



DAY CAMP 1st - 6th Grade Registration

CAMP MOWKAWOGAN @ CAMP SPAULDING

CONCORD FAMILY YMCA

How did you learn about camp?
 * Radio * Facebook Ad * Website
 * From current camper
 * Concord Monitor insert
 * Got information at: _____
 * Afterschool site: _____

FULL WEEK

Monday - Friday

Member \$150 wk

Non-Member \$165 wk

MON,WED,FRI

Member \$125 wk

Non-Member \$140 wk

T,TH

Member \$110 wk

Non-Member \$125 wk

Child's Name _____ Grade Completed _____ Gender: Male Female

Home Phone _____ DOB ___/___/___ Age _____ School _____

Mailing Address _____ City _____ State _____ Zip _____

Father's Name _____ Cell # _____ Work # _____ Email _____

Mother's Name _____ Cell # _____ Work # _____ Email _____

Additional Guardian's Name _____ Relationship _____ Cell # _____ Work # _____

REQUIRED Emergency Contact: Please list at least one person other than Parents/Guardians listed above to contact in case of emergency

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

People authorized to pick up my child OTHER than those listed above: _____

CHILDS INTEREST: (CIRCLE ALL THAT APPLY) CREATIVE ART'S PERFORMING ARTS SPORTS AQUATICS CANOEING KAYAKING
NATURE/OUTDOOR LIVING CLIMBING HIGH ROPES READING OTHER: _____

CHILDS FOCUS AREA: _____ **CHILD DOES NOT LIKE AT ALL:** _____

MEDICAL INFORMATION

Important— Physical and Immunization must be on file at the YMCA before child can attend.

Name & Phone # of Child's Doctor _____

Does child wear a medic-alert tag? No Yes please describe _____

Allergies (drugs, foods, insect stings, etc.) No Yes please describe _____

Can Child Swim? No Yes

Recent Injuries, Illnesses, Operations, No Yes please describe _____

Physical Disabilities or Chronic Conditions No Yes please describe _____

Psychological, Emotional or Behavioral Disorders No Yes please describe _____

Is there anything else we should know about child's physical or emotional condition? No Yes please describe _____

Does the Child take daily medication? No Yes please describe _____

Will the child need to take medication at the YMCA? No Yes * If Yes, we medical form must be filled out. Medication must be in its original container and will only be dispensed according to label. Authorizations may be faxed to 603.224.5352 and must be updated annually. Over the counter medication will be dispensed with parent/guardian written authorization.



Follow us on Facebook and see what your camper is up to!
<https://www.facebook.com/ConcordFamilyYmcaSummerCamp/>





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CONCORD FAMILY YMCA

Concord Family YMCA Summer Day Camp provides fun, exciting activities for children. Kids can make new friends while participating in boating, swimming, science, sports, arts and crafts, nature awareness and more!

Camp Hours: Monday—Friday 7:00AM–5:30PM

Y Member Rates

\$150 Full Week
\$125 (M, W, F)
\$110 (T, TH)

Community Non-Member Rates

\$165 Full Week
\$140 (M, W, F)
\$125 (T, TH)

LIT Program

\$375 For 5 weeks of Summer
Includes mandatory training week #2
plus 4 more weeks

Please indicate the weeks your child will be attending camp:

\$20 deposit per ea. week you are registering for - will be deducted from weekly tuition.

___ Wk 1 Kick it off Carnival	June 18-22	Full Week	M,W,F	T, TH
* Friday bring a family member to Camp Day - sign up in advance				
___ Wk 2 Blast from the Past	June 25-29	Full Week	M,W,F	T, TH
** This week is a MANDATORY TRAINING WEEK for the LIT PROGRAM				
___ Wk 3 Survivor	July 2-6*	Full Week	M,W,F	T, TH
* No Camp on Tuesday July 4th				
___ Wk 4 Pirates of the Caribbean	July 9-13	Full Week	M,W,F	T, TH
___ Wk 5 Out of this World	July 16-20	Full Week	M,W,F	T, TH
___ Wk 6 Comic-Con	July 23-27	Full Week	M,W,F	T, TH
___ Wk 7 Disco Days	July 30 - Aug. 3	Full Week	M,W,F	T, TH
___ Wk 8 Color Wars	August 6-10	Full Week	M,W,F	T, TH
* Week theme! - wacky days will be announced the week before (verbal & email up-dates)				
___ Wk 9 Celebrities at Camp	August 13-17	Full Week	M,W,F	T, TH
___ Wk 10 Dr. Seuss	August 20-24	Full Week	M,W,F	T, TH



CIT Program is free but child must completed LIT program

FEES AND ASSISTANCE GRANTED <small>staff use only</small>		FEE	PAYMENTS RECEIVED <small>staff use only</small>
Full week	X # of weeks	___ X \$20	deposit
M,W,F	X # of weeks	___ X \$20	Net weekly fee
T,TH	X # of weeks	___ X \$20	Week deposits
LIT Program or CIT Program		\$375	Total amount received. \$ _____

Rev.12.15.16

Questions contact:

Steve Schack (603) 228-9622 ext. 123 or Text: (603) 290-7001 or email: sschack@concordymca.org
Amanda Newton (603) 228-9622 ext. 158, Text: (603) 783-1129 or email: anewton@concordymca.org

For more information related to financial assistance and payments contact:

Erica Simpson (603) 228-9622 ext. 132 or email: esimpson@concordymca.org



SUMMER FUN



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DAY CAMP Registration CAMP MOWKAWOGAN @ CAMP SPAULDING CONCORD FAMILY YMCA

WEEKLY FEE AND FINANCIAL ASSISTANCE

You may apply for A YMCA Scholarship—Please call or email for more information.

