



# OCEAN COMMUNITY YMCA 2024 CAMP REGISTRATION FORM

## CAMP WATCHAUG

Location: 160 Prosser Trail, Charlestown RI 02813  
Mailing Address: 95 High Street, Westerly, RI 02891

## CAMP COVE

Location: 1 Harry Austin Drive, Mystic CT 06355  
Mailing Address: 1 Harry Austin Drive, Mystic CT 06355

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ \*Gender \_\_\_\_\_

\*Gender is only used by the Directors when making group assignments to do their best to ensure that each group is as gender-balanced as possible. Please tell us the gender your child most identifies with. Contact the Director if you have questions or would like to share additional information that would help us ensure your child is comfortable participating in all programs.

\*Ethnicity:  Black/African American  Asian/Pacific Islander  Hispanic/Latino  Native American  White  Other/unsure/rather not say

\*Ethnicity is used only for statistical purposes for grant applications and will be kept confidential.

Camper Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Camper Summer Address (If different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's School \_\_\_\_\_ Grade Entering in Fall 2024 \_\_\_\_\_

First summer at Camp Watchaug?  Yes  No First summer at Camp Cove?  Yes  No

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Home Address (if different from Campers) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Home Address (if different from Campers) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

All adults listed above will be allowed to pick up the camper from camp, bus stop or extended day. Please complete the "Additional Pick-Up Request" form to list any additional friends or family members who are authorized to pick up camper and can be notified in event of an emergency. They must be at least 18 years of age. **PHOTO ID IS REQUIRED FOR PICK UP.**

GROUP FRIEND REQUEST:  
\_\_\_\_\_  
Requests must fall into the same age group and are not guaranteed. Please contact the Camp Director if you have a special situation.

HOW DID YOU HEAR ABOUT CAMP? PLEASE CHECK ALL THAT APPLY  
 YMCA  Website  Email  Word of mouth  Newspaper  
 Mailing  School  Brochure  Returning Camper

I give permission for the camper's image or voice to be used in Y promotional materials including the website and social media.  Yes  No *You must check no if child is a legal ward of the state (i.e. foster child)*



PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL/BEHAVIORAL/CUSTODY INFORMATION**

Your child’s success at camp is our priority. Please let us know if your child will need accommodations and provide detailed information regarding any pertinent past or current medical treatment, psychological or behavioral conditions, or custodial issues that would enable us to provide appropriate care for your child. If relevant, please list any behavior modification methods used at home or school. Use another sheet of paper and /or contact the Camp Director if necessary.

**Camp Cove: A copy of your child’s most recent (must be within 24 months of camp attendance) Health Assessment and Physical examination MUST be on file at least 2 weeks prior to your child attending camp.**

May camper participate in ALL Camp Activities?  Yes  No If no, what restrictions apply? \_\_\_\_\_

Does the camper have allergies?  Yes  No Explain: \_\_\_\_\_

All campers are educated to wash their hands before and after eating meals or snacks and NOT to share food. Counselors will sit next to campers with severe food allergies. Upon request, an allergen-free eating area can be arranged or a request can be made to your child’s group to only send non-allergen snacks and lunches. **Please contact the Camp Director if this is necessary.**

Is the camper on a special diet?  Yes  No Explain: \_\_\_\_\_

Is the camper current on all routine childhood immunizations?  Yes  No

**Both Camps: A copy of your child’s Immunization record MUST be on file at least 2 weeks prior to your child attending camp.**

Camper’s Physician \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Group Policy# \_\_\_\_\_ Parent Provider \_\_\_\_\_

**Please attach copy of Health Insurance Card.**

Please list any prescription and/or non-prescription medication camper takes on a regular basis: \_\_\_\_\_

Our Health Offices only stock the following non-prescription topical medications and administers them under the Standing Orders of our on-call physician. Please **indicate permission for** medication administration. Please note there are different items at each camp due to differing state regulations.

If you would like your child to receive ANY medications not listed for the camp they are attending, you must complete a Medication Administration Form for each one. Forms are available on-line or at the YMCA.

This applies to BOTH prescription and non-prescription medications.

**Camp Watchaug Only:**

May we administer:

- Calamine Lotion:**  yes or  no
- Antibiotic Ointment:**  yes or  no
- Hydrogen Peroxide:**  yes or  no
- BZK Antiseptic Cleanser (wipes):**  yes or  no

**Camp Cove Only:**

May we administer:

- BZK Antiseptic Cleanser (wipes):**  yes or  no
- Sunscreen:**  yes or  no

All medications (other than sunscreen & bug spray) brought to camp must be:

- In the original container with proper labeling (make sure inhalers and epi-pens are in the original container with label — we cannot accept them without the label.)
- Accompanied by a Medical Administration Form.

I have administered at least one dose of the above medications checked as yes without adverse side effects.



