

HRYMCA SUMMER CAMPS REGISTRATION FORM 2019

KOALA | GYMNASTICS | CAMP PROSPECT | NORWICH

Please **DO NOT** mail in your registration form. Please return to the HRYMCA.

Please complete one form per child. Please print.

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

Camper's First Name _____ Last Name _____

Birth Date ____/____/____ Age as of 6/25/19 ____ 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

Camp Rates

- 1-SESSION CAMP NORWICH:**
Explorers: Camp fee - \$620.00 | HH Mem Rate - \$480.00
Adventurers: Camp fee - \$635.00 | HH Mem Rate - \$495.00
Trailblazers: Camp fee - \$635.00 | HH Mem Rate - \$495.00
- 1-SESSION CAMP PROSPECT:** Camp fee - \$245.00 | HH Mem Rate - \$185.00
1-SESSION GYMNASTICS: Camp fee - \$360.00 | HH Mem Rate - \$273.00
1-SESSION KOALA - FULL DAY: Camp fee - \$315.00 | HH Mem Rate - \$250.00
1-SESSION KOALA - 1/2 DAY: Camp fee - \$245.00 | HH Mem Rate - \$190.00

Check all sessions you would like your camper to attend

Session Dates	Camp Norwich 9:00a-4:30p	Camp Prospect 9:00-5:00p AM CARE 8-9:00a	Gymnastics Camp 9:00-5:00p AM CARE 8-9:00a	Camp Koala ½ day 8:30-1:30p	Camp Koala full day 8:30-4:30p
6/24-6/28	<input type="checkbox"/> I	No Camp	<input type="checkbox"/> I <input type="checkbox"/> AM CARE	<input type="checkbox"/> I	<input type="checkbox"/> I
7/01-7/05	<input type="checkbox"/> I	No Camp	<input type="checkbox"/> II <input type="checkbox"/> AM CARE	<input type="checkbox"/> II	<input type="checkbox"/> II
7/08-7/12	<input type="checkbox"/> II	<input type="checkbox"/> I <input type="checkbox"/> AM CARE	No Camp	<input type="checkbox"/> III	<input type="checkbox"/> III
7/15-7/19	<input type="checkbox"/> II	<input type="checkbox"/> II <input type="checkbox"/> AM CARE	No Camp	<input type="checkbox"/> IV	<input type="checkbox"/> IV
7/22-7/26	<input type="checkbox"/> III	No Camp	<input type="checkbox"/> III <input type="checkbox"/> AM CARE	<input type="checkbox"/> V	<input type="checkbox"/> V
7/29-8/02	<input type="checkbox"/> III	No Camp	<input type="checkbox"/> IV <input type="checkbox"/> AM CARE	<input type="checkbox"/> VI	<input type="checkbox"/> VI
8/05-8/09	<input type="checkbox"/> IV	<input type="checkbox"/> III <input type="checkbox"/> AM CARE	No Camp	<input type="checkbox"/> VII	<input type="checkbox"/> VII
8/12-8/16	<input type="checkbox"/> IV	<input type="checkbox"/> IV <input type="checkbox"/> AM CARE	No Camp	<input type="checkbox"/> VIII	<input type="checkbox"/> VIII
8/19-8/23	<input type="checkbox"/> V-A	No Camp	No Camp	<input type="checkbox"/> IX	<input type="checkbox"/> IX
8/26 - 8/30	<input type="checkbox"/> V-B*	No Camp	No Camp	No Camp	No Camp
	*SESSION V-B INCLUDES BUSING.			CHILDREN MUST BE FULLY TOILET TRAINED TO ATTEND CAMP KOALA.	

Payment Information

Families have the option to either pay-in-full at the time of registration or to pay a \$100, non-refundable down payment per session to hold your camper's space. Balances must be paid by the June 7, 2019 pay-in-full deadline. Please come into the YMCA to discuss payment options with a member services representative.