State of New Hampshire Childcare Assistance Program:

Are you currently eligible for childcare assistance through the State? Yes No

If yes, please complete the YMCA's State Assistance Contract with YMCA staff Sarah Harrington and complete the State Form 2530.

Your registration will NOT be processed until ALL of the following are completed and submitted to the correct location.

- ⇒ A \$20 deposit for each week (that will be applied to your weekly tuition) is due with this application.
- ⇒ We require a credit card on file for weekly payments. Credit Card Payment Authorization Form must be completed at time of registration, which will automatically charges.
- ⇒ Payment is expected on the Friday before a camp week starts. Payment will not be prorated.
- ⇒ Physical and Immunization must be on file at the YMCA before a child can attend. If your child has had one in the past 2 years, please provide a copy with completed registration form.
- ⇒ If the child needs to take prescription medication while at the YMCA, we must have an authorization from signed by your child's physician listing the medication, dose, frequency and other instruction before the child attends.

Other information

- Over the counter medications will only be dispensed with written authorization from the parent/guardian. Additionally, the medication must be in its original container and will only be administered in accordance with manufacturer's printed instruction.
- Please pick up your child by 5:30PM. Late pickups will be charged \$1 per minute. Late fees will be required upon pickup.
- If your account becomes 2 weeks past due your child may not continue to attend and you will not be able to enroll your child in other programs until the balance is paid in full.
- Pickups at Camp Spaulding are allowed prior to 3:00PM and must be pre arranged with camp directors, and should not be a regular thing.
- Camp Contacts as of June 18th; Call or Text: (603) 783-1129, (603) 290-7001 Call: (603) 496-8750, Camp Spaulding Office: (603)753-8990, Squeaky Sneakers: (603) 783-1094

WAIVER AND RELEASE OF LIABILITY, AND AUTHORIZATION FOR MINORS:

- In consideration of being allowed to participate in any way in the Concord Family YMCA and related events and activities, the undersigned agree to the following:
- As the parent or legal guardian of the participant I will instruct t the minor participant that prior or participating, we will inspect the facilities and equipment to be used, and if I believe or the participant believes that anything is unsafe, we will immediately advise a coach, instructor or supervisor or other event organizer of such condition(s) and refuse to participate.
- We acknowledge and fully understand that each participant will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, and severe social and economical losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, the conditions of the premises, or of any equipment used. Further, there may be other risks not known or reasonably foreseeable at this time.
- We assume all the foregoing risks and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury, permanent disability or death.
- We release, waive, discharge and covenant not to sue the Concord Family YMCA its affiliated programs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants. Volunteers, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to the participate, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the released or otherwise.
- By signing this form I hereby authorize that the minor participate may receive emergency medical treatment for illness or injury that may befall him/her while being transported to or from, or while engaging in the Concord Family YMCA recreational program or related events and activities.
- I assume full responsibility for the member's health being such that the activities will in no way aggravate any condition present. If in doubt, medical advice will be south and followed. I agree that the Concord Family YMCA will be notified in advance of any changes in the member's health status that may affect the member's needs during the YMCA's activities. I declare the statements on this form to be true.
- This waiver may not be modified in any way. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND AUTHORIZATION, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNED IT VOLUNTARILY.

Parent/Guardian Signature: _____ Date: _____

Transportation Authorization: The Concord Family YMCA my transport my child from Abbot Downing School to Camp Spaulding via bus and may transport my child back from Camp Spaulding to Abbot Downing School via bus. The Concord Family YMCA may also transport my child on field trips. I understand that the licensed childcare program is responsible for my child from the time he/she arrives at the program services site until her or she leaves the program.

Parent/Guardian Signature: _____ Date: _____

Use of Sunscreen: I give permission for my child to wear sunscreen. YMCA staff have permission to apply the sunscreen on my child. If my child does not have his/her own sunscreen, I give the YMCA staff permission to use a sunscreen, provided by the YMCA , for my child.

Parent/Guardian Signature: _____ Date: _____

First Aid: I give permission for my child to receive basic first aid treatment.

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Transportation: I give permission for my child to receive emergency medical transportation and treatment if I cannot be reached immediately.

Parent/Guardian Signature: _____ Date: _____

Photo Authorization: I, Parent or Legal Guardian, give/grant the YMCA permission to use any films, photographs, audio or videos, and internet uses taken for the purpose of informing the public about the YMCA. I further grant them the right to exhibit, distribute, sell or otherwise dispose of these materials.

Parent/Guardian Signature: _____ Date: _____