



# 2019 MAHACKENO REGISTRATION

## GRADES K-10

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 \_\_\_\_\_

Will camper be bringing medication to camp  Yes  No

Does the child have an IEP or any needs a staff member should contact you about? \_\_\_\_\_

Friend Request (we can't guarantee placement with friends) \_\_\_\_\_

Physical submitted with registration (Registration will not be processed without Physical)  Yes  No

### Program Descriptions

Mahackeno Grades K-5: These campers enjoy a full day on our Camp Mahackeno site.

Mahackeno Grades 6-8 (Rangers): This group will go on one field trip each week.

CIT/ LIT: Grades 8-10 These campers will learn leadership skills as well as have time for fun and friends.

Special Cares Grades K-5: Campers who need an aide for camp will register for Special Cares.

**There is a one time per camper \$50 camp improvement fee for Mahackeno campers**

Please circle the sessions you want.	Week 1 Jun 24-Jun 28	Week 2 Jul 1-Jul 5 (no camp on 4th)	Week 3 Jul 8-Jul 12	Week 4 Jul 15-19	Week 5 Jul 22-26
Grades K-5	Member \$373 Non- Member \$388	Member \$299 Non- Member \$310	Member \$373 Non- Member \$388	Member \$373 Non- Member \$388	Member \$373 Non- Member \$388
Grades 6&7	Member \$395 Non- Member \$408	Member \$316 Non- Member \$326	Member \$395 Non- Member \$408	Member \$395 Non- Member \$408	Member \$395 Non- Member \$408
CIT Grades 8-10	Member \$300 Non Member \$313	Member \$240 Non Member \$250	Member \$300 Non Member \$313	Member \$300 Non Member \$313	Member \$300 Non Member \$313
Special Cares	Member \$373 Non- Member \$388	Member \$299 Non- Member \$310	Member \$373 Non- Member \$388	Member \$373 Non- Member \$388	Member \$373 Non- Member \$388
Pre Care	\$50	\$45	\$50	\$50	\$50
Post Care	\$75	\$60	\$75	\$75	\$75
	Week 6 Jul 29- Aug 2	Week 7 Aug 5-Aug 9	Week 8 Aug 12- Aug 16	Special Events Week Aug 19-Aug 23	
Grades K-5	Member \$373 Non- Member \$388	Member \$373 Non- Member \$388	Member \$373 Non- Member \$388	Member \$425 Non- Member \$450	
Grades 6&7	Member \$395 Non- Member \$408	Member \$395 Non- Member \$408	Member \$395 Non- Member \$408	Member \$425 Non- Member \$450	
CIT Grades 8-10	Member \$300 Non Member \$313	Member \$300 Non Member \$313	Member \$300 Non Member \$313	Member \$300 Non Member \$313	
Special Cares	Member \$373 Non- Member \$388	Member \$373 Non- Member \$388	Member \$373 Non- Member \$388		
Pre Care	\$50	\$50	\$50	\$50	
Post Care	\$75	\$75	\$75	\$75	

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

### Payment Information

If you are applying for financial assistance from the YMCA or your Human Services Dept. Please check here \_\_\_\_\_

Total from front page (A) \_\_\_\_\_

\$100 deposit per session + \$50 Camp Improvement Fee = Total deposit for this camper \_\_\_\_\_

Balance\* = Total from A – Deposit \_\_\_\_\_.

Paid by check made out to the Westport Weston Family Y \_\_\_\_\_ \*Checks will be run as an EFT

**If paying deposit with a check, you must provide a payment method below to be charged when balance is due. This method will be charged 5 days after balance is due if another check is not provided on due date.**

Paid with a Visa, Mastercard, American Express or Discover Card \_\_\_\_\_

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

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_ 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.

\_\_\_ Full Payment is due by the following dates.

Weeks 1-4 due May 1

Weeks 5-9 due June 1

(If registering after these dates the full camp fee is due at registration.)

\_\_\_ 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 1st will receive a refund minus \$75 for each session withdrawing from. Refunds requested on or after May 1st will not receive a refund.

### Sign Below for Waiver and Registration Check List

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date



# 2019 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 \_\_\_\_\_  
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.

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



# MAHACKENO & HAFADAY HEALTH FORM 2019

## 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.

Do you give permission for a camp staff member to apply sunblock to your child? If so, please send sunblock with them to camp. Yes  No

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

The Westport Weston Family Y requires background information on your child in order to provide licensed medical staff with pertinent information in case of emergency. (Please explain any "Yes" answers below). Has the camper now or in the past

- |   |   |
|---|---|
| 1. 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: \_\_\_\_\_