



# YMCA Camp Badakookala 2010 Registration Form

To register, complete steps 1-8 on the following pages and return to the Fairfield YMCA with your non-refundable deposit.

All starred items are mandatory and your form will not be processed without them.

## 1. CAMPER INFORMATION (PLEASE PRINT)

Child's Name\* \_\_\_\_\_ Date of Birth (m/d/y)\* \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Sex (please circle)\* M F Grade in Fall 2010\* \_\_\_\_\_ Age (as of 6/1/10)\* \_\_\_\_\_

## 2. HOUSEHOLD/FAMILY INFORMATION (PLEASE PRINT)

Parent/Guardian Name\* \_\_\_\_\_ Relationship\* \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email\* \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Email \_\_\_\_\_

## 3. EMERGENCY CONTACT INFORMATION (PLEASE PRINT)

Name\* \_\_\_\_\_ Relationship\* \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name\* \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone\* \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## 4. MEDICAL INFORMATION (PLEASE PRINT)

Note: A full form filled out by a physician is required by state law and is available online and in our registration packet.\*

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

Describe type and reaction: \_\_\_\_\_

Does your child carry an Epi-Pen?  Yes  No

If your child has special needs that require one on one attention please briefly indicate: \_\_\_\_\_

## 5. HOW DID YOU HEAR ABOUT YMCA CAMP BADAHOOKALA?

\_\_Mailings \_\_Newspaper \_\_Flyer from school \_\_At the YMCA \_\_Word of Mouth \_\_Poster \_\_YMCA Website \_\_Other \_\_

## 6. POLICIES AND WAIVERS

My signature below indicates that I understand and agree to the following:

I hereby give permission for my child to participate in all activities that are part of the Fairfield YMCA program. I understand the risk associated with camp activities in which my child is a participant and hold the Fairfield YMCA, Central Connecticut Coast YMCA, its employees, representatives, agents and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I also understand that my child will not be admitted at camp without the required forms being completed properly, including the medical and camper agreement forms. I further grant permission for my child to be transported in YMCA authorized vehicles for field trips, emergencies, and for my child to walk to local areas offsite for program activities or field trips. I also grant permission for any pictures taken of my child while at camp to be used for publicity and promotional purposes.

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

## 7. SELECT CAMP PROGRAM AND SESSION

Please select the program(s) and session(s) desired by checking the appropriate boxes\*.

USE THIS GRID TO CALCULATE CAMP BALANCE	Session 1 2 weeks 6/28-7/9	Session 2 2 weeks 7/12-7/23	Session 3 2 weeks 7/26-8/6	Session 4 2 weeks 8/9-8/20	Members Sub Total*	Non Members Sub Total*
Bada Classic Camp (grade in fall 1-4)	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395		+ 75
Adventurers (grade in fall 5-8)	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425		+ 70
AM Care @ Jennings 7:30am-9:00am	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50		+ 25
PM Care @ YMCA 3:00pm-6:00pm	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110	<input type="checkbox"/> \$110		+ 20
AM Bus Leaves YMCA @ 8:45am	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35		+ 20
<b>Session Splitting Options</b> Please indicate which week by checking in the box indicated						
Session Splitting (Bada Classic Camp)	\$275 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$275 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$275 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$275 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2		+ 55
Session Splitting (Adventurers)	\$295 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$295 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$295 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$295 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2		+ 55
Session Splitting (AM Care)	\$35 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$35 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$35 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$35 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2		+ 20
Session Splitting (PM Care)	\$75 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$75 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$75 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$75 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2		+ 20
Session Splitting (AM Bus)	\$25 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$262 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$262 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$262 per wk <input type="checkbox"/> 1 <input type="checkbox"/> 2		+ 15
<b>To calculate total balance:</b>	1. Add up the total for each program selected. 2. Add the non- member fee as appropriate 3. Add the subtotals for your total balance and enter to the right.				<b>Total Balance</b>	

## 8. PAYMENT

The required \$75 per session deposit will be applied towards your camp balance, is non-refundable after April 23<sup>rd</sup>, and is due upon registration. After April 23<sup>rd</sup> your deposit may only be applied towards another camp session. Camper space is limited and only held with paid deposits. All camp balances are due in full no later than 2 weeks before the first day of each session that the camper is starting. If you are late paying your balance your child's space may be placed in jeopardy. Refunds are only for medical reasons and a doctor's note is required. Financial Aid is available through the Fairfield YMCA Open Doors Program. Please apply inquire at the front desk for more information. All payment questions should be directed to Cheryl Wilson, Administrative Secretary at 203-255-2834 ext 2314.

**Camp Total:** (from above)\* \_\_\_\_\_ **Deposit Total:** (#of Sessions multiplied by \$75)\* \_\_\_\_\_

**Balance:** (Camp Total minus Deposit Total)\* \_\_\_\_\_ I am including \$ \_\_\_\_\_ for my fee/balance.\*

All credit card payments must be done through the Fairfield YMCA front desk or through our online registration system on the Fairfield YMCA Website at [www.cccymca.org](http://www.cccymca.org) Any mailed registrations are not valid until they are received and processed.

I agree to the policies above and accept that I am responsible for all fees and payments. I understand that all paper work and necessary information is to be handed in two weeks before the start of the first day of camp. I also understand that it is my responsibility to notify the camp staff if the contact information for anyone named on this form has changed. I understand and accept that my child will not be allowed to attend a camp session until there is zero balance prior to the start of the sessions first day. I also understand that priority is given to children who register for full two week sessions and that as such space is limited for children who are splitting a session.

**Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_

**Return to:**



YMCA Camp Badakookala  
Fairfield YMCA  
841 Old Post Rd  
Fairfield, Ct 06824

### OFFICE USE ONLY

**Front Desk:**

Deposit Amount: \$ \_\_\_\_\_

Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Entered into MemberST: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Name (print): \_\_\_\_\_

Notes: \_\_\_\_\_

**Back Office:**

Payment Authorization Form

Medical Form

Camper Agreement

Deposit Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Balance Paid \_\_\_\_/\_\_\_\_/\_\_\_\_