

## Session Themes

Each session is unique here at Camp Wepawaug. All-camp activities, group games, art projects and special events will tie into the theme planned for that session.

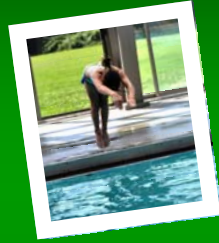
Session 1– Time Warp

Session 2– Heroes and Villains

Session 3– Color Wars

Session 4– Lights, Camera, ACTION!

Session 5– Holidays



# Camp Wepawaug

Woodruff Family YMCA  
Day Camp



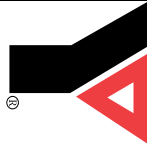
**SERVING CAMPER'S Grades 1 - 11**

Register by mail, in person, or online at [www.woodruffymca.org](http://www.woodruffymca.org)

<b>Session 1</b>	<b>June 28—July 9</b>
<b>Session 2</b>	<b>July 12– July 23</b>
<b>Session 3</b>	<b>July 26– August 6</b>
<b>Session 4</b>	<b>August 9– August 20</b>
<b>Session 5</b>	<b>August 23– August 27</b>

YMCA (203) 878-6501 Camp office ext. 3129,

Nicole Servas, Youth Director ext. 3116



Woodruff Family YMCA  
631 Orange Ave.  
Milford, CT 06461  
[www.cccymca.org](http://www.cccymca.org)  
203-878-6501

A branch of the Central Connecticut Coast YMCA

Register between Feb. 1 & Feb. 14 and we will

waive the registration fee.

Financial Assistance Available.

Applications Due May 1, 2010

We build strong kids, strong families, and strong communities





## YMCA MISSION STATEMENT:

### CAMP HOURS:

Traditional Day	9:00 AM– 4:00 PM
AM Extended	7:15 AM– 9:00 AM
PM Extended	4:00 PM– 6:00 PM

To put Judeo– Christian principles into practices through programs that build healthy spirit, mind and body for all.

### CAMP DESCRIPTION:

Camp Wepawaug is an ACA accredited, state licensed day camp located outside on our YMCA grounds on over 20 acres of open fields and woodlands. Campers will follow a daily schedule filled with activities like arts & crafts, swimming, sports, group games, and nature as well as participate in special activities centered around a session theme.

### ACA ACCREDITATION:

Camp Wepawaug is an accredited camp by the American Camping Association, or ACA. ACA-accredited camps meet up to 300 standards for health, safety, and program quality. ACA goes beyond basic requirements for health, cleanliness and food service into specific areas of programming, including camp staff from director through counselors, emergency management plans, health care, and management. Camps and ACA form a partnership that promotes summers of growth and fun in an environment committed to safety.

### CAMP OBJECTIVES:

- To provide a positive camp experience by enabling each camper and staff member to learn, grow and laugh in a safe and accepting atmosphere.
- To create a comfortable environment that allows each child to develop self confidence, self discipline and a good self image through the effective use of a caring, trained staff.
- To develop an appreciation for cultural diversity through exposure to a wide range of children and staff members and by participating in special events.
- To develop an appreciation for our environment which will encourage an active role in protecting and conserving it.
- To foster an atmosphere of acceptance which encourages campers and staff to be creative and open.
- To challenge our campers and staff to learn through their participation in properly taught and supervised activities.
- To recognize their worth as individuals by encouraging campers to share their favorite activities and games with the rest of the group and the camp.
- To be respectful, responsible, caring and honest while having fun.

### FINANCIAL ASSISTANCE:

Applications are available at the Member Service desk. To apply, submit completed application **PRIOR** to registering for camp. Once you have been approved you may register for camp with a \$10 deposit per session. You will also be required to complete a state Care 4 Kids application when you apply for F.A. **The deadline for Financial Assistance applications is May 1, 2010.**

### INJURIES:

If your child is injured, the camp First Aider, Director and camp staff will take whatever steps necessary to administer care and/or obtain medical care. These steps include, but are not limited to the following:

- 1) Administer First Aid, in accordance with American Red Cross guidelines
- 2) If necessary, call an ambulance or paramedic,
- 3) Attempt to contact parent/guardian
- 4) If parent/guardian cannot be contacted, attempt will be made to contact any of the persons listed on the emergency contact form.
- 5) If necessary, have the child taken to a hospital in the company of a staff member.

