

2022 Summer Camp Registration Form

Camp Wind-in-the-Pines, Leicester, MA | 7:30 AM–5:30 PM

COMPLETE ONE FORM PER CHILD

Camper Name: _____ **Date of Birth:** _____

Gender (circle one): Female Male Self-Describe School: _____

Grade Entering in Fall 2022: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone:

(home) _____ (cell) _____

(work) _____ Email: _____

Please send me my confirmation via email

Camper Shirt Size (t-shirt included with registration):

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

How did you hear about us? Returning Camper YWCA Website Parent Referral Baystate Parent

Facebook/Twitter/Instagram HulaFrog Other: _____

CAMP SESSIONS

Please indicate which camp sessions you are registering for. (Please note that there are no partial sessions. Check as many boxes as apply.)

- | | | | |
|------------------------------------|-----------------------------|-------------------------------------|--------------|
| <input type="checkbox"/> Session 1 | June 20-24 (closed June 20) | <input type="checkbox"/> Session 6 | July 25-29 |
| <input type="checkbox"/> Session 2 | June 27- July 1 | <input type="checkbox"/> Session 7 | August 1-5 |
| <input type="checkbox"/> Session 3 | July 4-8 (closed July 4) | <input type="checkbox"/> Session 8 | August 8-12 |
| <input type="checkbox"/> Session 4 | July 11-15 | <input type="checkbox"/> Session 9 | August 15-19 |
| <input type="checkbox"/> Session 5 | July 18-22 | <input type="checkbox"/> Session 10 | August 22-26 |

I have read, understand and agree to the terms of this application.

Parent/Guardian Signature: _____ Date: _____

PLEASE MAIL OR DROP OFF ALL PAGES OF THE COMPLETED REGISTRATION PACKET WITH PAYMENT
AT YWCA CENTRAL MASSACHUSETTS, SCHOOL AGE PROGRAM, 1 SALEM SQUARE, WORCESTER, MA 01608

OR FAX TO 508-754-0496.

YOU CAN ALSO EMAIL IT TO SCHOOLAGE@YWCACM.ORG.

AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE

COMPLETE ONE FORM PER CHILD

Pick-up List

Anyone picking up a camper must provide a photo I.D. and be listed below.

Parent/Guardian Name: _____ Phone Number: _____

Employer: _____

Parent/Guardian Name: _____ Phone Number: _____

Employer: _____

List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

3. Name: _____ Relationship: _____ Phone Number: _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: _____ Hospital Affiliation: _____

Address: _____

Phone: _____

Medical Insurance Provider: _____ Policy and/or Group #: _____

Medical Conditions

Please check all that apply

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Food Allergies | |

Does your child need to take medication(s) during camp (circle one)? Yes No

If your child requires medication, please specify: _____

Disability (Please specify): _____

The Permission to Administer Medication form must be completed and given to the Camp Director on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please contact the Camp Director at 508-767-2505, ext.3019 prior to June 13 or at 508-892-9814 after June 13, 2022.

Medical Release

I authorize the YWCA, as agent for the undersigned, to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the MA Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YWCA is not responsible for costs incurred for medical care.

Parent/Guardian Signature: _____ Date: _____

DEMOGRAPHIC INFORMATION

COMPLETE ONE FORM PER CHILD

The YWCA receives funding for a portion of childcare activities. Please choose the appropriate selection for your child:

Household Income

Under \$17,000 \$17,000 - \$49,999 \$50,000 - \$99,999 \$100,000 and above

Race

American Indian/Alaskan Native Asian Black Native Hawaiian/Pacific Islander
 White Other Race Unknown/Undisclosed

Ethnicity

Albanian Asian Indian Brazilian Cambodian Cape Verdean Caribbean Islander Chinese Colombian
 Cuban Dominican European Filipino Ghanaian Guatemalan Haitian Hispanic/Latina/o Honduran
 Japanese Kenyan Korean Laotian Liberian Mexican Mexican American Chicano Middle Eastern
 Portuguese Puerto Rican Russian Salvadoran Vietnamese Unknown/Undisclosed
 Other (Please Specify) _____

What language do you primarily speak at home?

English Spanish French Arabic Portuguese Haitian Creole Cape Verdean Creole
 Khmer Chinese (any dialect) Korean Vietnamese Russian Somali American Sign Language (ASL)
 Other language not listed Unknown/Undisclosed

Parent/Guardian Name: _____ Camper Name : _____

2022 Summer Camp

Camper Consent Form

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Child's Name: _____ Date of Birth: _____

INSECT REPELLENT AND SUNSCREEN

_____ I understand that it is my responsibility to provide insect repellent containing DEET, which has
Initials not expired and is labeled with my child's name.

_____ I give the YWCA staff permission to assist in applying insect repellent to my child no more than
Initials once per day and only if it is recommended by public health authorities due to a high rate of insect-borne disease.

_____ I understand that it is my responsibility to provide sunscreen with SPF 15 or higher, which has
Initials not expired and is labeled with my child's name.

_____ I give the YWCA staff permission to assist in applying sunscreen to my child.
Initials

PHOTOGRAPHS

_____ I give permission for photographs/video to be taken of my child for use by the YWCA in program
Initials brochures, annual report, website, Facebook, Twitter, and Instagram, and other promotional materials and for release to local media.

ACTIVITIES, PLAY & OBSERVATION

_____ I give permission for my child to:
Initials
Use play equipment
Participate in ALL activities
Participate in free swim

BACKPACK SEARCH

_____ I agree that any camp participant's belongings may be searched outside the participant's
Initials presence for drugs, alcohol, weapons, or other forbidden objects

LOST OR STOLEN ITEMS

_____ Campers are asked to leave any valuables and electronics at home. I understand the YWCA and
Initials its employees are not responsible for lost or stolen items.

Parent / Guardian Signature

Date

2022 Summer Camp Payment Form

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CAMPER NAME: _____

Camp Fees:

Day Camper (\$225 tuition per session) 6-13 yrs old \$225 X _____ (# of sessions)= _____

Worcester Drop Off and Pick Up Transportation Fee:

Transportation Fee* (\$60 per session) \$60 X _____ (# of sessions)= _____

Total Due= _____

A non-refundable deposit of **\$30.00 PER CAMP SESSION** is due with this application. The deposit is applied to your total balance. Balances must be paid in full by **June 1, 2022.**

- I would like to pay:**
- Deposit: \$30.00 X number of sessions: \$ _____
 - Balance in full (See above to calculate total for desired program)
 - Please bill my credit card the following amount: \$ _____

Name on Card: (PLEASE PRINT) _____

Please Circle: MasterCard VISA Discover Amex

Credit Card #: _____ Exp. Date: _____ CSV: _____

Signature: _____

Cancellations will be accepted up to one month prior to the start of the session. Cancellations will result in the forfeiture of the non-refundable deposit per session. The YWCA cannot guarantee placement if balances and required forms are outstanding after payment deadline.

I have read, understand and agree to the terms of this application.

Parent/Guardian Signature: _____ Date: _____

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* NOTE: The actual cost of transportation is \$90. The YWCA is able to reduce the cost thanks to private donations received.