP: 7AM-8:30AM	<input type="checkbox"/> PRE CAMP	<input type="checkbox"/> PRE CAMP	<input type="checkbox"/> PRE CAMP	<input type="checkbox"/> PRE CAMP	<input type="checkbox"/> PRE CAMP	<input type="checkbox"/> PRE CAMP	<input type="checkbox"/> PRE CAMP	<input type="checkbox"/> PRE CAMP
POST CAMP: 4:30PM-6PM	<input type="checkbox"/> POST CAMP	<input type="checkbox"/> POST CAMP	<input type="checkbox"/> POST CAMP	<input type="checkbox"/> POST CAMP	<input type="checkbox"/> POST CAMP	<input type="checkbox"/> POST CAMP	<input type="checkbox"/> POST CAMP	<input type="checkbox"/> POST CAMP
FUN WEEK 8/20-8/23	<input type="checkbox"/> MONDAY 8/19	<input type="checkbox"/> TUESDAY 8/20	<input type="checkbox"/> WED. 8/21	<input type="checkbox"/> THUR. 8/22	<b>PRICES &amp; FEES:</b> BREAKFAST CLUB: \$25.00/FLAT RATE PRE CAMP: MEMBERS - \$32/SESSION   NON-MEMBERS- \$37/SESSION POST CAMP: MEMBERS - \$32/SESSION   NON-MEMBERS- \$37/SESSION FUN WEEK: COST FOR PRE/POST INCLUDED IN DAILY RATE			

TOTAL CAMP FEE: \_\_\_\_\_

EXTENDED HOURS FEE: \_\_\_\_\_

TOTAL FEES PAID AT THIS TIME: \_\_\_\_\_

REMAINING BALANCE DUE: \_\_\_\_\_

IF YOU HAVE ANY ADDITIONAL QUESTIONS PLEASE FEEL FREE TO CONTACT THE CAMP REGISTRAR AT 413.596.2749 . WE HOPE YOUR CHILD HAS A WONDERFUL TIME AT STONY BROOK THIS SUMMER!

# CAMP PAYMENT OPTIONS

For more information call 413.596.2749. or email [ddietrich@springfieldy.org](mailto:ddietrich@springfieldy.org) BEFORE registering. A financial aid application and information can be downloaded from our website at [www.springfieldy.org](http://www.springfieldy.org).

**CAMP FEES:** Camp session fees must be paid in full one week prior to the start of your child's session. Participant must be an active member to receive member rates (M) or non-member (NM) rates will apply.

**Automatic Withdrawals, via Bank Account or Credit Card, are mandatory for all camp session payments.**

**CANCELLATIONS:** If fees have been paid and cancellation is made two weeks before the start of camp session, the balance will be credited to your account, less the deposit. If fees have been paid out but cancellation is made fewer than two weeks before the start of the camp session, no credit will be issued.

Additional camp sessions can be added after initial registration by contacting the Camp Registrar at 413.596.2749.

**PAYMENT OPTIONS:** A \$25 (general camp) non-refundable deposit fee per camper per session is due upon registration.

Camp fees may be paid in full upon registration or remaining balance will be automatically drafted per fee schedule below. For drafted balances **YOU MUST:**

- 1) Pay the \$25 non-refundable deposit fee and one-time \$10 facility maintenance fee.**
- 2) Provide an approved debit or credit card for scheduled balance payment.**
- 3) For FUN WEEK there will be a \$10 deposit for each day.**

## PAYMENT METHOD

I have enclosed a check for \$ \_\_\_\_\_ Check# \_\_\_\_\_ OR Credit/Debit  VISA  MC

Name on Card: \_\_\_\_\_ Card# \_\_\_\_\_

Exp. \_\_\_\_\_ VCODE \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fee Schedule:** All EFT withdrawals will occur one week prior to the session start date. For example, if your child is start camp on Monday, June 24, payment will be deducted on Monday, June 17. By providing my signature below, I authorize the YMCA of Greater Springfield to charge my credit card. I/We understand and agree to the above payment terms. I/We understand that completion of all required summer camp forms is a required condition of participation in summer camp programs.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUMMER CAMP REGISTRATION CHECKLIST:

- COMPLETED AND SIGNED CAMP REGISTRATION FORM
  - SIGNED PAYMENT PLAN FORM (IF APPLICABLE)
  - \$25 NON-REFUNDABLE DEPOSIT PER SESSION MADE UPON REGISTRATION WITH ONE-TIME \$10 FACILITY MAINTENANCE FEE
  - A PHYSICAL EXAMINATION COMPLETED BY CAMPER'S PHYSICIAN
  - ADMINISTRATION OF MEDICATION FORM (MUST BE SIGNED BY PARENT) OR YOU WILL NOT BE ABLE TO LEAVE MEDICINE AT THE YMCA
- \*SESSION CAMP FEES MUST BE PAID ONE WEEK PRIOR TO THE START OF A SESSION OR YOUR CHILD MAY NOT START CAMP.**

## FOR OFFICE USE ONLY:

ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

GROUP PLACEMENT: