



## CENTRAL CONNECTICUT COAST YMCA Summer Camp Registration & Release Form

Camper's First Name \_\_\_\_\_ Last \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

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

Date of Birth \_\_\_\_\_ Age entering camp yrs. \_\_\_\_ mos. \_\_\_\_ Grade entering in Sept. \_\_\_\_ Child lives with \_\_\_\_\_

Parent # 1 \_\_\_\_\_ Parent # 2 \_\_\_\_\_

Home Address \_\_\_\_\_ Home address \_\_\_\_\_

Please Check Which Phone Number You Would Like Used As Primary Contact Number

Home Phone # ( ) \_\_\_\_\_  Home Phone # ( ) \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_  Cell Phone # ( ) \_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_  Work Phone # ( ) \_\_\_\_\_

Parent/Guardian E-Mail Address (camp info will be sent via e-mail) \_\_\_\_\_

If parent cannot be reached, give name and relationship of person to be called in case of emergency.

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

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Does your child require special accommodations (social, behavioral, medicine)? No \_\_\_ Yes \_\_\_ Will you be providing an individualized care plan? Yes \_\_\_ No \_\_\_

### Parent/Guardian Permission:

I hereby give permission for my child to participate in all activities (including field trips) that are part of the camp program. I understand there are risks associated with camp activities and programs in which my child is a participant. I hold the Y Branch, the 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 grant permission to have my child transported to one the YMCA's other facilities in case of inclement weather. I also grant permission for any pictures taken of my child while at camp to be used for publicity and promotional purposes.

### Sunscreen/Bug Spray Release:

I hereby give permission for the YMCA to apply sunscreen and/or bug spray to my child. I will supply sunscreen and/or bug spray for my child as well as apply to my child every morning. The YMCA is NOT responsible for lost or stolen bottles of sunscreen/bug spray. (Please label containers).

### Guardian Authorization:

In order to ensure the well-being of all our campers and our ability to help you with picking up your child, please include every person that could assume the custody of your child for any unforeseen circumstances. The YMCA WILL require photo I.D. to release any child to an authorized pick up person listed on this form. I authorize the YMCA to release my child to the custody of the following people other than me:

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

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

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

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

The YMCA is required to permit either parent to pick up the child unless the YMCA is furnished with a copy of a court order to the contrary. Please list below any persons not authorized to pick-up this camper and attach a copy of the court order.

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

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

I understand that the Central Connecticut Coast Young Men's Christian Association, Inc. (the "Parent Company") and all of its branches are 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 child in the YMCA programs, I release, on behalf of the child, myself and members of the child's family, the YMCA, the Parent Company, and officers, directors, employees and volunteers from all claims of damage or loss to the child's property and claims of personal injury or property damage caused to others by the child, including injury or damage to YMCA property or personnel.

I understand the financial requirements, registration, payment obligations and deadlines as outlined in the Summer Camp Brochure.

I have read the above and agree to the terms and conditions.

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

Date \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

**HAMDEN/NORTH HAVEN YMCA**  
**Discovery Camp Session Registration**

Child's Name \_\_\_\_\_

**DISCOVERY CAMP (Preschool aged children, ages 3-5)**

Please check all that apply.

Session	Complete Session Member Rate/ Non-Member Rate	Splitting Sessions Member Rate/ Non-Member Rate	Pre- Care (7:30-9am) Post- Care (4-6 pm) Rate	Pre- & Post- Care (4-6pm) Rate	Total Fees
<b>Session One</b> June 24- July 5 (No camp July 4)	<input type="checkbox"/> Complete Session \$326/\$357	<input type="checkbox"/> Week 1 (6/24-6/28) <input type="checkbox"/> Week 2 (7/1-7/5) \$215/\$245	<input type="checkbox"/> AM CARE \$65 <input type="checkbox"/> PM CARE \$65	<input type="checkbox"/> AM & PM CARE \$110	TOTAL:
<b>Session Two</b> July 8- July 19	<input type="checkbox"/> Complete Session \$362/\$395	<input type="checkbox"/> Week 1 (7/8-7/12) <input type="checkbox"/> Week 2 (7/15-7/19) \$215/\$245	<input type="checkbox"/> AM CARE \$72 <input type="checkbox"/> PM CARE \$72	<input type="checkbox"/> AM & PM CARE \$124	TOTAL:
<b>Session Three</b> July 22-August 2	<input type="checkbox"/> Complete Session \$362/\$395	<input type="checkbox"/> Week 1 (7/22-7/26) <input type="checkbox"/> Week 2 (7/29-8/2) \$215/\$245	<input type="checkbox"/> AM CARE \$72 <input type="checkbox"/> PM CARE \$72	<input type="checkbox"/> AM & PM CARE \$124	TOTAL:
<b>Session Four</b> August 5- August 16	<input type="checkbox"/> Complete Session \$362/\$395	<input type="checkbox"/> Week 1 (8/5-8/9) <input type="checkbox"/> Week 2 (8/12-8/16) \$215/\$245	<input type="checkbox"/> AM CARE \$72 <input type="checkbox"/> PM CARE \$72	<input type="checkbox"/> AM & PM CARE \$124	TOTAL:
<b>Session Five</b> August 19- August 23	<input type="checkbox"/> Complete Session \$181/\$195		<input type="checkbox"/> AM CARE \$36 <input type="checkbox"/> PM CARE \$36	<input type="checkbox"/> AM & PM CARE \$62	TOTAL:
					TOTAL: