

CAMP NORWICH 2017

The information on this page is for Camp Norwich only:

Specialty Track Rating – Campers entering grades 3-9

Specialty tracks are selected prior to attending camp. Each afternoon campers attend this specialty track for more in-depth instruction – culminating in a final event or project. All specialty tracks are 1-week programs with the exception of Drama/Music which is a 2-week program.

Due to limited space, first choice Specialty track requests are not always available. Please rate all specialty tracks in terms of camper's interest in the activity.

PLEASE RATE ALL TRACKS

Do not Enroll

Neutral

Most Interested

	1	2	3	4	5
Leisure Sports	1	2	3	4	5
Drama/Music (2 weeks)	1	2	3	4	5
Athletics	1	2	3	4	5
Arts and Crafts	1	2	3	4	5
Outdoor Living Skills	1	2	3	4	5
Boating	1	2	3	4	5
Woodworking	1	2	3	4	5
Fishing	1	2	3	4	5
Frisbee	1	2	3	4	5
Archery	1	2	3	4	5

Specialty tracks are not offered during Session V-A

Please see the brochure on page 10 for full specialty track descriptions.



Busing Needed? (\$98 per session)

Check the boxes to the right of the AM Depart and PM Return columns to indicate the bus# needed for AM and PM trips. If no bussing is needed please check the drop-off or pick-up boxes.

Busing options for V-A will include only Northampton, Florence, Easthampton and Westhampton stops. Bus fee is included in price of session.

Bus #	Town	Stop	AM Depart	Check one	PM Return	Check one
1 & 2	Northampton	YMCA	8:15	<input type="checkbox"/>	5:15	<input type="checkbox"/>
3-A	Florence	JFK School	8:15	<input type="checkbox"/>	5:20	<input type="checkbox"/>
3-B	Florence	RKF Ryan Road School	8:30	<input type="checkbox"/>	5:00	<input type="checkbox"/>
4-A	Amherst	Big Y Lot	8:00	<input type="checkbox"/>	5:30	<input type="checkbox"/>
4-B	Hadley	Hopkins Academy	8:15	<input type="checkbox"/>	5:15	<input type="checkbox"/>
5-A	Southampton	Conant Park (Clark St.)	8:15	<input type="checkbox"/>	5:15	<input type="checkbox"/>
5-B	Easthampton	Tractor Supply Co.	8:25	<input type="checkbox"/>	5:05	<input type="checkbox"/>
5-C	Westhampton	Outlook Farm	8:40	<input type="checkbox"/>	4:50	<input type="checkbox"/>
Parent pickup/drop off		Camp Norwich	8:45 drop-off	<input type="checkbox"/>	4:15 pick-up	<input type="checkbox"/>

All buses arrive at Camp Norwich by 9:00 AM and depart at 4:30 PM.

No changes or exceptions will be allowed after registration deadline for given session.

Meals: Campers bring their lunches each day with camp providing a healthy afternoon snack.

Buddy Request

Campers often enjoy being grouped with a friend who they know from a previous summer or from outside of camp. If your camper has a specific request for a group member, please write it in the space provided. Limit answers to one name. This request is not guaranteed. Campers in different units can not be placed together.

Buddy request: _____

How to Apply to Become a CIT

Step 1: Complete and submit the CIT application, which can be found at HRYMCA.org or picked up at the Member Services Desk, along with two letters of reference to the HRYMCA, ATTN: Greg Baker, Camp Norwich Director.

Step 2: Schedule an interview with the Camp Norwich Director.

Step 3: If accepted to the program, you may register and pay for your spot in the program at the Member Services Desk or online.

CIT Application Deadline: May 26, 2017

CIT Registration Deadline: June 16, 2017

Office use only:

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Name	Email confirmed	Receipt emailed	Health form given	FA Forms Submitted	Copies made & filed

HRYMCA SUMMER CAMPS REGISTRATION FORM 2017

KOALA | GYMNASTICS | NORWICH

Mail or return to:
HRYMCA CAMPS
286 Prospect Street
Northampton, MA 01060

Please complete one form per child. Please print.

All camper paper work, including registration form, camper information form, physical (within 15 months of camp session) and immunizations are due at time of registration.

Camper's First Name _____ Last Name _____

Birth Date ____/____/____ Age as of 6/26/17 ____ Grade entering ____ Gender _____

Street Address _____

City _____ State _____ Zip _____

Primary Parent/Guardian Name _____ Preferred Phone _____

Email _____ Secondary Phone _____

Secondary Parent/Guardian Name _____ Preferred Phone _____

Email _____ Secondary Phone _____

CAMPER T-SHIRT SIZE:

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult Xtra Large

Payment Information

Families have the option to either pay-in-full at the time of registration or to pay a \$100, non-refundable deposit per session to hold your camper's space. Balances must be paid by the June 10, 2017 pay-in-full deadline. Come into the Y to discuss payment options with a member services representative or mail your check and all necessary forms to the address at the top of the page.

CAMP FEES: All costs associated with camp (with the exception of bus transportation to Camp Norwich and Gymnastics Pro Shop items) are covered in one fee. This includes programs, family events, camp t-shirt, camp water bottle (for gymnastics only) daily snacks and scheduled overnights. For Camp Norwich campers, one t-shirt will be provided for the summer.

SIBLING DISCOUNT: Siblings who register for the same camp and session at the same time are eligible to receive a 10% discount for second sibling. Not applicable for FA recipients.

TAX CREDIT: Your YMCA Day Camp Fees may qualify for a childcare tax credit. Contact your local IRS office for details.

REFUND POLICY: All payments, minus the \$100 deposit, are refundable prior to May 5th. After May 5th, refunds are available upon received written notice from camper's physician, only in cases of camper having extreme camper illness or injury (excluding camper from more than half of the camp session) and approval from camp director. If space and ratio allows, transferred registrations may be possible.

Check all sessions you would like this camper to attend

Session dates	Camp Norwich 9:00-4:30p	Gymnastics Camp 9:00-4:00p AM CARE 8:15-9:00a	Camp Koala ½ day 8:30-1:30p	Camp Koala full day 8:30-4:30p
6/26-6/30	No Camp	<input type="checkbox"/> I <input type="checkbox"/> AM CARE	<input type="checkbox"/> I	<input type="checkbox"/> I
7/03-7/07	<input type="checkbox"/> I <input type="checkbox"/> SPORTS CAMP	<input type="checkbox"/> II <input type="checkbox"/> AM CARE	<input type="checkbox"/> II	<input type="checkbox"/> II
7/10-7/14		<input type="checkbox"/> III <input type="checkbox"/> AM CARE	<input type="checkbox"/> III	<input type="checkbox"/> III
7/17-7/21	<input type="checkbox"/> II <input type="checkbox"/> SPORTS CAMP	<input type="checkbox"/> IV <input type="checkbox"/> AM CARE	<input type="checkbox"/> IV	<input type="checkbox"/> IV
7/24-7/28		<input type="checkbox"/> V <input type="checkbox"/> AM CARE	<input type="checkbox"/> V	<input type="checkbox"/> V
7/31-8/04	<input type="checkbox"/> III <input type="checkbox"/> SPORTS CAMP	<input type="checkbox"/> VI <input type="checkbox"/> AM CARE	<input type="checkbox"/> VI	<input type="checkbox"/> VI
8/07-8/11		<input type="checkbox"/> VII <input type="checkbox"/> AM CARE	<input type="checkbox"/> VII	<input type="checkbox"/> VII
8/14-8/18	<input type="checkbox"/> IV <input type="checkbox"/> SPORTS CAMP	<input type="checkbox"/> VIII <input type="checkbox"/> AM CARE	<input type="checkbox"/> VIII	<input type="checkbox"/> VIII
8/21-8/25		No Camp	<input type="checkbox"/> IX	<input type="checkbox"/> IX
8/28 - 9/1	<input type="checkbox"/> V-A*	No Camp	No Camp	No Camp
	*SESSION V-A INCLUDES BUSING.		CHILDREN <u>MUST</u> BE FULLY TOILET TRAINED TO ATTEND CAMP KOALA.	

Authorized pick-up (Photo ID is always required at pick-up)

Please clearly print the full names of adults you authorize to pick up this camper:

***All adults, regardless of relationship, will be required to present a photo ID everyday at pick-up.**

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Please list any guardians who are **legally prohibited** from picking up this camper and provide necessary documents.

