

2008 YMCA CAMP WATCHAUG REGISTRATION FORM



95 High Street ■ Westerly, RI 02891 ■ Phone (401) 596-2894 ■ FAX (401) 596-8675 ■ www.campwatchaug.org

Camper Name:		Gender:
Date of Birth:	Age:	Entering Grade In Fall '07:
Address:		
City:	State:	Zip:
Parent 1:	Cell or Work Phone:	
Parent 2:	Cell or Work Phone:	
Home Phone:	Email: (to receive updates during summer)	
Emergency Contact:	Phone:	
Emergency Contact:	Phone:	

(Emergency Contacts are authorized to pickup your camper unless otherwise noted)

DHS Certificate #	(Must supply a copy)	How did you first hear of Camp Watchaug?
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TRANSPORTATION (refer to the bus schedule online, in our brochure or at the front desk of our YMCA)

<input type="checkbox"/> I authorize the YMCA to allow my camper to walk to and from the bus alone. (for Robins and up <u>only</u>) <input type="checkbox"/> NO BUS. I will drop off and pickup my camper each day	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">BUS LETTER</td> <td style="width: 50%;">STOP NUMBER</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	BUS LETTER	STOP NUMBER	_____	_____
BUS LETTER	STOP NUMBER				
_____	_____				
<p>* Campers who attend Extended Day in AM will ride the bus to camp and campers who are in PM will ride the bus back to the YMCA Branch.</p> <p>** A Watchaug staff member rides each bus as a monitor</p>	<p><u>Buses only pickup/drop off at these two locations during Preview Week.</u> If you register for preview week, please select a location:</p> <input type="checkbox"/> Westerly-Pawcatuck Branch <input type="checkbox"/> Arcadia Branch				

IMPORTANT POLICIES

Payment: A non-refundable \$50 deposit is due per camper, per session at the time of registration. This deposit holds the camper's place and will be applied to the full payment of camp fees. A \$25 Capital Improvement fee is due per camper, once a summer at time of registration. The remaining balance is due May 15, 2008.

Transportation: Please allow leeway for bus times as they may run 5 minutes early or late on a daily basis. Expect the busses to be 15 minutes late the first two days of each session while our campers get used to their route.

Parent Cancellations and Refunds: Cancellation of a session by a participant at least two full weeks prior to the session involved will result in full refund less a \$50.00 Non-Refundable deposit. NO refunds will be given for cancellations within two (2) weeks prior to the session or after the session begins. Fees will not be refunded for absence, failure to attend during the term of enrollment, delayed attendance at camp or dismissal. We will provide partial refunds for campers who have missed five (5) or more days of one session due to illness. A doctor's note must be presented to receive refund.

I would like to make a contribution to the Camp Scholarship Fund, allowing others to enjoy the Watchaug experience.				
<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Other _____	*A Tax Deductible Donation

RATES, DATES AND PROGRAM SELECTION

TRADITION-RICH CAMPS

DAY CAMPS	Grade in Fall 2008	Preview Week June 23 – 27	Session 1 June 30 – July 11 <i>*No Camp July 4th</i>	Session 2 July 14 – 25	Session 3 July 28 – Aug 8	Session 4 Aug 11 – 22
2-Week Programs		Member - \$200 Non-Member - \$240	Member - \$315 Non-Member - \$365	Member - \$345 Non-Member - \$405	Member - \$345 Non-Member - \$405	Member - \$345 Non-Member - \$405
Hummingbirds	4-5 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chickadees	1 st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robins	2 nd or 3 rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pioneer Girls	4 th or 5 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pioneer Boys	4 th or 5 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ranger Girls	6 th or 7 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ranger Boys	6 th or 7 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explorer Girls	8 th or 9 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explorer Boys	8 th or 9 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIT	10 th	MUST APPLY	<input type="checkbox"/> →			Member - \$610 Non-Member - \$670

