



YMCA – CAMP SPINDRIFT

2010 Summary Registration Form

We meet or exceed all Summer Camp regulations as required by the Massachusetts Department of Public Health.

UPDATED: 06102010RD

Child's Name: _____ Date of Birth _____ Sex: _____

Address: _____ Town: _____ Zip: _____

Telephone #: _____ YMCA Member? _____ Member #: _____

Please CIRCLE your choices		<i>JUNIOR CAMP</i>	<i>SENIOR GIRLS</i>	<i>SENIOR BOYS</i>	<i>HORSE RIDING</i>	<i>L.I.T</i>	<i>WATER COUNTRY CAMP</i>	<i>Extended Day</i>
		(CIRCLE DAYS ATTENDING) Deposit: \$10	(CIRCLE DAYS ATTENDING)\ Deposit: \$10	(CIRCLE DAYS ATTENDING) Deposit: \$10	Ages 7-14 Deposit: \$150	Ages 14-16 Deposit: \$40	Ages 12-16 Deposit: \$150	<7:30AM >5:30PM
6/14 – 6/18	PRE	M T W R F	M T W R F	M T W R F				ALL
6/21 – 6/25	1	M T W R F	M T W R F	M T W R F		ALL		ALL
6/28 – 7/2	2	M T W R F	M T W R F	M T W R F			ALL	ALL
7/5 – 7/9	3	M T W R F	M T W R F	M T W R F	ALL	ALL		ALL
7/12 – 7/16	4	M T W R F	M T W R F	M T W R F	ALL			ALL
7/19 – 7/23	5	M T W R F	M T W R F	M T W R F	ALL	ALL		ALL
7/26 – 7/30	6	M T W R F	M T W R F	M T W R F	ALL			ALL
8/2 – 8/6	7	M T W R F	M T W R F	M T W R F	ALL	ALL		ALL
8/9 – 8/13	8	M T W R F	M T W R F	M T W R F	ALL			ALL
8/16 – 8/20	9	M T W R F	M T W R F	M T W R F	ALL	ALL		ALL
8/23 – 8/27	10	M T W R F	M T W R F	M T W R F	ALL			ALL
8/30 – 9/3	11	M T W R F	M T W R F	M T W R F				ALL

TODAY'S REQUIRED PAYMENTS: One-Time \$25 Registration Fee (once per camper per summer) & Deposit required to reserve a spot in each session

DAILY TRANSPORTATION: PARENT BUS (\$30/wk) XCARE (\$30/wk)

IN ACCORDANCE WITH MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH REGULATIONS: NO CHILD MAY ATTEND CAMP WITHOUT COMPLETED IMMUNIZATION/HEALTH HISTORY FORMS ON SITE. FAILURE TO SUBMIT THE ATTACHED FORMS WILL CAUSE CHILD TO BE EXCUSED FROM CAMP. NO REFUNDS WILL BE GIVEN.

TEXT BOX FOR YMCA / SPINDRIFT STAFF USE ONLY:

DATE OF REG: _____ DEPOSIT TAKEN: \$ _____ RECEIPT NUMBER: _____ STAFF INITIALS: _____

NOTES: _____

REQUIRED DOCUMENTATION IN FILE:

CAMP ADMINISTRATION NOTES:

Immunizations _____
 Transportation Choice _____
 General Info Form _____
 Physician's Medical Form _____

Allergies _____
 Medications _____
 Restrictions _____
 Transportation Plan _____
 Other _____



2010 CAMP SPINDRIFT ENROLLMENT PACKET (1 of 5)
REGISTRATION INFORMATION

CAPE ANN YMCA
 Tel 978.283.0470
 Fax 978.283.3114

Camper Name _____ Sex _____ Date of Birth _____

Home Address _____

Home Telephone _____ Family Email _____

CUSTODIAL PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____ Relationship to child _____

Parent/Guardian Name _____ Relationship to child _____

Home Address _____ if same as child, please write "same"

Home Address _____ if same as child, please write "same"

Home Phone Number _____ if same as child, please write "same"

Home Phone Number _____ if same as child, please write "same"

Business Name & Address _____

Business Name & Address _____

Work Phone Number _____

Work Phone Number _____

Cell/Pager Number _____

Cell/Pager Number _____

TRANSPORTATION

My child will arrive at the program by:

Parent/Guardian Drop Off

Unsupervised walk to the YMCA Camp Spindrift

Program Bus* Stop _____

AM Extended Care Drop Off Time: _____

My child will depart from the program by:

Parent/Guardian Pick Up

Unsupervised walk from the YMCA Camp Spindrift

Program Bus* Stop _____

PM Extended Care Pick Up Time: _____

I give permission for my child to be dropped off at his/her bus stop if an authorized adult is not present.

(If you do not authorize this, and an adult is not present, your child will be dropped off at the Cape Ann YMCA)

I give permission for my child to be released from the program at the end of the day as stated above and/or I give permission to the following people to receive my child at the end of the day.