**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

Date \_\_\_\_\_

# CAMP WATCHAUG TRANSPORTATION

Bus transportation is included with Camp Watchaug registration, but you **MUST** reserve a seat below.  
Camp Cove campers must be dropped off and picked up directly at camp.

## Sessions B-E (June 17- August 16) FOUR BUS ROUTES AVAILABLE

## ADDRESSES ON WEBSITE & IN PARENT HANDBOOK

### GREEN ROUTE

- Stonington High School 8:00am/5:00pm
- St Pius Church 8:15am/4:45pm
- Shore Road & Crandall Ave 8:30am/4:30pm
- Wal-Mart 8:45am/4:15pm

### PURPLE ROUTE

- Regal Cinemas 8:00am/5:00pm
- Dollar General (exit 93/195) 8:10am/4:50pm
- Richmond Town Hall 8:25am/4:35pm
- Charlestown Elem 8:35am/4:25pm
- Hungry Haven 8:50am/4:10pm

### RED ROUTE

- Westerly YMCA 8:30am/4:30pm

### BLUE ROUTE

- Arcadia YMCA 8:30am/4:30pm

### NO BUS-Pick Up & Drop off

- Camp 9:00am/4:00pm

### NO BUS

- N/A not attending Sessions B-E

## Sessions A & F (June 17-21 & August 19-23) (TWO BUS STOPS ONLY)

- Red—Westerly YMCA 8:30am/4:30pm
- Blue—Arcadia YMCA 8:30am/4:30pm
- No Bus-Pick Up & Drop Off @ camp 9:00am/4:00pm
- N/A Not attending Sessions A or F

**SELECT SESSION(S) YOU WISH TO REGISTER FOR** \*(No Camp on July 4):

# CAMP WATCHAUG

DATES      TRADITIONAL CAMP *Age 4 to Entering 9th Grade*

June 17- June 21	(1 week)	<input type="checkbox"/>	Session A	\$280 Y Member/ \$325 Non-member
*June 24- July 5	(2 weeks)	<input type="checkbox"/>	Session B	\$415 Y Member/ \$490 Non-member
July 8- July 19	(2 weeks)	<input type="checkbox"/>	Session C	\$460 Y Member/ \$545 Non-member
July 22-August 2	(2 weeks)	<input type="checkbox"/>	Session D	\$460 Y Member/ \$545 Non-member
August 5- August 16	(2 weeks)	<input type="checkbox"/>	Session E	\$460 Y Member/ \$545 Non-member
August 19- August 23	(1 week)	<input type="checkbox"/>	Session F	\$280 Y Member/ \$325 Non-member



**CIT Program**, Entering Grade 9. Must Complete CIT application, submit letters of recommendation and undergo interview for acceptance into the program. June 24 -August 16 (Sessions 2-5) (8 weeks) \$715 Y Member/ \$880 Non-member

**EXTENDED DAY** is offered for an additional fee at both the Westerly & Arcadia branches. Drop off between 7:00 am & 8:30 am and pick up between 4:30 pm & 6:00 pm. Bus transportation to/from camp is included in camp fees. Select branch and options for above sessions. Fees are per session.

Do not need Extended Day     Westerly Branch     Arcadia Branch

Sessions A & F (1 Week)     AM ONLY /  PM ONLY    \$55 Y Member/ \$65 Non-member     BOTH AM & PM    \$70 Y Member/ \$85 Non-member

Sessions B-E (2 Weeks)     AM ONLY /  PM ONLY    \$105 Y Member/ \$125 Non-member     BOTH AM & PM    \$135 Y Member/ 165 Non-member

## WATER SPORTS CAMP

- \*  WS session B Entering Grades 4-6 \$473 Y Member/ \$550 Non-member
- WS session C Entering Grades 7-9 \$525 Y Member/ \$610 Non-member
- WS session D Entering Grades 4-6 \$525 Y Member/ \$610 Non-member
- WS session E Entering Grades 7-9 \$525 Y Member/ \$585 Non-member

## ROPE ADVENTURES CAMP

- \*  RA Session B Entering Grades 4-6 \$473 Y Member/ \$550 Non-member
- RA session C Entering Grades 7-9 \$525 Y Member/ \$610 Non-member
- RA session D Entering Grades 4-6 \$525 Y Member/ \$610 Non-member
- RA session E Entering Grades 7-9 \$525 Y Member/ \$610 Non-member

## THEATRE TROUPE CAMP

- \*  TT session B Entering Grades 4-6 \$473 Y Member/ \$550 Non-member
- TT session C Entering Grades 7-9 \$525 Y Member/ \$610 Non-member
- TT session D Entering Grades 4-6 \$525 Y Member/ \$610 Non-member
- TT session E Entering Grades 7-9 \$525 Y Member/ \$610 Non-member

