



2021 SUMMER CAMP APPLICATION FORM

Camper's Name: _____ DHS # (If Applicable) _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth (xx/xx/xxxx): _____ Age: _____ Gender: _____

Grade Entering in September: _____ Are you a Newport County YMCA Member? _____

Child Resides with: _____ Did Camper attend last year? _____

Parent/Guardian #1 Name: _____ DOB: _____

Address: _____ Phone: _____

Email Address: _____ Cell: _____

Parent/Guardian #2 Name: _____ DOB: _____

Address: _____ Phone: _____

Email Address: _____ Cell: _____

List at least two other contacts (relatives, friends, neighbors) who could be called during Camp hours in case of illness or emergency if you cannot be reached. The individuals listed below are the only individuals authorized to pick up your child in addition to the parents. We will not release your child to anyone else without written permission. **PLEASE MAKE SURE TO BRING A PHOTO ID AT EVERY PICK-UP.**

Name	Best Phone	DOB	Address	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is there any court order relating to the child's custody? Circle: YES NO
-If yes, please provide a copy of the court order. All information is kept confidential. *Please notify your Camp director each day the child is not attending camp: 401-847-9200 x 135

Photography Policy

All the Newport County YMCA promotional materials use photographs taken during actual programs and events. If you wish that your child's photograph NOT be used, please circle NO and sign your name. If you grant the YMCA permission to use your child's photo , please circle YES and sign your name.

YES NO Signature: _____ Date: _____

Staff Initials: _____

CAMPER WAIVER

WAIVER OF LIABILITY: Please read carefully before signing. By signing below, you understand and accept all terms and conditions of this application.

1. My child has permission to participate in all Camp activities. I authorize emergency medical treatment and transportation if the YMCA deems necessary.
2. I understand that my child is to abide by all camp rules and treat other Campers and staff with respect. Failure to comply with this standard may result in dismissal from Camp.
3. I authorize the transport of my child to/from the YMCA from an offsite location if needed.
4. My signature indicates that as the parent/guardian of the applicant, I hereby grant permission for my child to participate in Camp at the Newport County YMCA and represent that my child is physically able to participate in Camp activities. In consideration of the applicant's being allowed to participate in the Camp, thereby release the Newport County YMCA, its employees, officers from all claims resulting from illness, injuries, or other damage, which may be sustained by the child during attendance at the Camp. I furthermore agree and promise that we will not hold the Newport County YMCA or any of the above parties responsible in this respect.
5. I will abide by all Camp related fees (including AM/PM and late fees).

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

This is a release of legal rights – read and understand before signing.

In exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to enter the YMCA for any purpose including but not limited to observation, or use of facilities, or equipment, or participation in any program affiliated with the YMCA, I, the undersigned, understand and expressly acknowledge that I, and if applicable, my spouse and dependents, release the Newport County YMCA its employees, officers, directors, trustees, agents, members, volunteers or guests (hereafter referred to as "releases") from any and all action, debts, expenses (including attorney fees) and claims of negligence on account of, or in any way growing out of, directly or indirectly, all known or unknown injuries to the person(s) or property, or resulting death of the undersigned, whether caused by negligence of releases or otherwise while the undersigned, is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Newport County YMCA.

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

Staff Initials: _____

CAMPER INFORMATION

Camper's Name: _____ Date of Birth: _____

The Newport County YMCA does not offer one on one assistance in our Camps. We make every effort to accommodate the needs of every Camper and family. Below is a short questionnaire designed to help us best get to know your Campers likes/dislikes and what makes them successful.

Past Camp experiences or first Camp experience? _____

Is there something your child may need to have a successful day at Camp? (i.e. do they have an IEP in school, do they struggle with transitions, are they a beginner swimmer or need ear plugs) YES NO

-If yes, please explain: _____

Please describe how your child plays with other children:

Please describe what makes your child happy, sad, and frustrated. How does your child express feelings?

What are your child's interests and favorite activities?

Is there any other information that you would like to share to help us better understand your child?

