



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 _____



**VALLEY YMCA SUMMER FUN CLUB
2013 Registration and Release Form**

SUMMER FUN CLUB 5 – 12 YEARS OLD

Week 1 June 24 – June 28 Member \$165 Non Member \$ 205	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 10 \$ _____
Week 2 July 1– July 5 (No 7/4) Member \$165 Non Member \$ 205	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 17 \$ _____
Week 3 July 8– July 12 Member \$165 Non Member \$ 205	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 24 \$ _____
Week 4 July 15– July 19 Member \$165 Non Member \$ 205	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 1 \$ _____
Week 5 July 22– July 26 Member \$165 Non Member \$ 205	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 8 \$ _____
Week 6 July 29 – Aug 2 Member \$165 Non Member \$ 205	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 15 \$ _____
Week 7 Aug 5– Aug 9 Member \$165 Non Member \$ 205	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 22 \$ _____
Week 8 Aug 12– Aug 16 Member \$165 Non Member \$ 205	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 29 \$ _____
Week 9 Aug 19 – Aug 23 Member \$165 Non Member \$ 205	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: Aug 5 \$ _____

LEADERS IN TRAINING 13 – 15 YEARS OLD

Week 1 June 24 – June 28 Member \$135 Non Member \$ 155	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 10 \$ _____
Week 2 July 1– July 5 (No 7/4) Member \$135 Non Member \$ 155	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 17 \$ _____
Week 3 July 8– July 12 Member \$135 Non Member \$ 155	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 24 \$ _____
Week 4 July 15– July 19 Member \$135 Non Member \$ 155	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 1 \$ _____
Week 5 July 22– July 26 Member \$135 Non Member \$ 155	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 8 \$ _____
Week 6 July 29 – Aug 2 Member \$135 Non Member \$ 155	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 15 \$ _____
Week 7 Aug 5– Aug 9 Member \$135 Non Member \$ 155	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 22 \$ _____
Week 8 Aug 12– Aug 16 Member \$135 Non Member \$ 155	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 29 \$ _____
Week 9 Aug 19 – Aug 23 Member \$135 Non Member \$ 155	Pre Care \$20	Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: Aug 5 \$ _____

REGISTRATION / PAYMENT INFORMATION

- A \$50 deposit for each session is required upon registration and is **non-refundable after June 1st, 2013**. Deposits are applied toward your camp balance.
 - A one-time, **non-refundable** registration fee of \$25 per child is due with the completed registration form.
 - Each week’s payment is due 2 weeks prior to the beginning of the camp week. See payment schedule on the registration form.
 - A \$25 late fee will be charged if balance is not received by due date.
 - There will be a \$15 service charge for any change. Changes will only be made when space is available.
 - Credit card returns and returned check fee is \$20.00.
 - Refunds after June 1st are given for medical reasons only (must provide doctor note).
 - There is a \$10 service charge for all refunds.
 - Any other refund, approved by Camp Director, after (June 25), will be a SYSTEM CREDIT ONLY.
- Failure to remit balance and signed medical form by due date will jeopardize your child’s enrollment in camp.

I understand that if I am receiving Care 4 Kids, my contract for Summer Camp and all associated fees is with the YMCA. Therefore, if for any reason Care 4 Kids fails to pay, I as the client of the YMCA will be held responsible for the full Summer Camp Tuition.

By signing below I am enrolling my child in Valley YMCA Summer Fun Club for 2013 and agree with the above statements.

Parent/ Guardian Signature _____ Date _____

MAIL COMPLETED, SIGNED FORM TO:
VALLEY YMCA 12 State Street, Ansonia, CT 06401
P 203 736 9622 **F** 203 736 1438 **W** valleyy.org