



Please submit a completed packet to
 the Newport County YMCA
 Welcome Center or email
 campregistration@newportymca.org

2024 SUMMER CAMP REGISTRATION FORM

Child's Name _____ Date of Birth ___/___/___ Gender _____

Address _____ City _____ State ___ Zip Code _____

Parent/Guardian/Authorized Pickup #1 _____

Date of Birth ___/___/___ Email _____

Address _____ City _____ State ___ Zip Code _____

Phone # (cell) _____ Phone # (work) _____

Parent/Guardian/Authorized Pickup #2 _____

Date of Birth ___/___/___ Email _____

Address _____ City _____ State ___ Zip Code _____

Phone # (cell) _____ Phone # (work) _____

Is there any court order relating to the child's custody? CHECK: 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 names listed below are additional 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.

- My child has permission to participate in all camp activities; I authorize emergency medical treatment and transportation if the YMCA deems it 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 camp staff who are trained in the basics of first aid and CPR to give my child first aid/CPR when appropriate.
- I give permission for my child to be photographed for YMCA promotional purposes.
PLEASE CHECK: 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); CHECK: YES NO

Does your child have any allergies? CHECK: YES NO

If YES, does your child require an epi-pen? CHECK: 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.

DHS # (if applicable) _____

*DHS participants must submit completed packet; no online registration. Please note: payment information is required for potential co-pay. Our office will email if there will be a co-pay required.

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 ___/___

CHECK: VISA MASTERCARD AMEX DISCOVER

Parent Signature _____ Date _____

YMCA Staff Signature _____ Date _____

CAMP REGISTRATION

CLEARLY PLACE A CHECK IN THE APPROPRIATE BOX TO INDICATE YOUR CAMP SELECTIONS

CAMP SELECTION	WEEK 1 6/24-6/28	WEEK 2 7/1-7/5 *Closed 7/4	WEEK 3 7/8-7/12	WEEK 4 7/15-7/19	WEEK 5 7/22-7/26	WEEK 6 7/29-8/2	WEEK 7 8/5-8/9	WEEK 8 8/12-8/16	WEEK 9 8/19-8/23	WEEK 10 8/26-8/30
TRADITIONAL Ages 5-13										
JR Aquatics Ages 6-8										
WATER SPORTS Ages 9-13										
JR GYMNASTICS Ages 5-7										
GYMNASTICS Ages 8-13										
NINJAZONE Ages 6-11										
OUTDOOR ADVENTURE Ages 8-13										
CAMP CFP Ages 6-12										
CONSELOR IN TRAINING Ages 14&15										
SPORTS CAMP Ages 7-13										
EXTENDED CARE	AM:									
	PM:									

*CFP is DHS ineligible

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, 2024

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/financial-aid/> or stop by the YMCA and pick a form up at the Welcome Center. Send completed applications by email to kassiev@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