Name _____ Phone _____ Relationship _____

Parents & campers agreement

I have read, understand and agree to the policies and waivers listed on the previous page including the ELIGIBILITY AGREEMENT, READINESS TO PARTICIPATE, WAIVER AND RELEASE, AUTHORIZATION FOR AUDIO/VISUAL RECORDS, ANTI-BULLYING POLICY, TRANSPORTATION WAIVER, REFUND POLICY and OVERNIGHT CONSENT (Norwich only). I also give permission for HRYMCA to release my child into the custody of the persons listed as authorized to pick-up.

I decline authorization for Audio/Visual records.

Parent/Guardian Signature _____ Date _____



Hampshire Regional YMCA
Camper Confidential Information Form
 To be used for all Hampshire Regional YMCA Camps
 Please complete one per camper.

Please follow instructions below:

- 1) **Complete** all applicable fields of this form.
- 2) **Submit completed form** along with **immunization records**, **current physical** (within last 15 months), and **registration form** at time of registration.

* *Physical MUST BE signed by primary health care provider.*

Using the grid to the right, indicate the camp and session(s) this camper will be attending by shading in the corresponding boxes.

	Norwich	Gymnastics	Koala
6/26-6/30	x	S1	S1
7/03-7/07	S1	S2	S2
7/10-7/14		S3	S3
7/17-7/21	S2	S4	S4
7/24-7/28		S5	S5
7/31-8/4	S3	S6	S6
8/07-8/11		S7	S7
8/14-8/18	S4	S8	S8
8/21-8/25		x	S9
8/28-9/1	S5A	x	x

Camper Name: _____ Birthdate: ____/____/____ Age at Camp: _____
Last First MI Mon. Day Year

Camper Mailing Address: _____
Street City State Zip

Camper's Biological Sex: M F Intersex Camper Identifies As: M F Other _____

Primary Parent/Care Taker Resides with Camper? Yes No

Name: _____ Relationship: _____ Best Phone: (____)____-____

E-Mail: _____ Alt. Phone: (____)____-____

Home Address _____
(if different than camper's) Street City State Zip

Secondary Parent/Care Taker Resides with Camper? Yes No

Name: _____ Relationship: _____ Best Phone: (____)____-____

E-Mail: _____ Alt. Phone: (____)____-____

Home Address _____
(if different than camper's) Street City State Zip

Additional Emergency Contacts to be contacted in case of emergency

Name: _____ Relationship: _____ Best Phone: (____)____-____

Name: _____ Relationship: _____ Best Phone: (____)____-____

Camper's Health Care Providers

Primary Health Care Provider's Name: _____ Phone: (____)____-____

Primary Health Care Provider Address: _____

Other Health Care Provider: _____ Type of Care _____ Phone: (____)____-____

Medical Insurance Information: This camper is covered by healthcare insurance. Yes No

Insurance Co. _____ Insurance Co. Phone: (____)____-____ Policy # _____

Subscriber's Name: _____ Relationship to Camper: _____

Immunization History

This camper has been fully immunized and the current immunization record is attached to this health form.

This camper has not been fully immunized for the following reason:

- Religious or family preference Immunization poses health risk to camper

If camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized and that my child may be excluded from camp if there is an incidence of a communicable disease, per MA Department of Public Health and Safety regulations.

Parent/Guardian Signature _____ Date: ____/____/____

Non-Prescription Medications – Some non-prescription medications **may** be stocked at **Camp Norwich** and are used on an as needed basis to manage illness or injury. A call home or to the camper's PHCP is placed before delivering any medication. ***Please cross out medications that this camper SHOULD NOT be given.***

- | | | | |
|-------------------------|-----------------|---------------------|------------------------------------------|
| Ibuprofen (Motrin) | Antacid | Aloe for burns | Diphenhydramine antihistamine (Benadryl) |
| Acetaminophen (Tylenol) | Calamine Lotion | Generic Cough Drops | Antibiotic Cream or Ointment |

Camper Name _____

Last

First

MI

Camps: Koala Gym Norwich

Sessions Attending Koala _____ Gym _____

Nor _____

Additional Information

Camper's Preferred Name: _____

Parents' Marital Status

Married Separated Divorced (# of years _____) Deceased Not married, but together Other _____

List adult(s) camper lives with:

Relationship: _____

Relationship: _____

Relationship: _____

How many child(ren) does camper live with? _____

Has camper participated previously in programs in which s/he is separated from family? Yes No
If yes, how long away from home? _____

Is this camper fully toilet-trained? Yes No Does camper need bathroom reminders? Yes No

Is this camper in the appropriate grade for his/her age: Yes No
If no, please select: Above normal grade level Below normal grade level

If gymnastics camp: How many years of experience in the sport? _____

If Camp Norwich 3-9th grade: Does this camper require a night time diapers? Yes No
Does this camper tend to have nightmares or other sleeping issues? Yes No

Please let us know about any accommodations we can make, special fears or anxieties this camper may have pertaining to camp, unique behavioral challenges not yet addressed on this form, or any other information we should understand in order to provide this camper with the best possible camp experience.