Parents will be notified by camp staff of injuries to the child including, but not limited to, any injury above the shoulders, bee stings, deep cuts or other serious injuries.

### INCLEMENT WEATHER PROCEDURE:

Our program runs rain or shine. In the event of rain, our staff will be directing groups to the morning assembly locations. Camp will only go indoors if there is a thunderstorm or a heat advisory issued by the State of Connecticut.

### BUS TRAVEL PROCEDURES:

- 1) All children and adults wear seat belts
- 2) Everyone must remain seated while on the bus
- 3) All body parts must remain inside the bus
- 4) No eating or drinking on the vehicle
- 5) Attendance will be taken prior to the vehicle's departure

In the event of an emergency or delay, the camp office will be notified by the bus company. The camp staff will make every effort to contact affected families. Please contact the camp office in the event the bus has not arrived on time.

### SWIMMING:

Swimming is a fun and important component of our day camp. Each day, your child's group will be scheduled for a swim period of about 30 minutes. During that time, both lifeguards and counselors will be in the pool with your child conducting a swim lesson. All campers will be put into lesson groups based on a swim test taken on the first day of each session. It is important that all campers bring a bathing suit, towel and change of clothes each day. Floation devices, including swimmies, are **not** allowed in the pool at any time. Swimming on the first day of a session is a testing day followed by free swim and the last day of a session is a fun day.

### ADVENTURER'S PROGRAM:

Children in this group are going into grades 7 - 9. All participants in this group will leave camp daily for half and full day trips. The buses will be leaving the camp at 9:30 am daily and will return to camp between 3& 4 pm. A calendar of all trips can be obtained from the camp office and will be sent home on the first day of camp. Campers should be prepared for the scheduled trip, however, be aware that changes may occur due to weather or other unforeseen events. You may provide your child with extra money for a souvenir. For overnights, which are held the 2nd Thursday of each session, youth should be prepared with sleeping gear and a tent.



## CONDUCT WHILE AT CAMP:

At camp, we believe strongly in the YMCA core values of Caring, Honesty, Respect and Responsibility. We ask all campers, staff, parents and visitors to uphold these values while at camp. All groups will participate in a camp contract. In this contract all campers agree to the following:

- Respect each others feelings and property
- Cooperate with each other
- Listen to your counselors and directors
- Stay with your group
- Use appropriate language; no fighting, screaming or foul language
- Tell a counselor if someone is bothering or upsetting you
- Clean up after yourself
- HAVE FUN!!!



## DISCIPLINE POLICY:

Every child is expected to follow the rules we have set up at camp. If, however, a child disrupts the program, the following discipline policy will be followed:

- 1st Step** Counselor will speak with the child regarding behavior and a consequence appropriate to the action will follow.
- 2nd Step** Counselor will address behavior with camp management staff who may contact parent in addition to a consequence.
- 3rd Step** Camp management staff will contact parent in addition to the consequence.
- 4th Step** The child will be immediately suspended from the program and a meeting will be set up between the Director, Unit Director and Parent.

## MEDICAL POLICY:

The State of Connecticut requires that every child have a camp physical completed by a physician and not older than 3 years on file. ACA accreditation requires it be no more than 2 years old. Completed forms must be submitted by June 1, 2010. **CHILDREN WILL NOT BE ALLOWED TO ATTEND CAMP WITHOUT A COMPLETE AND CURRENT MEDICAL FORM.** If your child currently attends another Y program and has a medical on file, you still need to submit a separate camp medical form. If your child needs to take medication during camp hours, please contact the camp director prior to the start of camp for the proper forms and procedure.

## ILLNESS:

A sick child is to be kept at home for his/her sake and for the sake of the other campers. Many communicable diseases begin with cold-like symptoms. Though you may think it is just a cold, the child should not attend because

- 1) it may not be a cold but a communicable disease
- 2) if it is a cold, others may catch it, and
- 3) your child's resistance to disease is lowered.

The Day Camp Office should be informed immediately about the nature of the illness. If your child has a communicable disease, please tell us immediately when it first appears. A child who feels sick while at camp will be brought to the camp first aider. The parents will be contacted as well as the child's doctor if deemed necessary by the parents and/or camp staff.



