

2010 YMCA CAMP WATCHAUG REGISTRATION



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 '2010:
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 (State Funding) # (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"/> NO BUS. I will drop off and pickup my camper each day	BUS COLOR & NUMBER <u>Buses only pickup/drop off at these two locations during Finale Week.</u> If you register for finale week, please select a location: <input type="checkbox"/> Westerly-Pawcatuck Branch <input type="checkbox"/> Arcadia Branch
* 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. ** A Watchaug staff member rides each bus as a monitor	

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 Registration fee is due per camper, once a summer at time of registration. The remaining balance is due two-weeks prior to the start of the scheduled session.

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

REGISTER BY APRIL 1ST, 2010 TO RECEIVE 2009 RATES!

RATES, DATES AND PROGRAM SELECTION

TRADITIONAL CAMPS – TWO WEEK SESSIONS

DAY CAMPS	Grade in Fall 2009	Session 1 June 28 – July 9	Session 2 July 12-23	Session 3 July 26 – August 6	Session 4 August 9-20	Finale Week August 23-27
		Member - \$355 Non-Member - \$450	Member - \$355 Non-Member - \$450	Member - \$355 Non-Member - \$450	Member - \$355 Non-Member - \$450	Member - \$205 Non-Member - \$270
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"/>
Pioneers	4 th or 5 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rangers	6 th or 7 th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explorers	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 - \$500 Non-Member - \$670

SPECIALTY CAMPS – ONE WEEK SESSIONS

DAY CAMPS	Rates Member / Non-Member	Week 1 June 28-July 2	Week 2 July 5-9	Week 3 July 12-16	Week 4 July 19-23	Week 5 July 26-30	Week 6 August 2-6	Week 7 August 9-13
Fort Building	\$290 / \$360	<input type="checkbox"/> Grades 4-6					<input type="checkbox"/> Grades 4-6	
Water Sports	\$315 / \$380		<input type="checkbox"/> Grades 4-5		<input type="checkbox"/> Grades 6-7	<input type="checkbox"/> Grades 8-9		
Adventure Camp	\$290 / \$360		<input type="checkbox"/> Grades 7-9					
Sailing School	\$315 / \$380			<input type="checkbox"/> Grades 6-9				
Silly Science	\$290 / \$365			<input type="checkbox"/> Grades 2-4				
Y-All Stars	\$290 / \$360				<input type="checkbox"/> Grades 3-5			
Rocketeers	\$315 / \$380					<input type="checkbox"/> Grades 3-4		
Ceramics	\$300 / \$370							<input type="checkbox"/> Grades 4-6

EXTENDED DAY PROGRAM

TIME	Location Select Westerly (W) or Arcadia (A)	Session 1 Member / Non-Member	Session 2 Member / Non-Member	Session 3 Member / Non-Member	Session 4 Member / Non-Member	Finale Week Member / Non-Member
AM (7am – Camp)	<input type="checkbox"/> W <input type="checkbox"/> A	<input type="checkbox"/> \$65 / \$80	<input type="checkbox"/> \$65 / \$80	<input type="checkbox"/> \$65 / \$80	<input type="checkbox"/> \$65 / \$80	<input type="checkbox"/> \$40 / \$65
PM (Camp – 6pm)	<input type="checkbox"/> W <input type="checkbox"/> A	<input type="checkbox"/> \$65 / \$80	<input type="checkbox"/> \$65 / \$80	<input type="checkbox"/> \$65 / \$80	<input type="checkbox"/> \$65 / \$80	<input type="checkbox"/> \$40 / \$65
AM & PM	<input type="checkbox"/> W <input type="checkbox"/> A	<input type="checkbox"/> \$95 / \$125	<input type="checkbox"/> \$95 / \$125	<input type="checkbox"/> \$95 / \$125	<input type="checkbox"/> \$95 / \$125	<input type="checkbox"/> \$60 / \$85

TRADING POST

I would like to purchase one \$10 Trading Post Card for: Each Session Attending Just One Card

EXPRESS PAYMENTS

If using a check, make payable to "Camp Watchaug"

Visa MasterCard Card # _____ Exp _____ Name on Card _____

Choose One Option Charge the FULL balance at this time **OR** Deposit & Reg. Fee only. Bill me May 15 with the balance

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 two weeks prior to the start of each scheduled session 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 Signature

Date

YMCA CAMP WATCHAUG HEALTH HISTORY

A completed health form is mandatory to attend camp. 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 Branch.**

___ 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:** _____