



**2019 YMCA of METRO NORTH SUMMER CAMP**  
 Camp Sachem – Camp Eastman – Camp Melstone – Camps at the Gymnastics Center

**REGISTRATION FORM**

Camper Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: (please circle) Male / Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age as of June 17, 2019: \_\_\_\_\_ Grade for 2019–2020 School Year: \_\_\_\_\_

Your Child's T-Shirt Size (please circle one): Child: S M L Adult: S M L XL

#1. Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Preferred Phone #: \_\_\_\_\_ Please circle: Home Work Cell  
 Secondary Phone #: \_\_\_\_\_ Please circle: Home Work Cell  
 E-mail: \_\_\_\_\_

#2. Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Preferred Phone #: \_\_\_\_\_ Please circle: Home Work Cell  
 Secondary Phone #: \_\_\_\_\_ Please circle: Home Work Cell  
 E-mail: \_\_\_\_\_

**ALLERGIES:**

It is the parent/guardian's responsibility to supply medication and fill out authorization forms for administration.  
 Please list any **allergies** your child may have; including physical reaction and staff instructions:

Allergen:	Physical Reaction:	Staff Instruction:
_____	_____	_____
_____	_____	_____

**MEDICATIONS:**

It is the parent/guardian's responsibility to supply medication and fill out authorization forms for administration.  
 Please list any **medications** your child may be on:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contacts: (other than parent/guardians) Emergency contacts are also authorized persons for pick up.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Authorized Pick Up: (you do not need to list Parent/Guardians or Emergency Contacts again)

Children will only be released to the person(s) listed as parent/guardians, emergency contacts and those listed on the authorized pick up list. **A photo ID must be shown at each pick up - there is no exception to this rule!**

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there someone that you would like us to be aware of that **cannot** pickup your child?

\_\_\_\_\_

\*Please note: If person listed above is also a legal parent/guardian, a court order is required to refuse release.



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**PLEASE PROVIDE** any additional information about the camper that you think is important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

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**Please initial next to each section:**

\_\_\_\_\_ Registration Requirements:

Your camper will not be able to attend camp without the following;

1. A completed 2019 YMCA of Metro North Camp Registration Form
2. Medical Documentation (required by the Board of Health)
  - Current physical exam (dated within the last 18 months)
  - Up to date Immunization Record
3. A \$30.00 non-refundable and non-transferable deposit per week/per child is due at time of registration. Remaining balances must be scheduled to be paid one week prior to the start date of your chosen camp week. Extended day must be scheduled to be paid one week prior to the start in full at the time of registration.
  - *At Camp Melstone extended day must be paid in full at time of registration.*
4. A current photograph of your camper

\_\_\_\_\_ Cancellations & Transfers:

Requests must be made in writing to the respective camp/branch no later than two week prior to the week you are cancelling/transferring out of. Participants who request a transfer or cancellation within that time frame will receive a refund (less the \$30.00 deposit). No monies will be refunded without two week notice.

\_\_\_\_\_ Drop Off & Pick Up:

Campers must be signed into and out of camp each day. Please see specific camps for drop off/pick up times. A fee of \$15 is charged for every fifteen minute interval after official camp closing times.

\_\_\_\_\_ First Aid, CPR & Medical Attention:

I understand YMCA camp staff is trained in First Aid and CPR. I authorize them to administer First Aid/CPR to my child as needed. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and the hospital staff may administer emergency medical care.

\_\_\_\_\_ Swim:

I give my child permission to swim in the Melrose Family YMCA, Saugus Family YMCA and Torigian YMCA swimming pools. If you would prefer your child not to swim, "NO" must be written on the following line. \_\_\_\_\_

\_\_\_\_\_ Field Trips:

I give my child permission to attend all field trips. If you would prefer your child to not attend the field trips "NO" must be written on the following line. *Campers not attending the field trips will need to stay home that day at Camp Sachem and Camp Melstone. Camp Eastman allows campers at camp when they are not attending field trip* \_\_\_\_\_

\_\_\_\_\_ Photo Release:

I authorize the YMCA of Metro North permission to take photos of my child for YMCA promotional purposes. If you would prefer your child not in any photographs "NO" must be written on the following line. \_\_\_\_\_

\_\_\_\_\_ Snacks & Lunch:

All food is provided by the parent/guardian. We are a **nut conscious** camp with the exception of the Saugus Campus which is **nut free**. Any snack and lunch provided (by parent/guardian) for campers will not contain nuts. Additionally, all of our camps are structured so campers are very active! Healthy snacks and lunches are encouraged.

\_\_\_\_\_ Parent/Family Handbook:

I acknowledge that I have reviewed and/or have been given access to the Family Handbook.

**I have read, I understand and I agree to abide by the above policies/statements.**

\_\_\_\_\_  
Parent/Guardian Printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date