# CAMP COVE

DATES	TRADITIONAL CAMP	Age 4 to Entering 9th Grade
June 17-21	(1 week) <input type="checkbox"/>	Session 1 \$230 Y Member/ \$275 Non-member
*June 24- July 5	(2 weeks) <input type="checkbox"/>	Session 2 \$382 Y Member/ \$459 Non-member
July 8 - 19	(2 weeks) <input type="checkbox"/>	Session 3 \$425 Y Member/ \$510 Non-member
July 22–August 2	(2 weeks) <input type="checkbox"/>	Session 4 \$425 Y Member/ \$510 Non-member
August 5-16	(2 weeks) <input type="checkbox"/>	Session 5 \$425 Y Member/ \$510 Non-member
August 19-23	(1 week) <input type="checkbox"/>	Session 6 \$230 Y Member/ \$275 Non-member



**CIT Program**, Entering Grade 9. Must Complete CIT application, submit letters of recommendation and undergo interview for acceptance into the program. June 24 -August 16 (Sessions 2-5 ) (8 weeks) \$715 Y Member/ \$880 Non-member

## Specialty Camp

**Cove Aquarium Adventure**, Entering Grade 6-7. July 22 -August 2 (Sessions 4). \$490 Y Member/ \$575 Non-member

**EXTENDED DAY** is offered at additional fee. 7:00 am—9:00 am and 4:00 pm—6:00pm Fees are per session.

Sessions 1 & 6 (1 Week)  AM ONLY  PM ONLY \$55 Y Member/ \$65 Non-member  BOTH AM & PM \$70 Y Member/\$85 Non-member

Sessions 2-5 (2 Weeks)  AM ONLY  PM ONLY \$105 Y Member/ \$125 Non-member  BOTH AM & PM \$135 Y Member/ \$165 Non-member

## PAYMENT

\$30 Annual **Non-refundable** Registration Fee \$30

\$50 **Non-refundable** Deposit per session \_\_\_\_\_  
(*applied to session fee*)

Camp Cove T-shirt @ \$14 each \_\_\_\_\_

Camp Watchaug T-shirt @ \$14 each \_\_\_\_\_

Campership Fund Donation \_\_\_\_\_

**TOTAL DUE WITH REGISTRATION:** \_\_\_\_\_

Watchaug Campers will now be able to have access to our online trading post site. Here families can upload money directly to their camper(s) account. **No cash is to be brought to Camp!** Campers may purchase one snack and/or drink each day. Most snacks and drinks are \$1.00. There are also camp logo items available such as bandannas and sunglasses.

T-shirts are \$14 and may be pre-purchased when you register your child. Your child will receive their t-shirt when they come to camp.

If you register **AND** pay in **FULL** by **March 1st**, your child will receive a **free** t-shirt - do not purchase one unless you want more than one!

If able, please consider a donation to the campership fund which helps campers who otherwise would not be able to attend camp.

- Check enclosed – made payable to Ocean Community YMCA
- Charge to Bank Draft on file
- Charge to Credit Card on file
- Other Credit Card Payment:

The Westerly Warm Center provides Free Bag Lunches for Camp Watchaug campers who qualify for free or reduced school lunches or are in financial need.

Check here if you would like your child to receive a free bag lunch

Name On Card \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

Card # \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code: \_\_\_\_\_

Card type  Am Ex  Discover  Visa  Mastercard

Cancellation of a session prior to the session starting will result in a refund **less the registration fee AND session deposit.**

**No refunds are given once a session begins.**

Deposit holds registration and will be applied to the session fee.

PAYMENT ACKNOWLEDGEMENT:

I acknowledge and approve payment of final charges as follows (you **MUST** check one):

- Authorization for my bank draft or credit card to be charged on the balance due date. (2 weeks before each registered session)
- Authorization of FULL payment NOW by credit card or bank draft .
- I will pay any balance by check or cash two weeks prior to the start of each registered session.
- I qualify for RI DHS. DHS families are responsible for the registration fee, any co-pays required by DHS and 50% of any extended day registrations. Your child will not be registered until we have confirmation of DHS enrollment and payment of registration fee.
- I qualify for Y Cares and/or CT Care 4 Kids.

ADDITIONAL ACKNOWLEDGEMENT:

- I understand, balances must be paid in FULL two weeks prior to the start of each session or registration may be forfeited.
- I understand refrigeration for lunches is not provided and it is my responsibility to ensure that my child's lunch is kept at the appropriate temperature throughout the camp day. Insulated lunch box with ice pack is recommended.
- The health information provided is correct to the best of my knowledge.
- I understand the activities that YMCA Camp Watchaug & Camp Cove offer and the person herein can engage in all camp activities, except as noted by me on this form.
- I give the certified staff permission to use First Aid
- 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 on this 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/GUARDIAN SIGNATURE** \_\_\_\_\_

Date \_\_\_\_\_

For registration to be complete BOTH camps must receive copy of immunization records and health insurance card. Camp Cove must receive copy of Health Assessment and most recent medical evaluation by a licensed health care provider.