

# 2019 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 2019 \_\_\_\_\_

## 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:

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.

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## 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 2, 2019 • RECEIVE A FREE CAMP T-SHIRT

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

**SESSIONS DATES**

|           |  |                                       |   |
|-----------|--|---------------------------------------|---|
| Session 1 | June 17-June 21  | <input type="checkbox"/> \$186 Member | <input type="checkbox"/> \$224 Non-Member |
| Session 2 | June 24-July 5   | <input type="checkbox"/> \$350 Member | <input type="checkbox"/> \$412 Non-Member |
| Session 3 | July 8-July 19   | <input type="checkbox"/> \$375 Member | <input type="checkbox"/> \$447 Non-Member |
| Session 4 | July 22-August 2   | <input type="checkbox"/> \$375 Member | <input type="checkbox"/> \$447 Non-Member |
| Session 5 | August 5-August 16   | <input type="checkbox"/> \$375 Member | <input type="checkbox"/> \$447 Non-Member |
| Session 6 | August 19-August 23  | <input type="checkbox"/> \$186 Member | <input type="checkbox"/> \$224 Non-Member |
| CIT       | <input type="checkbox"/> Session 1-2 <input type="checkbox"/> Session 3-4 <input type="checkbox"/> Session 5-6 | <input type="checkbox"/> \$220 Member | <input type="checkbox"/> \$260 Non-Member |

**SPECIALTY CAMP PLEASE CHECK:** Member \$455 Non-Member \$530 (Session 1 or 6 \$230/\$270) (Session 2 \$410/\$480)

|           |                     |   |
|-----------|---------------------|---|
| Session 1 | June 17-June 21     | <input type="checkbox"/> Marine Science (Grades 4-8)          |
| Session 2 | June 24-July 5      | <input type="checkbox"/> Cove Adventures (Grades 4-8)         |
| Session 3 | July 8-July 19      | <input type="checkbox"/> Marine Scientist Camp (Grades 4-8)   |
|           |                     | <input type="checkbox"/> Cove Adventures (Grades 4-8)         |
|           |                     | <input type="checkbox"/> Lego Legacy (Grades 3-6)             |
| Session 4 | July 22-August 2    | <input type="checkbox"/> Cove Adventures (Grades 4-8)         |
|           |                     | <input type="checkbox"/> Sports Palooza (Grades 4-8)          |
| Session 5 | August 5-August 16  | <input type="checkbox"/> Lego Legacy (Grades 3-6)             |
|           |                     | <input type="checkbox"/> Basketball (Grades 4-8)              |
| Session 6 | August 19-August 23 | <input type="checkbox"/> Cardboard Creation Camp (Grades 4-8) |
|           |                     | <input type="checkbox"/> Junior Detective (Grades 4-8)        |

**EXTENDED CARE PLEASE CHECK:** Extended Day 7:00-9:00 am; 4:00-6:00pm

|           |   |   |   |
|-----------|---|---|---|
| Session 1 | <input type="checkbox"/> am (\$34 Member / \$42 Non-Member) | <input type="checkbox"/> pm (\$34 / \$42) | <input type="checkbox"/> am & pm (\$46 / \$60)  |
| 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 (\$68 Member / \$82 Non-Member) | <input type="checkbox"/> pm (\$68 / \$82) | <input type="checkbox"/> am & pm (\$92 / \$120) |
| Session 6 | <input type="checkbox"/> am (\$34 Member / \$42 Non-Member) | <input type="checkbox"/> pm (\$34 / \$42) | <input type="checkbox"/> am & pm (\$46 / \$60)  |

**10. 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. \_\_\_\_\_

**11. 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 3; Session 2 is due by June 10; Session 3 is due by June 24; Session 4 is due by July 8; Session 5 is due by July 22, Session 6 is due by August 5, 2019.

Name on Card \_\_\_\_\_

       Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CV Code \_\_\_\_\_

**12. 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