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 swag, 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 non-refundable down payment, are refundable prior to May 3rd. After May 3rd, refunds are available upon received written notice from camper's physician, only in cases of camper having extreme illness or injury (excluding camper from more than half of the camp session) and approval from camp director.

Price Calculator

1st child price \$ _____
 additional child (10% less) \$ _____
 Bus fee (\$105 per 2-wk session) (\$53 for week 5-A)..... \$ _____
 Gymnastics AM care..... \$ _____
 Camp Prospect AM care..... \$ _____
TOTAL \$ _____
 Less (\$100)
 Non-refundable down payment \$ _____
BALANCE DUE FOR ALL SESSIONS by June 7, 2019..... \$ _____
 (Payable to Hampshire Regional YMCA)

CAMP NORWICH 2019

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.

Due to limited space, first choice specialty track requests are not always available. Please choose two tracks per camper session.

SESSION	I		II		III		IV		V-A	V-B
	1	2	1	2	1	2	1	2	1	1
S.T.E.A.M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts and Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Living Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Ropes & Initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specialty tracks are not offered during Session V-B

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 decline authorization for Audio/Visual records.

Parent/Guardian Signature

Date

Busing Needed? (\$105 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 busing is needed, please check the drop-off or pick-up boxes.

Busing options for V-B will include only the YMCA. Bus fee is included in price of session.

Bus #	Town	Stop	AM Depart	Check one	PM Return	Check one
1+2	Northampton	HRYMCA	8:15	<input type="checkbox"/>	5:15	<input type="checkbox"/>
3-A	Hadley	Home Depot	8:15	<input type="checkbox"/>	5:25	<input type="checkbox"/>
3-B	Florence	JKF School	8:25	<input type="checkbox"/>	5:00	<input type="checkbox"/>
4-A	Florence	RKF Ryan Road School	8:05	<input type="checkbox"/>	5:25	<input type="checkbox"/>
4-B	Southampton	Conant Park (Clark St.)	8:25	<input type="checkbox"/>	5:05	<input type="checkbox"/>
4-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"/>	

*YMCA buses split by camper category, i.e Explorer, Adventurers and Trail Blazers.

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 will bring their lunch 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 Welcome Center, along with two letters of reference to the HRYMCA, ATTN: Molly Keays, Camp Norwich Director.

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

Step 3: If accepted to the RKF program, you may register and pay for your spot in the program at the Welcome Center.

CIT Application Deadline: May 24, 2019

CIT Registration Deadline: June 14, 2019

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



**Hampshire Regional YMCA
Camper Confidential Information Form**

To be used for all Hampshire Regional YMCA Camps
Please complete one form 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 of camp session start date), 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	Prospect
6/24-6/29	S1	S1	S1	X
7/01-7/05		S2	S2	X
7/08-7/12	S2	X	S3	S1
7/15-7/19		X	S4	S2
7/22-7/26	S3	S3	S5	X
7/29-8/02		S4	S6	X
8/05-8/09	S4	X	S7	S3
8/12-8/16		X	S8	S4
8/19-8/23	S5A	Team	S9	X
8/26-8/30	S5B	X	X	X

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

Camper's Preferred Name: _____ Preferred Pronoun _____

Camper Mailing Address: _____
Street City State Zip

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

Primary Parent/Guardian Resides with Camper? Yes No Sometimes
 Name: _____ Relationship: _____ Best Phone: (____)____-____

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

Home Address _____
(If different than campers) Street City State Zip

Secondary Parent/Guardian Resides with Camper? Yes No Sometimes
 Name: _____ Relationship: _____ Best Phone: (____)____-____

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

Home Address _____
(If different than campers) Street City State Zip

Additional Pick Up and Emergency Contacts to be contacted if the Primary/Secondary contacts are not available.
 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: _____ 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 the physical exam 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. **Please cross out medications that this camper SHOULD NOT be given.**