CAMPER MEDICAL INFORMATION

Is your child allergic to any food, medication, plants, insects, liquids, or other substances? YES NO

Does your child require any medication for an allergic reaction? YES NO

Does your child require an epi-pen? YES NO

-If yes, the epi-pen or medication must be delivered to the program director prior to first day of enrollment.

If you answered yes to any of the questions above, please list all allergies and describe the severity of your child's reactions:

Staff Initials: _____

Is your child under any medical care for any illness or communicable disease? YES NO
-If yes, please explain:

Is the Camper on any medication: YES NO
-If Yes, please explain:

Will the Camper need to take the medicine at Camp: YES NO
-If yes, you will need to request a medical dispensing form to fill out.

Record of Immunization including date of last tetanus shot:

List of current and past medical treatments: (PLEASE ATTACH IMMUNIZATION RECORD FORM FROM DOCTORS OFFICE)

I authorize Camp staff who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. In the event of hospital admittance, I hereby authorize the Newport County YMCA to arrange for medical examination and/or treatment of my child, should an emergency arise during program hours. It is also understood that every reasonable effort will be made by the staff to contact me at the emergency numbers I have provided before any medical action is taken.

Physician's Name

Phone Number

Health Insurance Carrier

Policy Number

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

If the Campers activities should be restricted in any way please describe:

Staff Initials: _____

YMCA Core Values & Anti-Bullying Contract

The YMCA is an organization serving all members of society. Our core values include Respect, Responsibility, Honesty, and Caring. We believe that everyone should be able to enjoy Y programs while feeling safe and accepted, regardless of gender, ethnicity, popularity, intellectual ability, athletic ability, religion, or nationality.

Values Pledge:

- I promise to be respectful of the YMCA program rules.
- I promise to be respectful of others' differences.
- I promise to be respectful of others' feelings, property, and bodies.
- I promise to take responsibility for my actions, doing what's right.
- I promise to be honest when I make mistakes and honest when I have not done the right thing.
- I promise to be a caring person to those who participate in YMCA programs.

Anti-Bullying Pledge:

- I will not bully others. I will not be mean to my peers. I will not call them names, pick on them, exclude them from group activities, try to turn others against them, or emotionally hurt them.
- I will not bully others. I will not physically hurt peers. This includes pushing, shoving, hitting, and spitting.
- I will not bully others. I will not take part in cyberbullying. I will not say or do mean things to others over social media or text messages. I won't circulate or "like" hurtful messages or videos.
- I will not bully others. I will not watch, laugh, or join in when a friend or peer is mean or hurtful to others. I will speak up or tell an adult.

Response to Behavior Issues:

Our goal is to work together with our staff and with parents to do all we can to help your child and all children have a positive experience at YMCA programs. However, there are some behaviors that are very serious. Hitting, bullying, cursing, and running away are all behaviors we will need to address with parents. In general, we do all that we can to avoid dismissing a child from Y programs. Ultimately, when we do have serious issues, it is critical that parents work with us to address the behavior.

Please sign below if you agree to the terms above. If you choose not to sign this form, your child cannot participate in any of the YMCA's programming.

Camper Signature

Date

Parent/Guardian Signature

Date

Staff Initials: _____

SWIMMER ASSESMENT

Please fill out this sheet to help our staff better understand your child or loved one's capabilities and skill level in the water for our adaptive swim program and other community trips.

Swimmers Name: _____ DOB: _____ Sex: M or F

Please Answer the Questions Below to the Best of Your Knowledge

1. Has the swimmer participated in organized lessons before? YES or NO
 - a. If yes, please describe the experience, where the lessons were, and how long ago: _____

2. Please indicate on the 1-10 scale below the level of comfort the swimmer has in the water (1 being 'see's water and runs the other way' and 10 being 'can stand in water fully relaxed')
 - a. 1 2 3 4 5 6 7 8 9 10

3. Please indicate the swimmers ability by circling the best description of their skillset below
 - a. Refuses to enter water
 - b. Can stand in water, not comfortable entering water above chest
 - c. Likes to fully submerge in water, however, has no swimming capability
 - d. Can float and paddle in water, however not comfortable going fully under
 - e. Can float, paddle, swim underwater, and take large swim strokes
 - f. Other specific description: _____