## FEEES:

Session I-IV	Facility Member	Non-Member
Explorer/ Pioneer	\$267 per session	\$338 per session
Swim/ Archery Camp	\$380 per session	\$475 per session
Adventurer	\$362 per session	\$453 per session
Leader	\$208 per session	\$281 per session
AM Extended 7:15-9	\$56 per session	\$82 per session
PM Extended 4-6	\$81 per session	\$102 per session
Bus Transport 1 way	\$30 per session	\$40 per session
Bus Transport Round trip	\$60 per session	\$80 per session
Session V (No Busing)	Facility Member	Non-Member
All Campers	\$134 per session	\$192 per session
AM Extended 7:15-9	\$32 per session	\$53 per session
PM Extended 4-6	\$52 per session	\$74 per session

*To qualify for member rates, your child must be a member prior to or at the time of camp registration and must remain a member through their scheduled camp session.*

**Explorers:** Campers going into 1-3 grades.

**Pioneers:** Campers going into 4-6 grades. Archery is part of the camp program for this age group. Campers 10-11 years old may also sign up for camp overnights.

**Adventurers:** Campers going into 7-9 grades. These campers will leave daily for trips throughout the state of Connecticut. Trips include bowling, ice skating, state parks, movies, museums and more. These campers have an overnight each session.

**Leaders:** Campers going into 10-11 grades. These campers will learn about what it takes to be a leader. They will participate in leadership activities, assist counselors.

## SPECIALTY CAMPS:

**Swim Camp Levels 1 and 2:** Campers 8-11 years old. Available all sessions. These campers will participate in 2 hours of instructional swim and safety training each day in addition to regular camp activities.

**Level 1** is for swimmers who can swim 1 length of the pool (25 yards) freestyle with rotary breathing backstroke, breast stroke, and has an understanding of butterfly. This is designed for a swimmer looking to be able to swim longer distances and able to do all 4 competitive strokes correctly and have fun.

**Level 2** is for a swimmer who can complete a 100 yard individual medley including 1 length of the 4 competitive strokes. Emphasis will be on proper stroke mechanics and endurance. Flip turns and dives will be worked on as well.

**Archery Camp:** Campers 8-11 years old. Available sessions II and IV only. These campers will participate in 2 hours of instructional lessons, safety training and archery games, in addition to regular camp activities. These campers may not sign up for Swim during sessions II and IV.

## PAYMENT & REFUND POLICY:

A one-time, per family non-refundable registration fee of \$50 is due with the completed registration form. A non-refundable \$60 deposit is required for each session. **Payment in full for Sessions I and II is due by May 15, 2010. Payment in full for Sessions III-V is due by June 15th 2010. Registrations for session I and II beginning on May 1st require payment in full. Registrations for sessions III—V beginning on June 1st require payment in full at time of registration.** Registration for each session and all change forms are due the Thursday before the session starts @ 6pm. Change forms are available at the front desk. We reserve the right to drop a child from a session if balance is not paid in full. Camp fees (excluding registration fee and deposit) will be refunded if withdrawal is done 2 weeks prior to the start of a session. After that time, camp fees will not be credited or refunded. All changes **must** be in writing. **All registration fees and deposits are non-refundable and non transferrable. Credits and refunds will not be issued for absences from camp, pool closures or inclement weather.**

## BUSING:

Transportation is provided from designated stops at an additional cost. Please select a bus stop number from the list when you register. An adult needs to be at the bus stop 5-10 minutes prior to the pick-up/ drop-off time. **Bus Drivers and camp staff will not allow your child on/ off the bus without an adult present at the bus stop.** Children will be brought back to camp if they do not get picked up at their designated stop. Bus stops and times are subject to change. Buses will have signs in windows designating bus color. The color of the actual bus is yellow.