SPECIALTY CAMPS

DAY CAMPS	Grade in Fall 2008	Session 1 Member / Non-Member	Session 2 Member / Non-Member	Session 3 Member / Non-Member	Session 4 Member / Non-Member
WaterSports 1	4 th or 5 th	<input type="checkbox"/> July 7-11 \$300 / \$350			
WaterSports 2	6 th or 7 th		<input type="checkbox"/> July 14-18 \$300 / \$350		
WaterSports 3	8 th or 9 th		<input type="checkbox"/> July 21-25 \$300 / \$350		
Fort Building 1	4 th – 6 th		<input type="checkbox"/> July 14-18 \$275 / \$330		
Fort Building 2	4 th – 6 th		<input type="checkbox"/> July 21-25 \$275 / \$330		
Rocketeers		<input type="checkbox"/> July 7-11 \$275 / \$330 3 rd – 4 th Grade		<input type="checkbox"/> August 4-8 \$275 / \$330 5 th – 6 th Grade	
Adventure Camp	7 th – 9 th			<input type="checkbox"/> July 28 - Aug 1 \$275 / \$330	
Mad Science	2 nd – 4 th				<input type="checkbox"/> August 11-15 \$275 / \$330
Ski & Wake Camp	7 th – 9 th			<input type="checkbox"/> July 28 - Aug 1 \$320 / \$365	
Ultimate Fishing	5 th – 7 th			<input type="checkbox"/> August 4-8 \$300 / \$350	

EXTENDED DAY PROGRAM

TIME	Location Select Westerly (W) or Arcadia (A)	Preview Week June 23 – 27 Member / Non-Member	Session 1 June 30 – July 11 Member / Non-Member	Session 2 July 14 – 25 Member / Non-Member	Session 3 July 28 – Aug 8 Member / Non-Member	Session 4 Aug 11 – 22 Member / Non-Member
AM (7am – Camp)	<input type="checkbox"/> W <input type="checkbox"/> A	<input type="checkbox"/> \$40 / \$60	<input type="checkbox"/> \$55 / \$70	<input type="checkbox"/> \$55 / \$70	<input type="checkbox"/> \$55 / \$70	<input type="checkbox"/> \$55 / \$70
PM (Camp – 6pm)	<input type="checkbox"/> W <input type="checkbox"/> A	<input type="checkbox"/> \$40 / \$60	<input type="checkbox"/> \$55 / \$70	<input type="checkbox"/> \$55 / \$70	<input type="checkbox"/> \$55 / \$70	<input type="checkbox"/> \$55 / \$70
AM & PM	<input type="checkbox"/> W <input type="checkbox"/> A	<input type="checkbox"/> \$60 / \$80	<input type="checkbox"/> \$85 / \$110	<input type="checkbox"/> \$85 / \$110	<input type="checkbox"/> \$85 / \$110	<input type="checkbox"/> \$85 / \$110

Payment Method	<input type="checkbox"/> Enclosed Check	or	Card # _____ Exp _____
	<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard Name on Card _____

PARENT AUTHORIZATION

By signing below, I understand that my child's image or voice may be used in YMCA promotional materials including our Camp Watchaug website; all deposits are non-refundable and nontransferable; (Refer to our refund policy) Balances must be paid in FULL by June 1, 2008 and failure to do so will relinquish your reserved place in the program.

I understand the camp programs and related risks and hereby give permission for my camper to participate in all programs unless otherwise noted on the "permission" portion of the Health History Form. I acknowledge that my camper cannot attend camp until a completed Health History Form is submitted to the camp office prior to their arrival at camp.

Parent/Guardian Signature

Date

YMCA CAMP WATCHAUG HEALTH HISTORY

A completed health form is mandatory to attend camp. **NEW** - If your child has medical insurance, a copy of their card **MUST** be attached to this form. Mail or return to the Camp Registrar at the Westerly-Pawcatuck YMCA.

Attn: Camp Registrar, 95 High Street, Westerly, RI 02891

Camper Name:		Gender:	
Date of Birth:	Guardian:		Relationship:
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Emergency Contact:		Phone:	

Important: If your child will need to take medications OR over-the-counter medicine while at camp an additional MEDICATION FORM must be completed and returned with this Health History Form. Forms can be found online, in your parent packet or at the Westerly-Pawcatuck YMCA

___ May participate in ALL camp activities
 ___ May participate except for: _____

Current Medical, Mental or Psychological Condition pertinent to routine care of camper including any current treatment/care:

Please describe any past medical treatment that this camper has received:

Is this camper currently on any medications Yes No
(If YES, the Camper Medication Form must be completed)

Does this camper have allergies? Yes No
 Explain: _____

Is this camper on a special diet? Yes No
 Explain: _____

This camper is current on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus Date: _____					

Print Name of Camper's Physician: _____ Phone: _____

City _____ State _____ Zip _____

This health history is correct so far as I know and the person herein can engage in all prescribed camp activities, except as noted by me. I give the certified staff permission use First Aid and, in the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian Signature: _____ **Date:** _____