



# YMCA HAFADAY 2017

## AGES 4-8

<b>Registration Information</b>		Date Received by Y _____		
Child's Last Name _____		Child's First Name _____		
Girl or Boy _____	Date of Birth _____	Age in June _____	Grade Entering in Fall _____	
Address _____		City _____	State _____	Zip _____
Guardian 1 Name _____		Home Phone _____		
Cell Phone _____		Email _____		
Guardian 2 Name _____		Home Phone _____		
Cell Phone _____		Email _____		
Emergency Contact name _____		Relationship _____		
Home phone _____		Cell Phone _____		
Will this camper be bringing medication to camp <input type="checkbox"/> Yes <input type="checkbox"/> No				
Physical submitted with registration (Registration will not be processed without Physical) <input type="checkbox"/> Yes <input type="checkbox"/> No				
* Please complete back of form as well				

**REGISTRATION NOTES**  
 Registration won't be processed without completed physical, pick up authorization and parent health forms.  
 Campers are placed in groups depending on their age.

Please circle the session(s) that you are interested in.

<b>Session 1</b> Jun 19-Jun 23 Member \$280 Non Member \$320	<b>Session 2</b> Jun 26-Jun 30 Member \$280 Non Member \$320	<b>Session 3</b> Jul 3-Jul 7 Member \$224 Non Member \$256	<b>Session 4</b> Jul 10- Jul 14 Member \$280 Non Member \$320	<b>Session 5</b> Jul 17-Jul 21 Member \$280 Non Member \$320
<b>Session 6</b> Jul 24-Jul 28 Member \$280 Non Member \$320	<b>Session 7</b> Jul 31-Aug 4 Member \$280 Non Member \$320	<b>Session 8</b> Aug 7-Aug 11 Member \$280 Non Member \$320	<b>Session 9</b> Aug 14-Aug 18 Member \$280 Non Member \$320	<b>Session 10</b> Aug 21- Aug 25 Member \$280 Non Member \$320

Camper Name \_\_\_\_\_

**Payment Information**

Paid in Cash \_\_\_\_\_

Paid by check made out to the Westport Weston Family Y \_\_\_\_\_ \*Checks will be run as an EFT Paid with a Visa, Mastercard, American Express or Discover Card \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Card Holders Signature \_\_\_\_\_

**Waiver**

I, the parent/guardian of \_\_\_\_\_, understand that the Westport Weston Family Y is a non-profit organization which makes its facilities, programs and activities available to persons only on the condition that they agree to assume complete responsibility for any injury or damage. I acknowledge that the Family Y's programs and activities, may involve risks and assume these risks for my child. Further, in consideration of acceptance of my child into the Family Y's programs and activities, I release and agree to hold harmless the Family Y, its officers, directors, employees and staff from any claims of damage or loss (including but not limited to physical injury and property damage) that may occur as a result of my child's participation in any Family Y-sponsored program or activity. I understand that the Family Y does not carry medical/accident insurance, and that I am responsible for any and all charges for medical treatment, property damage, or acquiring my own insurance. I acknowledge that participation in Family Y-sponsored activities is conditional upon compliance with all applicable rules and policies established by the Family Y. I further acknowledge that Family Y-sponsored activities and participants may be photographed, filmed or videotaped from time to time, and hereby consent to use my child's picture and likeness for Family Y-related promotional purposes without further consideration.

**Registration Check List**

Please complete the following checklist acknowledging your understanding that the following things must be done to complete the camp registration:

- \_\_\_ Parents must obtain, read and understand the parent handbook.
- \_\_\_ A physical form has been submitted. Registrations will not be processed without one.
- \_\_\_ A current email is clearly written on front of registration form. Most camp communication is done through email.
- \_\_\_ I understand that refunds requested before May 2nd will receive a refund minus \$75 for each session withdrawing from. Refunds requested on or after May 2nd will not receive a refund.

**Sign Below for Waiver and Registration Check List**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date





# YMCA CAMP MAHACKENO & HAFADAY PICK UP AUTHORIZATION FORM

### Please complete and submit with your camp registration

In order to ensure the well being of all of our campers and our ability to help you with picking up your child, please fill out this form. This will be used as our main resource for emergency pick-up. Please make sure to include every person that could assume the custody of your child for any unforeseen circumstances.

I am the parent/ legal guardian of \_\_\_\_\_, \_\_\_\_\_, (the "youth"). I give permission for the Youth to participate in all YMCA sponsored programs and activities except (list all activities the child should not participate in. Put N/A if there are no restrictions)

This permission includes riding on transportation furnished by the YMCA and permission to be photographed, filmed or videotaped as part of the activities for possible use in YMCA promotional activities.

I understand that Camp Mahackeno and Hafaday are a part of the Westport Weston Family YMCA, which is a charitable organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for acceptance of the Youth in the YMCA programs, I release, on behalf of the Youth, myself and members of the Youth's family, the YMCA, the Parent Company, and officers, directors, employees and volunteers (all together called the "Y Group") from all claims of damage or loss to the Youth's property and claims of personal injury or property damage caused to others by the Youth, including injury or damage to YMCA property or personnel.

