



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2020 Camp Adventure Registration Form BRISTOL FAMILY YMCA

Camper's Information:

First Name _____ Last Name _____

Nickname: _____ Male or Female

DOB: ____/____/____ Grade Entering: _____

School Name: _____

T-Shirt Size: Y Small (6-8) Y Med (10-12) Y Large (14-16)

Adult Small Adult Medium Adult Large Adult X-L

Who does child live with? _____
Relationship _____

Who is responsible for payment of childcare? _____

Camp 2020 Sessions Attending:

(Please Check all that apply)

- Going Green: June 1st - June 5th
- Super Heroes: June 8th - June 12th
- STEM: June 15th - June 19th
- Out of this World: June 22nd - June 26th
- Party in the USA: June 29th - July 3rd
- Olympics: July 6th - July 10th
- Nature Week: July 13th - July 17th
- Under the Sea: July 20th - July 24th
- Time of our Lives: July 27th - July 31st

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 ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Please check the best phone number to reach you:

Home Phone: (____) _____ - _____

Cell/Pager: (____) _____ - _____

Work Phone: (____) _____ - _____

Email: _____

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 to pick up children:

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

First Name: _____ Last Name: _____

Phone(s) _____

First Name: _____ Last Name: _____

Phone(s) _____

First Name: _____ Last Name: _____

Phone(s) _____

Not authorized to pick up children:

First Name: _____ Last Name: _____

Relationship to child _____

2020 Summer Camp Program-Registration Form Continued...

BRISTOL FAMILY YMCA

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*

Any other information we should know about your child?

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 _____

If you prefer staff to apply a spray sunscreen provided by you please specify below.

Type/ Brand of sunscreen allowed:
Type : Spray Lotion Brand: _____

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 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).

Please print Parent/Guardian's name _____

Parent/Guardian signature _____ Date _____

Pricing Information:

Total Price - Y members \$100/ Potential Members \$125
Deposits - \$25 per week
Siblings - \$10 off for 2nd child, \$15 off for 3rd child/per week
Financial Assistance - Available but limited

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.

Signature _____ Date _____



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SUMMER CAMP WEEKLY DRAFT FORM

Name of Account Holder: _____

Type of Account: Checking Savings Credit Card Debit Card

Please initial:

I understand that the Summer Camp fees are non-refundable and non-transferable.

Draft occurs each Monday and covers the following week's fee.

Return drafts are charged a \$10 service fee. Return payments will result in your child's participation in the program being suspended.

After any 2 returns, you will need to pay for your Summer Camp care in full.

To cancel a draft, a written notice must be submitted to Member Services two weeks in advance. (It is your responsibility to check to ensure that your draft has stopped)

Help us put our mission into action and donate!

Yes, I would like to help No, not at this time

If yes, one-time donation of \$ _____ paid today.

Or, continuous (add to weekly bank draft) \$5 \$10 \$25 or \$ _____ other

Weekly Draft (including Annual Giving) \$ _____ Beginning _____ / _____ / _____

By signing, I authorize the YMCA of Bristol to initiate debit entries to my account weekly and understand a written notice is required two weeks prior to draft date to cancel.

Account Holder's Signature _____ **Date** _____