

Pocono Family YMCA – CAMP REGISTRATION FORM

CAMPER INFORMATION

Email for Camp and Membership Information _____

Child's Full Name _____ Birthdate _____

Grade Completed _____ Gender _____ Home phone # _____

Street _____ City _____ State _____ Zip _____

Camp T-Shirt Size _____ How did you hear about us? _____

Parent/Guardian

Parent/Guardian #1 _____ Birthdate _____ Authorized to pick up:
 YES NO Primary Phone # _____ (circle cell, home, work) Alternate Phone # _____ (circle cell, home, work)

Parent/Guardian #2 _____ Birthdate _____ Authorized to pick up:
 YES NO Primary Phone # _____ (circle cell, home, work) Alternate Phone # _____ (circle cell, home, work)

Do the child's parents live together? YES NO

Is there a current custody agreement: YES NO If yes, please attach supporting documentation.

All information is kept confidential

Non-Member Registration Fee: \$50.00

*\$50.00 Non-Refundable deposit for Early Bird Pricing (\$125 -5 days a week/ \$75 -3 days a week)

See our camp cancellation policy on page 3

Child's Name: _____ Birth Date: _____ Age: _____

Check Week(s)	Week #	Price: Member/Non-Member			
		3 Day	\$85/\$88	5 Day	\$135/\$140
	Week 1 (June)	3 Day	\$85/\$88	5 Day	\$135/\$140
	Week 2 (June)	3 Day	\$85/\$88	5 Day	\$135/\$140
	Week 3 (June)	3 Day	\$85/\$88	5 Day	\$135/\$140
	Week 4 (July)	3 Day	\$85/\$88	5 Day	\$135/\$140
	Week 5 (July)	3 Day	\$85/\$88	5 Day	\$135/\$140
	Week 6 (July)	3 Day	\$85/\$88	5 Day	\$135/\$140
	Week 7 (July)	3 Day	\$85/\$88	5 Day	\$135/\$140
	Week 8 (July)	3 Day	\$85/\$88	5 Day	\$135/\$140
	Week 9 (August)	3 Day	\$85/\$88	5 Day	\$135/\$140
	Week 10 (August)	3 Day	\$85/\$88	5 Day	\$135/\$140
	Week 11 (August)	3 Day	\$85/\$88	5 Day	\$135/\$140

TOTAL: \$ _____

Before & After Camp Care

Before Camp Care

Check Weeks	Week #	Price: Member/Non-Member
	Week 1 (June)	\$20/\$23
	Week 2 (June)	\$20/\$23
	Week 3 (June)	\$20/\$23
	Week 4 (July)	\$20/\$23
	Week 5 (July)	\$20/\$23
	Week 6 (July)	\$20/\$23
	Week 7 (July)	\$20/\$23
	Week 8 (July)	\$20/\$23
	Week 9 (August)	\$20/\$23
	Week 10 (August)	\$20/\$23
	Week 11 (August)	\$20/\$23
		TOTAL:\$ _____

After Camp Care

Check Weeks	Week #	Price: Member/Non-Member
	Week 1 (June)	\$35/\$40
	Week 2 (June)	\$35/\$40
	Week 3 (June)	\$35/\$40
	Week 4 (July)	\$35/\$40
	Week 5 (July)	\$35/\$40
	Week 6 (July)	\$35/\$40
	Week 7 (July)	\$35/\$40
	Week 8 (July)	\$35/\$40
	Week 9 (August)	\$35/\$40
	Week 10 (August)	\$35/\$40
	Week 11 (August)	\$35/\$40
		TOTAL:\$ _____

Billing/Payment Understanding - I understand that the deposits are non-refundable and will hold my child's spot until the balance is due. Registration is not guaranteed until the balance is paid two weeks prior to the first day of the session. **Failure to pay the balance, when due, could result in cancellation of my registration.** I also understand if I do not give proper notification of cancellation, all money paid will not be refunded for the week.

Cancellation/ Refund Policy- Registration and membership fees are NON REFUNDABLE unless written request is accompanied by a doctor's note. No refunds will be given for missed days or early departure. No refunds will be given for voluntary withdrawal or disciplinary dismissal. All refund requests must be made in writing 30 DAYS PRIOR to week(s) child will be attending camp.

Parental Consent- I, the parent/guardian of the above stated, hereby give my approval to participate in any camp activities, including transportation to and from activities. I hereby waive, release, absolve, indemnify and agree to hold harmless the Pocono Family YMCA and employees from any claims rising out of injury to my child.

Signature _____ Date _____

Parent/Guardian Signed Releases

Photo/Video Release - I grant permission for my child to be photographed and/or interviewed for promotional purposes. I also grant permission for my child to view age appropriate movies as part of the Y camp program activity.

Signature _____ Date _____

Sunscreen Release - I grant permission to the Y to apply sunscreen provided by me or from the sunscreen machine during summer programs.

Signature _____ Date _____

Informed Consent - I understand that the YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my family's participation in YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to and from activities from any claims or injury sustained during my use of YMCA property.

Signature _____ Date _____

Behavioral Policy - I certify that my child is in good health and is amiable to normal discipline necessary for the success of the group experience. I have reviewed and discussed with my camper the YMCA character values of caring, honesty, respect, and responsibility. We agree to honor the behavior policies of the YMCA day camps and understand that it is at the discretion of the camp director to suspend or dismiss campers from the program due to inappropriate behavior.

Signature _____ Date _____

Movie Release- I hereby give my permission for my child to view a movie rated G or PG

Signature _____ Date _____

Getting to Know You

Child's preferred Nickname: _____

Please Circle One:

Swimming Ability:

Afraid of pool Enjoys pool with help Had swim lessons but still needs help Swims with ease

Does your child have any fears? _____

What hobbies, sports, crafts, music skills, collections, or other leisure activities does your child enjoy? _____

Any information about your child that YMCA staff could benefit from knowing to better serve your child? _____

Health Appraisal:

TO BE COMPLETED BY PARENT/GUARDIAN:

Circle if child has problems with any of the following & give additional comments below:

Frequent colds	Asthma	Behavior Problem	Fainting	Constipation/Diarrhea
Hearing Difficulty	Seizures	Vision Difficulty	Speech Difficulty	Physical Handicap

Allergies (food, medicine, bee sting, etc.) _____

What to do/ how to treat an allergy: _____

Other: _____

Comments: _____

Additional information about your child (includes: serious illness, accidents, operations, medications, etc.)

Medication your child takes _____

Special restrictions or considerations while at the YMCA? _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Summer Around The World

Pocono Family YMCA Summer Camp 2020

Enrollment Packet Ages *5-13 Years Old



Office Use Only

Date Received: _____

Staff Initials: _____

Date Packet Completed: _____

Staff Initials: _____



Must have completed Kindergarten

****Scholarships/Financial Aid Available****