



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2019 Summer Camp Program-Registration Form

BRIS-

Camper's Information:

 _____ _____
 First Name Last Name

Nickname: _____ Male or Female

DOB: ____/____/____ Grade Enter-
 ing:

Camp 2019 Sessions Attending:

- (Please Check all that apply)
- Week 1: May 28th - May 31st (prorated)
 - Week 2: June 3rd - June 7th
 - Week 3: June 10th - June 14th
 - Week 4: June 17th - June 21st
 - Week 5: June 24th - June 28th
 - Week 6: July 1st - July 5th (prorated)
 - Week 7: July 8th - July 12th
 - Week 8: July 15th - July 19th

Parent/Guardian #1 Information:

_____/_____/_____

 First Name Last Name DOB

Street Address:

 City: _____ State: _____ Zip:

Please check the best phone number to reach you:
 Home Phone: (____) _____ - _____
 Cell/Pager: (____) _____ - _____
 Work Phone: (____) _____ - _____

Email: _____

Parent/Guardian #2 Information:

 First Name Last Name DOB

Emergency Contact Information other than parent/guardian:

Must have parent/guardian's permission to make appropriate decisions for child in case parent/guardian cannot be reached.

First Name: _____ Last Name: _____
 Relationship to child:

Please check the best phone number to reach them:
 Home Phone: (____) _____ - _____
 Cell/Pager: (____) _____ - _____
 Work Phone: (____) _____ - _____

Authorized Persons to pick up child:

Anyone picking up a child must be listed on child's registration form and needs to carry a photo ID

 First Name: _____ Last Name: _____

2019 Summer Camp Program-Registration Form Continued...

BRIS-

Medical/Background Information:

Child's Physician: _____

Phone Number: (____) _____ - _____

Child's Dentist: _____

Phone Number: (____) _____ - _____

Family Medical/Hospital Insurance Carrier _____

Policy Number: _____

Does your child have any special problems or needs? If so, please explain.

-

Does your child have any allergies?

-

Does your child take any kind of medication? *We will need medication form*

Sunscreen Release Form:

Parents are responsible for providing sunscreen for their child to use at camp. Parents are expected to apply the first coat of sunscreen in the morning before bringing children to camp. Camp staff will stop activities for all children to apply sunscreen at two additional times throughout the day.

I understand that YMCA Camp participants spend a minimum of 80% of their time outside and that use of sunscreen may not prevent my child from being sun burnt but will aid in the protection against harmful sun rays.

I hereby give permission to the YMCA to help assist in putting sunscreen on my child during my child's participation in 2019 Summer Camp.

-

Parent/ Guardian Signature

Date



Camp Authorizations:

Please read and initial that you have read the information below:

_____ I agree to communicate with the YMCA staff regarding any questions, concerns or suggestions in a timely manner.

_____ I have received and read the YMCA 2019 Summer Camp Parent Handbook, and I agree to abide by the YMCA Policies.

_____ I understand that I am responsible for the summer camp fees and that they must be paid in advance according to the policies listed below.

_____ I grant permission for the YMCA staff and/or medical personnel to give my child first aid in case of an emergency and to secure any transportation and medical treatment necessary for his/her welfare. I understand that all emergency cost is mine as the parent/guardian. If requested, I agree to pick my child up.

_____ I grant permission for the YMCA to transport my child to and from camp field trips/activities. I also grant permission for my child to participate in field trips/activities. I grant permission for my child to be photographed/videoed for YMCA promotions only.

_____ I understand that the YMCA Summer Camp Program operates on a group format (1:8/1:10) and that my child is responsible for his/her own behavior, clothes, sunscreen and belongings.

_____ The YMCA of Bristol reserves the right to remove any participant from our program if it is deemed that the inclusion of that child is not in the best interest of the child or the program (child is not able to function consistently and safely in a group setting).

Pricing Information:

Total Price - Y members \$100/ Potential Members \$125

Deposits - \$25 per week

Siblings - \$5 rate reduction per week

Payment Agreement:

___ I will pay full amount at registration

___ I will pay \$25/week at registration & have the balance drafted on the Monday before the session starts.