



YMCA Vacation Days 2017-2018

GRADES K-5

Registration Information

Date Received by Y _____

Child's Last Name _____ Child's First Name _____

Girl or Boy _____ Date of Birth _____ 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 _____

Physical submitted with registration (Registration will not be processed without Physical) Y or N _____

Program Descriptions

Our Vacation Days are for students in grades K-5 and take place on most scheduled school holidays. Drop-off is between 7:30 and 9:30 and pick-up is between 4:00 and 6:00. Each day your child will enjoy swimming, gym time, a movie, a field trip and other fun activities.

Your child should bring their bathing suit and towel and a nut free lunch. Kids should wear comfortable clothes as well as sneakers with socks.

Program Fees

Members of the Westport Weston Family YMCA: \$95.00 per day

Non-Members: \$115

Please check off the days you would like to attend the program

_____ Sep 21 - Rosh Hashanah

_____ Oct 13 - Staff Development

_____ Nov 7 - Election Day

_____ Nov 24 - Black Friday

_____ Dec 26 - Holiday Break

_____ Dec 27 - Holiday Break

_____ Dec 28 - Holiday Break

_____ Dec 29 - Holiday Break

_____ Jan 15 - MLK Day

_____ Feb 16 - Winter Recess

_____ Feb 19 - Winter Recess

_____ Feb 20 - Winter Recess

_____ Feb 21 - Winter Recess

_____ Feb 22 - Winter Recess

_____ Feb 23 - Winter Recess

_____ Apr 9 - Spring Recess

_____ Apr 10 - Spring Recess

_____ Apr 11 - Spring Recess

_____ Apr 12 - Spring Recess

Camper Name _____

Payment Information

Total from front page (A) _____

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.

Sign Below for Waiver and Registration Check List

Signature of Parent/Guardian

Date





WESTPORT WESTON FAMILY YMCA 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, Hafaday and the Vacation Day Program 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 _____
Relationship _____
Phone _____

2. Guardian 2 _____
Relationship _____
Phone _____

3. Name _____
Relationship _____
Phone _____

4. Name _____
Relationship _____
Phone _____

5. Name _____
Relationship _____
Phone _____

6. Name _____
Relationship _____
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.

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



WESTPORT WESTON FAMILY YMCA

TO BE COMPLETED BY A PARENT OR GUARDIAN

A copy of 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: _____