

2018 Camp Cove Registration Form

1 Harry Austin Drive • Mystic, CT 06355 • Phone (860) 536-3575 • Fax (860) 536-2049 • www.oceancommunityymca.org

1. CAMPER INFORMATION

Child's Name _____ DOB _____ Age _____
Address _____ City _____ Zip _____
Gender (M/F) _____ Child's School _____ Grade entering in Fall 2018 _____

2. HOUSEHOLD/FAMILY INFORMATION

Parent/Guardian Name _____ Relationship _____
Address _____ City _____ Zip _____
Home Phone _____ Email _____
Employer _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name _____ Relationship _____
Address _____ City _____ Zip _____
Home Phone _____ Email _____
Employer _____ Work Phone _____ Cell Phone _____

3. EMERGENCY CONTACT INFORMATION

Additional friends or family members that are at least 18 years or older (not listed above) authorized to pick-up child from Camp, field trip, bus or emergency dismissal from camp. Photo ID is required upon pick-up.

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

4. INSURANCE INFORMATION

Insurance Carrier _____ Group/Policy# _____ Parent Provider _____

5. DOCTORS INFORMATION

Name _____ Address _____ Phone _____
Medical Allergies _____ Date of last Tetanus Shot _____

I would prefer to have my child taken to the following hospital if the need arises:

Child's Physician _____ Physician Phone _____ Hospital _____

6. MEDICAL/BEHAVIORAL/CUSTODY INFORMATION

Please use the space below to provide detailed information regarding any medical, behavioral, or parental custody situation that would enable us to provide appropriate services to your child. If relevant, please list any behavior modification methods used at home or at school. Please note that appropriate medical documentation is also required on your child's health from. A copy of your child's last physical health form must be on file 2 weeks prior to start of camp.

7. ANNUAL SUPPORT CAMPAIGN

I would like to pledge a contribution to the Y-cares scholarship fund which allows all families to attend camp.

\$25 \$50 \$100 Other _____

8. HOW DID YOU HEAR ABOUT YMCA CAMP COVE?

Postcard mailing Newspaper ad Flyer from your child's school Word of mouth Internet
 Returning camper Camp Fair Lawn sign Camp Cove Facebook page

PAY IN FULL BY APRIL 15, 2018 • RECEIVE A FREE CAMP T-SHIRT

9. TRADITIONAL CAMP PLEASE CHECK: **Angel Fish** **Sea Horses** **Sting Rays** **Dolphins** **Sharks**
Age 4 - Kindergarten Grades 1&2 Grades 3&4 Grades 5&6 Grades 7&8

SESSIONS DATES

Session 1	June 18-June 29	<input type="checkbox"/> \$370 Member	<input type="checkbox"/> \$443 Non-Member
Session 2	July 2-July 13	<input type="checkbox"/> \$340 Member	<input type="checkbox"/> \$400 Non-Member
Session 3	July 16-July 27	<input type="checkbox"/> \$370 Member	<input type="checkbox"/> \$443 Non-Member
Session 4	July 30-August 10	<input type="checkbox"/> \$370 Member	<input type="checkbox"/> \$443 Non-Member
Session 5	August 13 - August 17	<input type="checkbox"/> \$180 Member	<input type="checkbox"/> \$217 Non-Member
CIT	<input type="checkbox"/> Session 1-2 <input type="checkbox"/> Session 3-4	<input type="checkbox"/> \$220 Member	<input type="checkbox"/> \$260 Non-Member

SPECIALTY CAMP PLEASE CHECK: Member \$455 Non-Member \$530 (Session 2 \$410/\$480)

Session 1	June 18-June 29	<input type="checkbox"/> Cove Adventures (Grades 4-8)
Session 2	July 2-July 13	<input type="checkbox"/> Cove Adventures (Grades 4-8)
Session 3	July 16-July 27	<input type="checkbox"/> Marine Scientist Camp (Grades 4-8) <input type="checkbox"/> Cove Adventures (Grades 4-8)
Session 4	July 30-August 10	<input type="checkbox"/> Marine Scientist Camp (Grades 4-8) <input type="checkbox"/> Cove Adventures (Grades 4-8) <input type="checkbox"/> Cardboard Creation Camp (Grades 4-8)

EXTENDED CARE PLEASE CHECK: Extended Day 7-9 am; 4-6pm

Session 1	<input type="checkbox"/> am (\$68 Member / \$82 Non-Member)	<input type="checkbox"/> pm (\$68 / \$82)	<input type="checkbox"/> am & pm (\$92 / \$120)
Session 2	<input type="checkbox"/> am (\$60 Member / \$74 Non-Member)	<input type="checkbox"/> pm (\$60 / \$74)	<input type="checkbox"/> am & pm (\$84 / \$100)
Session 3	<input type="checkbox"/> am (\$68 Member / \$82 Non-Member)	<input type="checkbox"/> pm (\$68 / \$82)	<input type="checkbox"/> am & pm (\$92 / \$120)
Session 4	<input type="checkbox"/> am (\$68 Member / \$82 Non-Member)	<input type="checkbox"/> pm (\$68 / \$82)	<input type="checkbox"/> am & pm (\$92 / \$120)
Session 5	<input type="checkbox"/> am (\$34 Member / \$42 Non-Member)	<input type="checkbox"/> pm (\$34 / \$42)	<input type="checkbox"/> am & pm (\$46 / \$60)

10. GROUP FRIEND REQUEST _____

Optional: Include the name of ONE other camper your child would like to be placed in a camp group with for the session.

11. EXPRESS PAYMENT: If paying with a Credit Card please choose a payment option.

Charge the full payment at this time. Deposit only, automatically charge me 2 weeks before EACH session begins.

As indicated with my signature I approve the above charges. _____

12. REGISTRATION AND DEPOSIT: A one-time, non-refundable registration fee of \$25 per child and a deposit of \$50 per child, per session is required at time of registration. This deposit holds the camper's spot and will be applied to the full payment of camp fees. The remaining balance must be paid two weeks prior to the start of the scheduled session. Payment for Session 1 is due by June 4; Session 2 is due by June 18; Session 3 is due by July 2; Session 4 is due by July 16; Session 5 is due by July 30, 2018.

Name on Card _____

    Card# _____ Exp. Date _____ CV Code _____

13. PARENT AUTHORIZATION & PERMISSION TO TREAT: By signing below, I understand that my child's image or voice may be used in Y promotional materials including the YMCA website. Balances must be paid in FULL two weeks prior to the start of each session otherwise I forfeit my registration. I understand the activities that YMCA Mystic Day Camp offers and I allow my child to participate in all activities unless otherwise noted on the Health Form. I understand that health and accident coverage for my child is my responsibility as a parent or guardian. I will not hold the Ocean Community YMCA, its representatives, counselors or staff liable for any injury incurred by my child.

Parent Signature _____ Date _____

Please check the appropriate box authorizing or NOT authorizing the healthcare provider and camp staff of YMCA Camp Cove to administer first aid to your Child. Yes No