2023 SUMMER CAMP REGISTRATION 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) ___________________________

Is there any court order relating to the child’s custody? CIRCLE: YES NO
(if yes, please provide proper documentation)

EMERGENCY CONTACTS: List 2 other contacts 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:

Name ___________________________ Phone Number ___________________________ Relationship ___________________________
________________________________________________________________________

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 it 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 camp staff who are trained in the basics of first aid and CPR to give my child first aid/CPR when appropriate.

4. I give permission for my child to be photographed for YMCA promotional purposes

PLEASE CIRCLE: YES NO

My signature indicates that as a 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, and officers from all claims resulting from illness, injuries, or other damage, which may be sustained by the child during attendance at camp. I furthermore agree and promise that I will not hold the Newport County YMCA or any of the above parties responsible in this respect.

Parent/Guardian Signature ___________________________ Date __/__/____
MEDICAL HISTORY

I have attached a copy of my child’s immunization records (required); CIRCLE: YES  NO
Does your child have any allergies? CIRCLE: YES  NO
If YES, does your child require an epi–pen? CIRCLE: YES  NO
If you answered YES to any of the above questions, please list allergies and reactions below (please provide note from child’s physician):

________________________________________________________________________

Physician Name ____________________________ Phone # _________________________

Insurance Carrier __________________________

Policy Number _____________________________

Parent/Guardian Signature ____________________ Date __/___/_______

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

PAYMENT METHOD

Complete one method of payment to be charged at the time of registration.

Name on Acct ______________________________ Address __________________________

City ______________ State _____ Zip Code ____________

Bank Acct # ____________________________ Routing # __________________________

Credit Card # __________________________ Exp. Date ___/___/_______

CIRCLE:  VISA  MASTERCARD  AMEX  DISCOVER

Parent Signature ______________________________ Date ___/___/_______

YMCA Staff Signature _________________________ Date ___/___/_______

DHS # (if applicable) ______________________

*DHS participants must submit completed packet; no online registration.
# Camp Registration

Clearly place an "X" in the appropriate box to indicate your camp selections.

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**Financial Assistance Available**

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, 2023**

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.

Send completed applications by email to corio@newportymca.org

**New! Register Online**

* DHS applicants must complete a physical registration form and submit it to the Welcome Center or email campregistration@newportymca.org