Do you wish to be contacted by the camp director prior to the start of camp? Yes No

Preferred method of contact: Phone _____ E-mail _____

Parent/Guardian Authorization for Health Care:

I understand that the information on this form will be reviewed by the camp director and/or the camp nurse. At his/her discretion, the information will be shared with camp staff to help ensure the best possible camp experience for this camper. All information provided will be reviewed, but camper information will be shared only when necessary and only to those who need to know in order to enhance the experience.

I have answered ALL questions as completely as possible keeping in mind that this information makes a significant difference in the quality of experience the Hampshire Regional YMCA Day Camps are able to provide.

I attest that the information on this form is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining Licensed Health Care Provider. I give permission to the Licensed Health Care Provider selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine healthcare and in emergency situations. If I cannot be reached in an emergency, I give permission to the Licensed Health Care Provider to hospitalize, transport, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photo copy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's health care professional and/or health care supervisor about my child's health status.

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Printed Name: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the HRYMCA for a legal waiver that must be signed for attendance.

Camper Name _____ Birthdate: ____/____/____ Age at Camp : _____
First M Last

Medications to be administered at camp (PLEASE CHECK BOX BELOW):

This camper *will not* need medications administered at camp. This camper *will* need medications administered at camp.

IF CAMPER **WILL NEED MEDICATIONS ADMINISTERED AT CAMP, PLEASE READ THE INSTRUCTIONS BELOW ENTIRELY AND FILL OUT ALL FIELDS FOR THE ADMINISTRATION OF ROUTINE MEDICATIONS AT CAMP.*

Instructions for sending medications to camp are as follows. Please follow all instructions or the YMCA staff will not administer medication to camper.

- All medication must be delivered to camp in **its original container, bearing the pharmacy label (if prescribed)**, which includes the camper's name, prescriber's name, date filled, name of medication, directions for use, warnings, and other standard information.
- The medication container delivered to camp **should contain exactly as many doses of the medication as will be administered** during the session(s) at camp - no more and no fewer.
- All over-the-counter medication must be delivered to camp in its original container, including its original label and directions for use.
- **Medications must be given to a camp staff directly** (not brought to camp by the camper).
- All medications delivered to camp shall remain in the YMCA's possession for the entire course of the medication or until the camper's last day at camp, at which time the medication will be given back to the parent/guardian directly.
- **If the medication cannot be returned directly to the parent on the camper's last day, it will be destroyed at the end of the session.**
- All medications shall only be administered by a licensed health care professional or the camp's health supervisor under the oversight of a consulting physician.

MEDICATION #1

Name of Medication: _____ Time(s) to be administered: _____ As Needed

Name of Licensed Prescriber _____ Date Started ____/____/____ Duration of Order: _____

Dose given at camp: _____ Route of administration _____ Storage: _____

Quantity provided: _____ Specific Directions (i.e. with food, with water): _____

Specific Precautions: _____

Possible Side Effects: _____

MEDICATION #2

Name of Medication: _____ Time(s) to be administered: _____ As Needed

Name of Licensed Prescriber _____ Date Started ____/____/____ Duration of Order: _____

Dose given at camp: _____ Route of administration _____ Storage: _____

Quantity provided: _____ Specific Directions (i.e. with food, with water): _____

Specific Precautions: _____

Possible Side Effects: _____

For additional medications, please download the medical administration form from our website, www.hrymca.org

Authorization to Administer Medication from Parent

I hereby agree to all instructions listed above and verify that I have filled out all required information accurately and to the best of my ability. Additionally, I hereby authorize the Hampshire Regional YMCA's health supervisor to administer the above medications to my child, _____.

(Name of Camper)

Parent/Guardian Signature: _____ Date: ____/____/____