



Please submit completed packet to the  
 Newport YMCA welcome center or email  
 campregistration@newportymca.org

DHS Number (if applicable): \_\_\_\_\_

**2022 SUMMER CAMP APPLICATION FORM**

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Parent/Guardian # 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Parent/Guardian # 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

**List at least two other contacts who could be called during camp hours in case of illness or emergency if you cannot be reached. The individuals listed on this form are the only individuals authorized to pick up your child.**

Name:	Phone number:	Relationship:
_____	_____	_____
_____	_____	_____

Is there any court order relating to the child's custody? **Circle: YES NO (If yes, please provide proper documentation)**

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

\_\_\_\_\_ My child has permission to participate in all Camp activities. I authorize emergency medical treatment and transportation if the YMCA deems necessary.

\_\_\_\_\_ 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.

\_\_\_\_\_ I authorize the transport of my child to/from the YMCA from an offsite location if needed.

\_\_\_\_\_ 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 CountyYMCA or any of the above parties responsible in this respect.

\_\_\_\_\_ I authorize Camp staff who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

\_\_\_\_\_ I give permission for my child to be photographed for YMCA promotional purposes. **Please circle one: YES NO**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Medical History:**

I have attached a copy of my child's immunization records (Required). **YES NO Initial: \_\_\_\_\_**

Does your child have any allergies? Please circle one: **YES NO** If yes, does your child require an epi-pen? **YES NO**

If you answered yes to any of the questions above, please provide a list of allergies and the reaction (Please provide note from child's physician).

**If your child requires any additional behavioral needs, please fill out an additional behavioral sheet found on our website.**

Physician's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NCYMCA Member? Please circle one: YES NO**

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

# CAMP REGISTRATION

PLEASE VISIT OUR WEBSITE AT <https://newportymca.org/camp/> TO DOWNLOAD THE COMPLETE REGISTRATION PACKET.

CLEARLY PLACE AN "X" IN THE APPROPRIATE BOX TO INDICATE YOUR CAMP SELECTIONS

CAMP SELECTION	WEEK 1 6/27-7/1	WEEK 2 7/15-7/18	WEEK 3 7/11-7/15	WEEK 4 7/18-7/22	WEEK 5 7/25-7/29	WEEK 6 8/1-8/5	WEEK 7 8/8-8/12	WEEK 8 8/15-8/19	WEEK 9 8/22-8/26	WEEK 10 8/29-9/2
<b>TRADITIONAL</b> Ages 5-13										
<b>AQUATICS</b> Ages 6-13										
<b>GYMNASTICS</b> Ages 5-13										
<b>NINJAZONE</b> Ages 6-11										
<b>OUTDOOR ADVENTURE</b> Ages 8-13										
<b>CAMP CFP</b> Ages 6-12										
<b>COUNSELOR IN TRAINING</b> Ages 14&15										
<b>EXTENDED CARE</b> Additional \$25 per week										

Registering for all 10 weeks? Pay **IN FULL** and receive 10% off. This is equivalent to 1 free week of Camp!

## 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.

### FINANCIAL ASSISTANCE DEADLINE:

**JUNE 1, 2022**

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!

If you 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 Placenti at [susanp@newportymca.org](mailto:susanp@newportymca.org) or 401-847-9200



# AUTHORIZATION TO DRAW ACH/CREDIT DRAFTS

Child's Name:

\_\_\_\_\_

Name of Payer

\_\_\_\_\_

Address, City, State, & Zip

\_\_\_\_\_

Signature of card holder/bank depositor:

Credit Card:	Expiration Date:	Security Code:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

ACH Debit: _____	_____
Account Number	Routing Number
Bank Name: _____	

**Financial Agreement:**

Camp Improvement Fee: An annual, one-time \$10.00 Camp Improvement Fee will be charged at the time of registration per each camper.

At the time of registration, you will be charged for a non-refundable \$25.00 deposit per each week of summer camp.

By providing my signature below, I understand that the draft is continuous until the end of the program and I must provide written notice for any cancellations.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Payment Plan: Please check off one payment option**

\_\_\_\_\_ **Full Payment:** All fees paid at time of registration by mail or in person at our welcome center

\_\_\_\_\_ **Draft Payment:** At the time of registration the remaining balance will be scheduled one week before the week of camp your camper is registered for.

\_\_\_\_\_ **Monthly Payment:** At the time of registration the remaining balance will be scheduled on the first of each month (June, July, and August).

\_\_\_\_\_ **YMCA Financial Aid** (please provide financial packet with completed application)

\_\_\_\_\_ **DHS Voucher**, please provide DHS number \_\_\_\_\_

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Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_