Bus	Stop	Stop Name	Town	Pick-up	Drop-off
Green	1	Our Lady of Victory Church	West Haven	8:10 AM	4:45 PM
Green	2	Seth Haley School	West Haven	8:15 AM	4:40 PM
Green	3	Live Oaks School	Milford	8:20 AM	4:35 PM
Green	4	East Shore Middle School	Milford	8:25 AM	4:30 PM
Green	5	Edgefield Ave. & Foran Rd.	Milford	8:30 AM	4:25 PM
Green	6	Calf Pen Meadow School	Milford	8:30 AM	4:20 PM
Red	7	Molloy School	West Haven	8:00 AM	5:00 PM
Red	8	Stiles School	West Haven	8:20 AM	4:40 PM
Red	9	Savin Rock School	West Haven	8:25 AM	4:45 PM
Red	10	Farricelli's Flower Shop	West Haven	8:35 AM	4:20 PM
White	11	Margaret Eagen Center	Milford	8:15 AM	4:45 PM
White	12	West Shore Middle School	Milford	8:20 AM	4:40 PM
White	13	Simon Lake School	Milford	8:25 AM	4:35 PM
White	14	Pumpkin Delight School	Milford	8:30 AM	4:30 PM
White	15	East Broadway & Seaside Ave.	Milford	8:34 AM	4:25 PM
White	16	Meadowside School	Milford	8:40 AM	4:20 PM
White	17	John F. Kennedy School	Milford	8:45 AM	4:15 PM
Blue	18	Beecher Road School	Woodbridge	8:00 AM	5:00 PM
Blue	19	Route 34 (Staples)	Derby	8:15 AM	4:45 PM
Blue	20	Turkey Hill School	Orange	8:30 AM	4:30 PM
Blue	21	Mathewson School	Milford	8:40 AM	4:20 PM
Blue	22	Harborside Middle School	Milford	8:45 AM	4:15 PM

## CAMP DROP-OFF/ PICK-UP PROCEDURE:

Campers are not to be dropped off before 9am (unless registered for am care) and must be accompanied by an adult until they are signed-in. Camp closing and dismissal will begin at 3:40. Parents are asked to wait at the sign out table for their child's group to be dismissed. **Children will only be released to those persons listed on the Authorization to Pick-Up list and ID's will be checked by staff.** If a child is not picked up at their registered departure time, a late fee of \$5 for the first 15 minutes and \$10 for every additional 15 minutes will be applied.

## DAY CAMP SCHEDULE:

Camp Wepawaug Day Camp is an active **outdoor camp** that covers a lot of ground. Promptness is very important in order to ensure that your child will participate in all of our daily activities. After opening, the campers will have a camper's choice session. On Monday, they will choose which activity they wish to participate in during that time for the remainder of the session. The rest of the camp day will consist of 40 minute periods that will rotate a variety of activities, including (but not limited to) swimming, playground, environmental activities, sports, group games, board games and more. Camp specialty activities are subject to change. The staff is of the understanding that unless otherwise informed, your child has permission to participate in all activities.

## ATTENDANCE:

Campers are expected to attend day camp and all scheduled activities Monday–Friday. Campers who need to be picked-up early should contact the Camp Office at ext. 3129. In the interest of accounting for your children's safety and location, every attempt will be made to notify parents of absence, in the case that we are uninformed. Please call and let us know in advance if your child will not be attending on any certain day.

## WHAT TO BRING:

- Casual summer clothing. **Sneakers!** No sandals or open-toed shoes.
- A carrying bag with a large **name label** and lunch packaged in a paper bag. All lunches are stored in camp refrigerators until lunchtime. **We are allergy aware, please do not send in food items containing peanuts or peanut products.**
- A bathing suit and a large towel packaged in a plastic shopping bag.
- A water bottle to last them the day. We have designated areas in which they can refill their bottles.

**Please write your child's name on all belongings they bring with them.** We will try to return all marked articles, but cannot guarantee the return of unidentified articles. Lost and found will be emptied at the end of each session.

## PERSONAL BELONGINGS:

Toys, including all trading card games and hand held electronic games, electronics, weapons including toy weapons, animals, personal sports equipment, other personal items as well as tobacco, alcohol or illegal substances should not be brought to camp. These items will be taken to the camp office and locked up until the child's parent comes to pick them up. **The YMCA is not responsible for any lost items, including clothing.**

**YOUTH CAMP HEALTH EXAM/RECORD  
FOR CAMPERS AND STAFF**

\_\_\_\_ Camper  
\_\_\_\_ Staff

Physical Exams Are Valid For 3 Years  
From Date of Last Examination

***Please Return Completed Form to Camp by June 1st.***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Guardian \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:**

**Date of Exam** \_\_\_\_\_

\_\_\_\_ May participate in all camp activities \_\_\_\_\_  
\_\_\_\_ May participate except for: \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

Is this individual taking prescription medication? \_\_\_\_ YES \_\_\_\_ NO

If yes, indicate prescription: \_\_\_\_\_

Does the individual have allergies? \_\_\_\_ YES \_\_\_\_ NO Explain: \_\_\_\_\_

Is the individual on a special diet? \_\_\_\_ YES \_\_\_\_ NO Explain: \_\_\_\_\_

