



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LIT Day Camp Registration

CAMP MOWKAWOGAN @ CAMP SPAULDING

CONCORD FAMILY YMCA

MUST HAVE COMPLETED 9TH GRADE TO APPLY.

How did you learn about camp?

- * Radio * Facebook Ad * Website
- * From current camper
- * Concord Monitor insert
- * Got information at: _____
- * Afterschool site: _____

\$375 Tuition Fee

Week 3

July 1—July 5 (no camp July 4)

Mandatory Training Week

Weeks Attending - Pick 4 (check Box)

___ *WK 3 ___ WK4 ___ WK 5

___ WK 6 ___ WK 7 ___ WK 8

___ WK 9 ___ WK 10

CIT/LIT Name _____ Grade Completed _____ Gender: Male Female

CIT/LIT Cell Phone: _____ CIT/LIT Email: _____

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 # _____

Please indicate how CIT/LIT will be transported to and from Camp: _____

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: _____

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/>





LIT & CIT Day Camp Registration

CAMP MOWKAWOGAN @ CAMP SPAULDING

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

LIT Program

\$375 For 5 weeks of Summer
Includes mandatory training week #3
plus 4 more weeks minimum

CIT Program

Free - must have completed LIT program before they can sign up

Reservation Policy for LIT/CIT Programs

At minimum LIT/CIT must commit to 5 weeks or more

Payment Due at Time of Registration

Please indicate the weeks your child will be attending camp:

The LIT program does not begin until week 3. (July 1–5)

___ Wk 3 Camp Un-birthday 4 Day Camp Week • No Camp Thursday, July 4th	July 1-5*	Full Week	M,W,F	T, TH
** This week is a MANDATORY TRAINING WEEK for the LIT PROGRAM				
___ Wk 4 The Art Of Art	July 8-12	Full Week	M,W,F	T, TH
___ Wk 5 Vikings	July 15-19	Full Week	M,W,F	T, TH
___ Wk 6 Candy Land	July 22-26	Full Week	M,W,F	T, TH
___ Wk 7 Treasure Hunters	July 29 - Aug. 2	Full Week	M,W,F	T, TH
___ Wk 8 Go Green / Recycled Fun	August 5-9	Full Week	M,W,F	T, TH
___ Wk 9 Spirit Week / Color Wars	August 12-16	Full Week	M,W,F	T, TH
___ Wk 10 Myths and Legends	August 19-23	Full Week	M,W,F	T, TH

Questions contact:

Amanda Newton Call or Text: (603) 783-1129 or email: anewton@concordymca.org

For more information related to financial assistance and payments contact:

Sarah Harrington Call or Text: (603) 848-8873 and sharrington@concordymca.org

SUMMER FUN

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: _____

Behavior Management: Every effort will be made to ensure all campers are successful as possible. Dismissal of a camper due to behavioral misconduct is left to the discretion of the camp leadership team

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: _____