4. Please list below any and all goals for the swimmer
 - a. _____

5. Does the swimmer use any sort of assistive technology or devices while in the water? YES or NO
 - a. If yes, please list here: _____

6. Please use the space below to voice any concerns you may have about the swimmer:
 - a. _____

Staff Initials: _____

1. I authorize the Newport County YMCA to charge my credit card/checking account the above total amount of money each week for the program. I understand my account will be charged each Thursday before services are rendered.
2. This draft is continuous to the end of the program or until I initiate its termination.
3. I understand that if I wish to end or change the automatic debit, I must give the YMCA a 15-day written notice.
4. Should my credit card company or bank for any reason not honor a draft, I understand that the YMCA will automatically resubmit that draft for payment. If the draft is not honored during the resubmission the amount of the draft, as well as a \$25.00 service charge will be immediately due and payable to the YMCA. This is in addition to a service fee that maybe charged by my bank.
5. I authorize the Newport County YMCA to immediately apply a one-time registration fee (Camper Improvement Fee) of \$10.

Date: _____ Signature of Payee: _____

A \$10.00 late charge will be applied to payments received after due date(s). Lack of payment (or late payment) may result in loss of reserved space.

CREDIT/DEBIT CARD PAYMENT: A non-refundable \$25.00 per registered week deposit is due upon registration. Payments are due in full or in even installments. We recommend that you pay by credit/debit card and have your payments drafted automatically. Please visit the Y's Welcome Center or call 401-847-9200 to make payment with a credit card over the phone.

Use my credit card on file at the Newport County YMCA. *Option available only if you have a valid credit card on file. Please check with the Y's Welcome Center.

Last four digits of the credit card on file: __ __ __ __

CHECK ONE BOX FOR PAYMENT OPTION:

Full Payment: All fees paid at time of registration by mail or in person to our Welcome Center.

Draft Payment: At the time of registration the remaining balance will be scheduled two weeks before the week of camp the camper is registered for which you will be charged then.

CHECKS/MONEY ORDERS: These should be made payable to the Newport County YMCA. All cash payments must be made in person at the YMCA.

Staff Initials: _____

REGISTRATION INFO

CAMP '21	G R A D E S	W E E K 1	W E E K 2	W E E K 3	W E E K 4	W E E K 5	W E E K 6	W E E K 7	W E E K 8	W E E K 9	W E E K 10	Mem- ber fee/ week (before June 15 th)	Non Mem- ber fee/ week (before June 15 th)	TOTAL # OF WEEKS	T O T A L D U E
		6/28 -7/2	7/5- 7/9	7/12- 7/16	7/19- 7/23	7/26- 7/30	8/2- 8/6	8/9- 8/13	8/16- 8/20	8/23- 8/27	8/30- 9/3				

YOUTH DEVELOPMENT CAMPS: CLEARLY PLACE AN "X" IN THE APPROPRIATE BOX TO INDICATE YOUR CAMP SELECTIONS

Tradi- tional	K-8											\$175	\$205		
Water Sports	3-8											\$205	\$235		
Gym- nastics	K-8											\$195	\$225		
Boys Gym- nastics	K-8											\$195	\$225		
Ninja	1-6											\$215	\$245		
Outdoor Adven- ture	4-7											\$205	\$235		
Counse- lor in Training	8-9											\$205	\$235		
Com- mon Fence Point	K-8											\$175	\$205		

Register for camp in **FEBRUARY** and you will be entered into a raffle to get 1 week of summer camp for free.

Refer a new camper for 2 weeks of camp in **MARCH** and receive \$50 off 1 week of summer camp.

Register for Vacation Camp in **APRIL** and receive \$25 off 1 week of summer camp.

Register for camp in **MAY** and be entered in to the camp swag raffle.

FINANCIAL & SCHOLARSHIP ASSISTANCE

No one will be denied the opportunity to participate in YMCA activities due to an inability to pay program or membership fees. Confidential scholarship assistance is available.

