

YMCA CAMP SLOPER – 2009 REGISTRATION FORM

CHILD'S NAME: _____
LAST FIRST

Date of Birth: _____ Age (as of 7/1/09): _____ Grade (as of 9/09): _____ # of years attended 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: Preview Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

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

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Special Requests: _____

Activity Restriction Information: _____

Behavior Information: _____

Medical Information: _____

Insurance Company: _____ Policy Number: _____

TRANSPORTATION REQUEST: (If bus transportation is needed, indicate below)

I give my child permission to be dropped off alone at the appointed bus stop: YES NO

Preview Week: AM Bus Letter: _____ Stop # _____

PM Bus Letter: _____ Stop # _____

Sessions 1-4: AM Bus Letter: _____ Stop # _____

PM Bus Letter: _____ Stop # _____



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 \$145/2 weeks
 After camp care ONLY (End of camp-5:30 PM) Add \$145/2 weeks
 Both before and after camp care: (6:30-9AM and 3-5:30 PM) Add \$220/2 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 within 36 months prior to attending camp. My permission is also 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. 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 SOUTHLINGTON-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 Cheshire Other: _____
 Full or Family Member Program Member
Active Membership Number: _____ Expiration Date: _____

– FRONT DESK USE ONLY –

SIGNED REGISTRATION FORM CAMP IMPROVEMENT FEE COLLECTED
 \$50.00 DEPOSIT COLLECTED PARENT HANDBOOK DISTRIBUTED

STAFF INITIALS: _____ DATE: _____