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

Yes	No	Yes	No
		Hepatitis B	
		Diphtheria	
		Pertussis	
		Polio	
		Tetanus	

Comments: \_\_\_\_\_  
\_\_\_\_\_

Print name of medical care provider: \_\_\_\_\_

Medical care provider's address: \_\_\_\_\_

Medical care provider's: City/Town \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, APRN or PA

\_\_\_\_\_  
Date Form Signed

\_\_\_\_\_  
Telephone Number

Camper Name

YEARLY Camper Health History (To be completed by the parent/guardian)

**PARENT/GUARDIAN AUTHORIZATIONS:** This health history is correct and complete as far as I know and the person herein described has permission to engage in all camp activities except as noted.

Signature of parent/guardian/staffer \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**ALLERGIES:** List all known. Describe reaction and management of the reaction.

Medication Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

**MEDICATIONS BEING TAKEN:** Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. **(Additional administration of medication form is also needed for medications to be taken at camp).**

\_\_\_\_\_ This person takes medication as follows

Medication #1 \_\_\_\_\_ Medication #2 \_\_\_\_\_

Dosage \_\_\_\_\_ Times \_\_\_\_\_ Dosage \_\_\_\_\_ Times \_\_\_\_\_

Reason for taking \_\_\_\_\_ Reason for taking \_\_\_\_\_

\_\_\_\_\_ This person does not take medications.

Identify any medications taken during the school year that participant does/may not take during the summer.

**RESTRICTIONS:** Explain any restrictions to activity (what cannot be done, what adaptations/limitations are necessary.)

**GENERAL QUESTIONS:** (Circle yes or no, please explain yes answers)

Has/does the participant...

- Had any recent injury, illness or infectious disease?..... YES NO
- Have a chronic or recurring illness/condition?..... YES NO
- Ever been hospitalized or had surgery?..... YES NO
- Have frequent headaches?..... YES NO
- Ever had a head injury or knocked unconscious?..... YES NO
- Wear glasses?..... YES NO
- Have frequent ear infections?..... YES NO
- Ever passed out or been dizzy or chest pain during exercise?..... YES NO
- Ever had seizures?..... YES NO
- Ever had high blood pressure?..... YES NO
- Ever been diagnosed with a heart murmur?..... YES NO
- Ever had back or joint problems?..... YES NO
- Have an orthodontic appliance being brought to camp?..... YES NO
- Have any skin problems?..... YES NO
- Have diabetes?..... YES NO
- Have asthma?..... YES NO
- Had mononucleosis in the past 12 months..... YES NO

Please explain any yes answers.....

Which of the following has the participant had?

- Measles       Mumps       Hepatitis A       Hepatitis B       Hepatitis C       German Measles       Chicken Pox

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health that the camp should be aware. \_\_\_\_\_

## WOODRUFF FAMILY YMCA CAMP WEPAWAUG

### GUARDIAN AUTHORIZATION

I am the parent or legal guardian of \_\_\_\_\_ (the "Youth"). I give permission for the Youth to participate in all YMCA sponsored programs and activities except (list of activities in which Youth should not participate. Put n/a if no restrictions) \_\_\_\_\_.

This permission includes permission to ride 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 assume full responsibility for the health condition of the Youth, and I give the YMCA permission to perform first aid as necessary and to obtain necessary medical assistance in emergencies. I will be responsible for all medical expenses incurred by the Youth.

I understand that the Woodruff Family YMCA is a branch of the Central Connecticut Coast Young Men's Christian Association, Inc. (the "Parent Company"), 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 to the Youth, and I will indemnify the Y Group against loss from claims of personal injury or property damage caused to others by the Youth, including injury or damage to YMCA property or personnel.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I authorize the YMCA to release the Youth to the custody of the following people including parents:

1. Name \_\_\_\_\_ 3. Name \_\_\_\_\_  
Relationship to Youth \_\_\_\_\_ Relationship to Youth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
2. Name \_\_\_\_\_ 4. Name \_\_\_\_\_  
Relationship to Youth \_\_\_\_\_ Relationship to Youth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The YMCA may require a photo I.D. The YMCA is required to permit either parent to pick up the Youth unless the YMCA is furnished with a copy of a court order to the contrary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Central Connecticut Coast YMCA  
Woodruff Family Branch Camp Wepawaug.  
2010 Registration and Release Form**