(If no one is authorized, please indicate below by writing "no one.")

Name _____ Address _____ Relationship to child _____ Home phone _____ Work phone _____ Cell Phone _____

Name _____ Address _____ Relationship to child _____ Home phone _____ Work phone _____ Cell Phone _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

 Parent/Guardian Signature

 Date



2010 CAMP SPINDRIFT ENROLLMENT PACKET (2 of 5)
GENERAL INFORMATION

CAPE ANN YMCA
 Tel 978.283.0470
 Fax 978.283.3114

Camper Name _____ Sex _____ Date of Birth _____

PEDIATRICIAN OR SOURCE OF HEALTH CARE

 Doctor's Name Address Phone

 List Allergies/Special Diets/Chronic Health Conditions/Special Limitations...If there are no conditions, please write "none."

 Please list any medications currently being taken.

MEDICAL EMERGENCY TREATMENT

I hereby give the YMCA Camp Spindrift permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

 Parent/Guardian Signature Date

EMERGENCY CONTACT PERSON(S) – OTHER THAN PARENT(S)/GUARDIAN(S)

 Name Address Phone

 Name Address Phone

INSURANCE INFORMATION

 Company Name Policy Number

 Participating Hospital Special Instructions

OFF-SITE FIELD TRIP AUTHORIZATION (ONLY NEEDED IF ATTENDING SESSION 2 AND/OR 4)

I give permission for my child to participate in the organized, scheduled and advertised field trips away from Camp Spindrift. These trips include, but are not limited to: Canobie Lake Park (Week 5), Water Country (Week 8).

 Parent/Guardian Signature Date

PARENT HANDBOOK RECEIPT

I have received and reviewed the YMCA Camp Spindrift Parent Packet. I understand and agree to abide by the policies that have been established by the YMCA of the North Shore. These policies include:

- | | | | |
|----------------------------|---------------------|--------------------------|--------------------|
| Attendance Policy | Late Pick-up Policy | Inclement Weather Policy | Health Care Policy |
| Medication/Administration | Transportation | Behavior Management | Substance Abuse |
| Termination and Suspension | Fee Payment | | |

 Parent/Guardian Signature Date



2010 CAMP SPINDRIFT ENROLLMENT PACKET (3 of 5)
PARENTAL INFORMATION SHEET

CAPE ANN YMCA
Tel 978.283.0470
Fax 978.283.3114

Camper Name _____ Sex _____ Date of Birth _____

We appreciate you placing your trust in us to care for your child this summer. We place the utmost importance upon each child's safety, well-being and overall camp experience.

Please help us by taking a few minutes to share your insights about your child. By doing so, please recognize any information provided on this sheet may be shared with members of the YMCA Camp Spindrift Staff Team.

What should we know specifically about your child so we can provide the best of care?

What would you most like for your child to accomplish this summer at Camp Spindrift?

What would your child like to most accomplish this summer at Camp Spindrift?



2010 CAMP SPINDRIFT ENROLLMENT PACKET (5 of 5)
PHYSICIAN'S MEDICAL FORM

(Physician's own form may be used, providing all information is included)

CAPE ANN YMCA
 Tel 978.283.0470
 Fax 978.283.3114

Camper Name _____ Sex _____ Date of Birth _____

TO BE COMPLETED BY A PHYSICIAN:

Has the child/adolescent ever had:

Frequent ear infections	Yes	No	Pneumonia	Yes	No
Bronchitis	Yes	No	Surgery	Yes	No
Kidney problems	Yes	No	Hospitalization	Yes	No
Heart problems	Yes	No	Broken bones	Yes	No
Convulsions	Yes	No	Chicken pox	Yes	No

If you answered "Yes" to any of the questions above, please explain:

Please list any medications the child takes on a regular basis: _____

Allergies _____

Primary Care Physician _____ Phone _____

Address _____

Date of last physical _____ Ht _____ WT _____ HC _____ BP _____

Abnormal Findings _____ None _____ Finding _____

Hearing _____ Vision _____ Restrictions to normal activity Yes No

Comments _____

Special Notice, i.e. Medic Alert _____

Immunizations & Dates:

DPT DT Td	MMR	Last TB Date	Type _____
1.	1.	_____	Result _____
2.	2.	Last Lead Date	Result _____
3.		_____	
4.			
5.	HepB		
	1 2 3	Last Hgh/Hct Date	Result _____
Polio: Oral Inactive		_____	
1.			
2.	Hib		
3.	1 2		
4.	3 4		Result _____
5.			
	Flu _____	Varicella _____	

Physician's Signature _____ Date _____

The Department of Public Health's Camping Regulations require that all campers and staff members be immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, and rubella. This sheet must include the month, year, and type of immunization or occurrence of clinical disease. Exemptions are allowed for religious or medical reasons. Camp Director must ensure that each camper and staff member meets the Massachusetts immunization requirements before admittance to camp.