

YMCA CAMP SLOPER – 2012 REGISTRATION FORM

CHILD'S NAME: _____
LAST FIRST
 Date of Birth: _____ Age (as of 7/1/12): _____ Grade (as of 9/12): _____ This is my child's _____ year at camp.

Address: _____
 City, State, Zip: _____ Gender: Male Female

PARENT'S NAME: _____
LAST FIRST RELATIONSHIP TO CAMPER

Address: _____
CITY STATE ZIP
 Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail: _____
 Employer: _____

PARENT'S NAME: _____
LAST FIRST RELATIONSHIP TO CAMPER

Address: _____
CITY STATE ZIP
 Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail: _____
 Employer: _____

EMERGENCY CONTACT/APPROVED PICK UP LIST (PLEASE DO NOT LIST PARENTS AGAIN):

Name: _____
LAST FIRST
 Home Phone: (____) _____ Work Phone: (____) _____
 Relationship to camper: _____ Cell Phone: (____) _____

Name: _____
LAST FIRST
 Home Phone: (____) _____ Work Phone: (____) _____
 Relationship to camper: _____ Cell Phone: (____) _____

WANDERERS PROGRAM ONLY:
 Preview | Session 1 Week 1 Session 2 Week 2 | Session 3 Week 3 Session 4 Week 4 | Week 5 Week 6 | Week 7 Week 8

NAME OF CAMP PROGRAM: _____ Session(s): _____

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Group With: _____

Behavior Information: _____

Activity Restrictions: _____

Medical Information: _____

Daily Medications: _____

Allergies: _____

Special Needs: _____

Insurance Company: _____ Policy Number: _____

TRANSPORTATION: *My child will be transported as follows:*

Preview Week: AM — Personal Transport or Bus: _____ Stop: _____
 PM — Personal Transport or Bus: _____ Stop: _____
 Sessions 1-4: AM — Personal Transport or Bus: _____ Stop: _____
 PM — Personal Transport or Bus: _____ Stop: _____

CAMPER MAY BE DROPPED OFF AT BUS STOP WITHOUT AN ADULT PRESENT:

YES NO NO — UNLESS WITH _____

EXTENDED CAMP CARE REGISTRATION – FOR YMCA CAMP SLOPER SITE ONLY

(FOR EXTENDED CARE IN CHESHIRE, PLEASE CONTACT THE CHESHIRE COMMUNITY YMCA 203-272-3150)

- Before camp care ONLY** (6:30 AM-start of camp) **Add \$155/2 weeks** | **After camp care ONLY** (End of camp-5:30 PM) **Add \$155/2 weeks** | **Both before and after camp care:** (6:30-9AM and 3-5:30 PM) **Add \$230/2 weeks**

My child will need before and/or after camp care for the following sessions: Preview 1st 2nd 3rd 4th

My signature below signifies that I agree with all information in this camp brochure. I understand that state law prohibits my child from attending camp without a medical form completed by a physician indicating an exam within 36 months prior to attending camp. My permission is granted for the YMCA to take/use photographs, slides, moving pictures or video tapes of the person named on this application. I have enclosed a \$50.00 deposit per child, per session as indicated on the registration form. I have also enclosed my one-time \$20.00 Camp Improvement Fee, per child due at registration. I agree to pay the balance of the camp fee by the required deadlines prior to my child attending YMCA Camp Sloper, and that the refund of these fees will be considered according to the refund policy only. I give my child permission to participate in all daily camp activities unless otherwise noted in writing. Permission is granted for the camper listed above to participate and be transported to activities, programs and out-of-town trips, understanding that YMCA leadership will be provided. I authorize the YMCA officials to secure medical/emergency attention and treatment for the camper listed above and to administer any needed medications listed in the standing orders provided by the camp doctor. I understand that it is my responsibility to meet my child at the appropriate bus stop at the designated pick up/drop off location on time every day unless permission is granted otherwise. I have received the YMCA Camp Sloper Parent Handbook and will read and review the camp rules and policies with my camper. **THE UNDERSIGNED VOLUNTARILY AGREES TO HOLD THE YMCA HARMLESS FOR INJURIES OR ACCIDENTS RESULTING IN BODILY INJURY OR PROPERTY DAMAGE DURING MY CHILD'S PARTICIPATION IN PROGRAMS AT YMCA CAMP SLOPER. I FURTHER WAIVE, RELEASE, ABSOLVE, AND INDEMNIFY THE SOUTHWINGTON-CHESHIRE COMMUNITY YMCAS, YMCA CAMP SLOPER, ITS DIRECTORS, VOLUNTEERS, OFFICERS OR EMPLOYEES FOR INJURIES OR ACCIDENTS OCCURRING WHILE PARTICIPATING IN THE PROGRAMS OF YMCA CAMP SLOPER.**

Parent/Guardian Name (PLEASE PRINT): _____ **Signature:** _____ **Date Signed:** _____

YMCA MEMBERSHIP TYPE: Southington Full Member Cheshire Full Member Program Member Form Signed Payment Collected Camp Improvement Fee
 Active Membership Number: _____ Transportation Completed Parent Packet Distributed Entered Into Camp Brain
 Expiration Date: _____ **STAFF INITIALS:** _____ **DATE:** _____