In order to receive assistance, you must complete a camp financial assistance application packet. Along with the packet, you must submit two of the following income verifications when you apply:

- Federal Income Tax filing for previous year
- Two months of paycheck stubs
- Current statement of award of benefits
- Most recent unemployment check stubs
- Two months of bank statements

Download the form on our website at <https://newportymca.org/membership/financialaid/> or stop by the YMCA and pick a form up at the Welcome Center.

GIVE BACK, HELP A CHILD DISCOVER SUMMER CAMP!

I would like to donate to and give a child the opportunity to attend camp.

- Camp Donor:* \$20 - \$99
- Camp Benefactor:* \$100 - \$499
- Camp Friend:* \$500 - \$999
- Camp Supporter:* \$1,000+

DONATION PAYMENT METHOD:

Please contact Susan Piacenti at susanp@newportymca.org or 401-847-9200

School Name & Address:

Grade: _____



**STATE OF RHODE ISLAND
SCHOOL PHYSICAL FORM**

Health Care Provider Name and Address:

Phone:

This form may substitute for any district-issued form. All districts must accept this form. General health examinations shall be documented in a standardized format with one copy available from the Rhode Island Department of Health or in any such format that captures the same fields of information (R16-21SCHO Section 8.4)

Student Name: Last		First		Middle	Date of Birth	Sex
Address: Street			Apt #	City	State	Zip Code
						Home Phone

PLEASE COMPLETE ALL INFORMATION BELOW (May attach immunization transcript).

IMMUNIZATIONS	Please enter dates in MM/DD/YYYY format				
Hepatitis B					
Diphtheria-Tetanus-Pertussis DTaP < 7 years					
Pneumococcal Conjugate PCV					
Polio					
Haemophilus Influenzae Type B Hib					
Measles-Mumps-Rubella MMR					
Varicella					
	<input type="checkbox"/> Student has history of varicella disease				
Tetanus-Diphtheria-Pertussis Tdap/Td ≥ 7 years					
Rotavirus					
Hepatitis A					
Meningococcal					
HPV					
Influenza					

Medical Exemption:

- Hep B
 DTaP
 PCV
 Polio
 Hib
 MMR
 Varicella
 Td/Tdap
 Rotavirus
 Hep A
 Mening
 HPV
 Influenza

PHYSICAL EXAMINATION

Date of PE ____/____/____ Height _____ Weight _____ BP _____

PLEASE NOTE ANY HEALTH PROBLEM, CHRONIC HEALTH CONDITION OR DISABILITY THAT MAY AFFECT BEHAVIOR OR HEALTH AT SCHOOL:

- ASTHMA: No Yes If yes, complete an Asthma Action Plan (www.health.ri.gov/publications/actionplans/2012Asthma.pdf)
- ALLERGIES: No Yes (Please explain) _____ EPINEPHRINE AUTO-INJECTOR REQUIRED: No Yes
If student has a severe allergy (food, insect, other) complete a Food Allergy & Anaphylaxis Emergency Care Plan (www.foodallergy.org/document.doc?id=234)
- DIABETES: No Yes If yes, complete a Physicians Order Form For Students With Diabetes (www.health.ri.gov/forms/school/PhysicianOrdersForStudentsWithDiabetes.pdf)
- OTHER: _____

Treatment Plan: _____

RESTRICTIONS: Can participate in physical education/sports: Fully With limitation _____

MEDICATION (REQUIRED AT SCHOOL): No Yes (Please list) _____

Other medication(s) that may affect behavior or health at school: _____

LEAD SCREENING (Required for children < 6 years old) Student is in compliance with lead screening requirements: Yes <input type="checkbox"/> No <input type="checkbox"/>	SCOLIOSIS SCREENING Yes <input type="checkbox"/> No <input type="checkbox"/>	VISION SCREENING (Children entering Kindergarten) <input type="checkbox"/> Passed Screening <input type="checkbox"/> Screened & referred for comprehensive exam <input type="checkbox"/> Referred for comprehensive exam, but not screened
TUBERCULOSIS (If required by school district) Date of TB test: _____		Screening / Referral Date: _____ Comprehensive Exam Date: _____

HEALTH CARE PROVIDER SIGNATURE: _____ DATE: _____

PRINT NAME: _____

