



DAY CAMP 1st - 8th 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
* Afterschool site:
* Other:

- 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/





DAY CAMP 1st-8th Grade Registration
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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

CIT Program is free but child must complete LIT program before they can sign up

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 Field Day/Sports Extravaganza 3 Day Camp Week	June 19-21	Full Week	M,W,F	T, TH	Deposit \$20
___Wk 2 Superheroes	June 24-28	Full Week	M,W,F	T, TH	Deposit \$20
___Wk 3 Camp Un-birthday 4 Day Camp Week • No Camp Thursday, July 4th	July 1-5*	Full Week	M,W,F	T, TH	Deposit \$20
** 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	Deposit \$20
___Wk 5 Vikings	July 15-19	Full Week	M,W,F	T, TH	Deposit \$20
___Wk 6 Candy Land	July 22-26	Full Week	M,W,F	T, TH	Deposit \$20
___Wk 7 Treasure Hunters	July 29 - Aug. 2	Full Week	M,W,F	T, TH	Deposit \$20
___Wk 8 Go Green / Recycled Fun	August 5-9	Full Week	M,W,F	T, TH	Deposit \$20
___Wk 9 Spirit Week / Color Wars	August 12-16	Full Week	M,W,F	T, TH	Deposit \$20
___Wk 10 Myths and Legends	August 19-23	Full Week	M,W,F	T, TH	Deposit \$20

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



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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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) 290-7123 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: _____

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: _____

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