Please include everyone include who can pick your child up from camp. Please notify them that they must have a photo ID when they come to camp to pick up.

- |  |  |
|--|--|
| 1. Guardian 1 _____<br>Relationship _____<br>Phone _____ | 2. Guardian 2 _____<br>Relationship _____<br>Phone _____ |
| 3. Name _____<br>Relationship _____<br>Phone _____       | 4. Name _____<br>Relationship _____<br>Phone _____       |
| 5. Name _____<br>Relationship _____<br>Phone _____       | 6. Name _____<br>Relationship _____<br>Phone _____       |

I agree with the information provided above. I realize that the YMCA will require photo I.D. from anyone picking up a camper. I am also responsible to notify the YMCA of changes or additions to the authorized pick up list.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

Office Use Only	
Program: Mahackeno / Hafaday	
Session(s) attending	1 2 3 4 5 6 7 8 9 10 SEW
Entered into system by	_____



# CAMP MAHACKENO & HAFADAY HEALTH FORM

## TO BE COMPLETED BY A PARENT OR GUARDIAN

You must attach a current physical ( within 2 years) must be attached to this form

Office Use Only  
Mahackeno / Hafaday  
Camper / Staff

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Guardian 1 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### Medications, Allergies, Handicaps

Please list all medications that your child is taking. Campers may not be given any medications (prescription or over the counter) unless we have a camp Authorization of Medication Form. State law does not allow us to use the school form.

Is there any medication that your child takes during the school year that they will not be taking this summer? \_\_\_\_\_

Does your child have an allergic reaction to Bees  Medication  Peanuts  Other \_\_\_\_\_

What symptoms may occur in the case of an allergic reaction? \_\_\_\_\_

Does your child carry an Epi Pen? Yes  No  If yes, two must be provided to the camp to stay at camp.

### History of Medical Treatment, Problems and Disease: Please circle all areas that apply.

- |  |  |
|--|--|
| 1. Had any recent injury, illness or infectious disease?..... Yes <input type="checkbox"/> No <input type="checkbox"/> | 12. Ever had seizures? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>                            |
| 2. Have any chronic or reoccurring illness?..... Yes <input type="checkbox"/> No <input type="checkbox"/>              | 13. Ever had chest pain during or after exercise? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Ever been hospitalized?..... Yes <input type="checkbox"/> No <input type="checkbox"/>                               | 14. Ever had high blood pressure? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>                 |
| 4. Have frequent headaches?..... Yes <input type="checkbox"/> No <input type="checkbox"/>                              | 15. Ever been diagnosed with a heart murmur? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>      |
| 5. Ever had surgery? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>                                    | 16. Ever had back problems? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>                       |
| 6. Ever had a head injury?..... Yes <input type="checkbox"/> No <input type="checkbox"/>                               | 17. Ever had problems with joints?..... Yes <input type="checkbox"/> No <input type="checkbox"/>                 |
| 7. Ever been knocked unconscious?..... Yes <input type="checkbox"/> No <input type="checkbox"/>                        | 18. Have orthodontic appliance coming to camp? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>    |
| 8. Wear glasses, contacts or protective eye wear? Yes <input type="checkbox"/> No <input type="checkbox"/>             | 19. Have any skin problems? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>                       |
| 9. Ever had frequent ear infections?..... Yes <input type="checkbox"/> No <input type="checkbox"/>                     | 20. Have diabetes? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>                                |
| 10. Ever passed out during or after exercise?..... Yes <input type="checkbox"/> No <input type="checkbox"/>            | 21. Have asthma?..... Yes <input type="checkbox"/> No <input type="checkbox"/>                                   |
| 11. Ever been dizzy during or after exercise?..... Yes <input type="checkbox"/> No <input type="checkbox"/>            | 22. Had mononucleosis within the past 12 months?..... Yes <input type="checkbox"/> No <input type="checkbox"/>   |

Please use this space provided to give us any additional information on any "Yes" answers \_\_\_\_\_

Does your child have any behavior, emotional, physical, psychological and mental health issues that the camp should be aware of, and are there any medications, treatments or special restrictions that the camp needs to be aware of for your child? \_\_\_\_\_

### Insurance information

Is the participant covered by family medical/ hospital insurance? Yes  No

Carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to camper/staff member \_\_\_\_\_

### Permission to provide treatment or emergency care:

The health history herein is correct as far as I know. I accept full responsibility for the health and physical condition of the person herein described, and give my permission for him/her to engage in all Westport Weston Family Y sponsored activities, except as noted by me. I give the staff permission to apply sunscreen/lotion to my camper on an as-needed basis during the day at camp. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician and staff selected by the Westport Weston Family Y to hospitalize, secure proper treatment or to order injections, anesthesia, or surgery for my child as named above. This completed form may be photocopied for trips out of camp.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_