

Parent/Guardian Signature ___

2025 SUMMER CAMP REGISTRATION FORM

Date ____/___/___

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

Child's Name		Date of Rirth / /	Gender			
	City					
	ickup #1					
	_ Email					
	City					
	Phone# (w					
Parent/Guardian/Authorized P	ickup #2					
Date of Birth//	Email					
Address	City	State	Zip Code			
Phone# (cell)	Phone# (w	/ork)				
EMERGENCY CONTACTS: List reached.	2 other contacts who could be called during camp	p hours in case of illness or emer	gency if you cannot be			
	litional individuals authorized to pick up your chil	ld:				
Name	Phone Number Relationship					
		e Number Relationship				
WAIVER OF LIABILITY						
Please read carefully before sig	ning. By signing below, you understand and acce	ept all terms and conditions of thi	is application.			
 My child has permission to pait necessary. 	articipate in fill camp activities: l authorize emerg	jency medical treatment and tran	nsportation if the YMCA deems			
2. I understand that my child is may result in dismissal from (to abide by fill camp rules and treat other campe camp.	rs and staff with respect: failure	to comply with this standard			
3. I authorize camp staff who a	re trained in the basics of first aid and CPR to give	e my child first aid/CPR when app	oropriate.			
4. I give permission for my child	l to be photographed for YMCA promotional purp	oses.				
PLEASE CHECK: YES	NO					
County YMCA, and represent the to participate in the camp, there or other damage, which may be	a parent guardian of the applicant, I hereby grant nat my child is physically able to participate in car eby release the Newport County YMCA, it employ e sustained by the child during attendance at cam of the above parties responsible in this respect.	mp activities. In consideration of yees, and officers from all claims	the applicant's being allowed resulting from illness, injuries,			



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Newport County YMCA

MEDICAL HISTORY I have attached a copy of my child's immunization records (required). CHECK: \Box YES \Box 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): 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. If your child does not attend camp by Tuesday each week, without notification to katieb@newportymca.org, they will be removed from any remaining registered camp weeks. **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/Guardian Signature Date / /

CAMP REGISTRATION

CAMP SELECTION	Week 1: 6/23–6/27	Week 2: 6/30–7/3	Week 3: 7/7–7/11	Week 4: 7/14–7/18	Week 5: 7/21–7/25	Week 6: 7/28–8/1	Week 7: 8/4–8/8	Week 8: 8/11–8/15	Week 9: 8/18–8/22	Week 10: 8/25–8/29
Traditional Ages 5-13										
Half-Day Camp Ages 8-13										
JR Aquatics Ages 6–8										
Water Sports Ages 9-13										
Jr Gymnastics Ages 5-7										
Gymnastics Ages 8-12										
NinjaZone Ages 6-11										
Outdoor Adventure Ages 8-13										
Camp CFP Ages 6-12										
Golf Camp Ages 6-13										
Rackets Camp Ages 4-14										
Counselor In Training Grades 8-9										
Camp Curious Minds Ages 7-11										
Race4Chase Ages 6-12										
Extended Care- AM										
Extended Care- 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, 2025

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

REGISTER ONLINE!



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