Ibuprofen (Motrin), Bacitracin Ointment, Aloe for burns, Diphenhydramine antihistamine (Benadryl), Hydrogen Peroxide, Acetaminophen (Tylenol), Calamine Lotion, Generic Cough Drops, Antibiotic Cream or Ointment, 1% Hydrocortisone cream

Additional Information _____

Camper Name _____
 Last First MI
 Camps: Koala Prospect Gym Norwich

Relevant Custodial Information

List Individual(s) camper lives with:

Relationship: _____

Relationship: _____

Relationship: _____

Relationship: _____

Has camper participated previously in programs in which they are separated from family? Yes No
Did the camper experience home sickness? 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 their 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 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 their discretion, the information will be shared with camp staff to help ensure the best possible camp experience for this camper.

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. In an emergency, I give permission to a 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 : _____
Last First MI

Allergies: No known allergies OR Allergic to: Food Medicine Environmental Factors Other _____
 Please describe the nature, expected reaction and severity (e.g. what foods are restricted) of this camper's allergies:

Allergies: Is the camper able to eat food prepared at camp? Yes No, Does the camper need to sit at a table where foods are restricted? Yes No
Epi-Pens: Will you be providing epi-pens while camper is attending? Yes No If yes, how many will you be providing? _____
 If you are providing one Epi-Pen, where would you like it stored? Health office Counselor fanny pack

Diet, Nutrition: No special dietary needs Vegetarian Vegan Lactose Intolerant Gluten Intolerant Other
 Please describe the nature of this camper's dietary or nutritional needs:

Physical Restrictions: Camper can participate without restrictions Camper can participate with restrictions/adaptions
 Please describe requested restrictions or adaptations:

Mental/Emotional/Social:

1. Camper has emotional or behavioral challenges Yes No
 2. Camper has been treated for emotional or behavioral challenges Yes No
 3. Camper has seen a professional to address mental or emotional health concerns during the last 12 months Yes No
 4. Camper has had a significant life event that continues to affect his/her life (abuse, death of loved one, family change, disaster, etc.) Yes No
 Please explain any "Yes" answers in the space below and describe restrictions or adaptations requested, if any:

General Health History - Check "Yes" or "No" for each statement below. Explain "Yes" answers in the space below.

Has/does the camper:

1. Been hospitalized in last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have Asthma? (Explain inhaler or other treatment) <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have scoliosis? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have orthopedic issues? (Explain recent injuries) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have diabetes? (Explain type and treatment) <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have a neurological disorder? (Explain condition) <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have bleeding problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Have orthodontics (braces)? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Had mononucleosis in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Have problems with menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have trouble with migraines? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Ever had back or joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Had concussions or head injuries? (Provide dates) <input type="checkbox"/> Yes <input type="checkbox"/> No	21. Have gastrointestinal problems? (Explain condition) <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Have hearing impairment? (Left Side, Right Side?) <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have Cystic Fibrosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. Have vision impairment? (Glasses, Contacts?) <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have a heart condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Have a chronic/recurring condition? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any "Yes" answers in the space below. Please note the number question to which you are referring.

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** require medication to be administered

- Permission to apply sunscreen and/or bug spray to my child
 For medical or other reasons, please do not apply sunscreen/bug spray to my child.
 Other, please specify _____

IF CAMPER REQUIRES **MEDICATIONS TO BE ADMINISTERED AT CAMP, PLEASE READ THE INSTRUCTIONS BELOW ENTIRELY AND FILL OUT ALL FIELDS FOR THE ADMINISTRATION OF 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. (Please see the bottom of page one for a list of over the counter medications that are stocked in camps health office)
- **Medication must be given to a camp staff directly** (given to a bus monitor or unit head) & 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 summer season.**
- All medications shall only be administered by a licensed health care professional, the camp's health supervisor or the designee under the oversight of a consulting physician.
- Medication for overnights must be received by the health office by the morning of the overnight or it will not be administered

MEDICATION #1 Daily Overnight only

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 Daily Overnight only

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: _____

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: ___/___/___