_____ Staff _____ MST #
----------------------------

**Camper Information**  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Age as of 6/23/10: \_\_\_\_\_ Gender: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade in Sept: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

**Mother/Guardian's Information:**  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father/Guardian's Information:**  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program (check one per session)	Session I 6/28/10-7/9/10	Session II 7/12/10-7/23/10	Session III 7/26/10-8/6/10	Session IV 8/9/10-8/20/10	Session V 8/23/10-8/27/10
	<input type="checkbox"/> Explorers (entering 1-3 grades) <input type="checkbox"/> Pioneers (entering 4-6 grades) <input type="checkbox"/> Swim Camp (entering 4-6 grades) Level 1 or Level 2	<input type="checkbox"/> Explorers (entering 1-3 grades) <input type="checkbox"/> Pioneers (entering 4-6 grades) <input type="checkbox"/> Swim Camp (entering 4-6 grades) Level 1 or Level 2 <input type="checkbox"/> Archery Camp (entering 4-6 grades)	<input type="checkbox"/> Explorers (entering 1-3 grades) <input type="checkbox"/> Pioneers (entering 4-6 grades) <input type="checkbox"/> Swim Camp (entering 4-6 grades) Level 1 or Level 2 <input type="checkbox"/> Archery Camp (entering 4-6 grades)	<input type="checkbox"/> Explorers (entering 1-3 grades) <input type="checkbox"/> Pioneers (entering 4-6 grades) <input type="checkbox"/> Swim Camp (entering 4-6 grades) Level 1 or Level 2 <input type="checkbox"/> Archery Camp (entering 4-6 grades)	<input type="checkbox"/> will attend M - F <input type="checkbox"/> will attend M - F
Arrival (choose one per session) (note: additional fee for am and bus)	<input type="checkbox"/> Adventurers (entering 7-9 grades) <input type="checkbox"/> Leaders (entering 10-11 grades) AM Extended Parent Drop Off Bus _____ Color: _____ Stop: _____	<input type="checkbox"/> Adventurers (entering 7-9 grades) <input type="checkbox"/> Leaders (entering 10-11 grades) AM Extended Parent Drop Off Bus _____ Color: _____ Stop: _____	<input type="checkbox"/> Adventurers (entering 7-9 grades) <input type="checkbox"/> Leaders (entering 10-11 grades) AM Extended Parent Drop Off Bus _____ Color: _____ Stop: _____	<input type="checkbox"/> Adventurers (entering 7-9 grades) <input type="checkbox"/> Leaders (entering 10-11 grades) AM Extended Parent Drop Off Bus _____ Color: _____ Stop: _____	<input type="checkbox"/> will attend M - F <input type="checkbox"/> will attend M - F AM Extended Parent Drop Off No Busing Available
Dismissal (choose one per session) (note: additional fee for pm and bus)	<input type="checkbox"/> PM Extended Parent Pick Up Bus _____ Color: _____ Stop: _____	<input type="checkbox"/> PM Extended Parent Pick Up Bus _____ Color: _____ Stop: _____	<input type="checkbox"/> PM Extended Parent Pick Up Bus _____ Color: _____ Stop: _____	<input type="checkbox"/> PM Extended Parent Pick Up Bus _____ Color: _____ Stop: _____	<input type="checkbox"/> PM Extended Parent Pick Up No Busing Available

**\*Camp Wepawaug stays consistent with the Milford Public School Calander**

Payment Information  
 Registration Fee \$ 50/ Family  
 # Sessions \_\_\_\_\_ x \$60 \$ \_\_\_\_\_  
 Total Payment Due Upon Registration \$ \_\_\_\_\_

I give permission for my child to participate in all activities that are part of the Camp Wepawaug summer camp program, including field trips. I understand there are risks associated with camp activities within which my child is a participant and hold the Woodruff Family YMCA, Central Connecticut Coast YMCA, its employees, representatives, agents and assigns free from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I have read, understand and agree to the YMCA policies and procedures throughout this brochure and agree to abide by them in relation to the 2010 camp season. I further grant permission for any pictures or video taken of my child while at camp to be used for publicity and promotional purposes. I have read the above and fully understand the same.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_