



YMCA & YWCA of Greater Bangor
Hammond Street Location
127 Hammond St., Bangor, ME 04401
(207) 941-2815 Fax: (207) 941-2819



CAMP REGISTRATION FORM

eliminating racism
empowering women
ywca

YMCA & YWCA of Greater Bangor
Second Street Location
17 Second St., Bangor, ME 04401
(207) 941-2808 Fax: (207) 941-2812

CHILD INFORMATION - Please Print			
Camp Attending (please check): ()Camp Molly ()Travel Camp ()Kiddie Camp ()Camp Webber ()Camp Emerson			
Last Name	First Name	Middle Initial	Date of Birth
Street Address			Age
Home Phone ()		How did you hear about camp?	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

PARENT OR GUARDIAN INFORMATION - Please Print		
Name		Relationship to Child
Address		E-Mail Address
Home Phone ()	Cell Phone ()	Work Phone ()
Name of Employer	Business Address	
Name		Relationship to Child
Address		E-Mail Address
Home Phone ()	Cell Phone ()	Work Phone ()
Name of Employer	Business Address	
Do custody arrangements exist? ()Yes ()No If yes, please explain and attach supporting documents:		

Special Requests:

DOWNEAST SCHOOL TRANSPORTATION CONSENT	
Do you wish for your child to be transported from Downeast school? ()Yes ()No If you checked yes, please read and sign below.	
I give permission for the Bangor Y Summer Camps to transport my child to and/or from the Downeast School and the YWCA Bangor-Brewer or the Bangor YMCA. By signing below I agree my child needs transportation Monday-Friday both morning and afternoon. Transportation will be provided by Cyr Bus or the Bangor Y. I understand bus pickup for Camp Molly is approximately 7:30am and drop off at approximately 5:00pm at the school. I understand bus pick up for Camps Webber, Emerson & Travel is at approximately 7:30am and drop off at approximately 4:30pm. I understand the Bangor Y will not provide staff supervision on the bus or at the Downeast School. I will not hold the Bangor Y, its officials or employees responsible for any injury to my child resulting from this transportation.	
Camp of Enrollment ()Camp Molly ()Travel Camp ()Camp Emerson ()Camp Webber	
Weeks Enrolled () June 16-20 () June 23-27 () June 30-July 3 () July 7-11 () July 14-18 () July 21-25 () July 28-Aug 1 () Aug 4-8 () Aug 11-15 () Aug 18-22 () Aug 25-29 Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10 Week 11	
Parent/Guardian Signature	Date

CONSENTS & AUTHORIZATIONS

I give permission for my child to have his/her personal sunscreen applied when needed ()Yes ()No Parent Initials: _____

I give permission for my child to have his/her personal bug spray applied when needed ()Yes ()No Parent Initials: _____

I understand that my child may participate in field trips sponsored by the Bangor Y Summer Camp Program. Transportation is provided by the Bangor Y. I understand I will be notified at least one day in advance of planned field trips. I understand that occasional unplanned walking expeditions may happen at which time I may or may not be notified in advance. I will not hold the Bangor Y, its officials or employees responsible for injury resulting from transportation to and from camp field trips.

Parent/Guardian Signature: _____ Date: ____/____/____

I give the Bangor Y permission to publish my child's likeness for the purpose of promoting the Bangor Y. ()Yes ()No Parent Initials: _____

In the event I am unavailable to give prior consent, I authorize the staff of the Bangor Y to provide emergency transportation and to consent to emergency medical treatment for my child. I will not hold the Bangor Y responsible for the consequences of the reasonable exercise of the authority, so long as such employees act in good faith with the best interest of my child in mind. I hereby consent to any proper standard treatment by a duly licensed, accredited physician or hospital which they may judge to be necessary for the health and well-being of my child. I will not hold such hospital or physician responsible for the consequences of accepting my child for emergency treatment on the basis of the authorization with the informed consent of a professional employee of the Bangor Y who will show this authorization to whomever provides treatment.

Parent/Guardian Signature: _____ Date: ____/____/____

ROPES COURSE WAIVER - Camps Molly, Emerson & Webber only

I understand there are certain physical hazards involved in the above activity. I acknowledge that, although the Bangor Y reserves the right to discourage or prohibit my child from participating in any activity, the Bangor Y has no responsibility to inform me of the risks of my child participating. I freely and knowingly assume the risk of personal injury or other damage associated with my child's participation in the ropes course.

I hereby waive & personally release and hold harmless the Bangor Y, its agents and employees from any liability with respect to all claims of any kind I might assert from participation in the above stated activity. I have read this release and fully understand its terms. I understand my child may not participate in the ropes course without my signature. This release cannot be modified orally.

Parent/Guardian Signature: _____ Date: ____/____/____

HORSEBACK RIDING WAIVER - Camp Emerson only

I agree to assume all risks involved in any horse related activity my child participates in, including but not limited to: the risk of property damage, fall, kicks, bites, collisions with vehicles, horses or stationary objects or any other personal bodily injury, physical harm to the horse, rider or spectators. In consideration, therefor, riding horses or visiting Coldbrook Equestrian Center located on Coldbrook Road, Hampden, ME for any reason, the undersigned does hereby agree to hold harmless liable or responsible for accident, damage, theft or illness to the undersigned or to any family member or spectator accompanying the undersigned on premises. All participants must wear long pants and riding boots. Boots will be provided.

Parent/Guardian Signature: _____ Date: ____/____/____

CLIMBING GYM WAIVER

The participant assumes any and all risks of injury, illness, damage or losses arising out of his/her presence on or about the premises, or his/her intended use of the equipment or facilities, or his/her participation in the activities of the Bangor Y, on or about the premises, and does here by himself/herself, his/hers heirs, executors, and administrators, forever waive, release, and agree to hold free from all claims for damages, the Bangor Y and its respective officers, directors, Board of Managers, members, employees and agents. The participant, and if appropriate, his/her parent or guardian, authorizes treatment of the participant by a licensed medical doctor in the event of an emergency. I have read and agree to be bound to these terms.

Parent/Guardian Signature: _____ Date: ____/____/____

CAMP REGISTRATION FORM - Page 3

INFORMATION SHEET			
Child's Last Name	First Name	Date of Birth	
Street Address			Home Phone
Mother's Name	Work Number		Cell Phone
Fathers Name	Work Number		Cell Phone
Alternate Emergency Contact Persons:			
Last Name	First Name	Relationship to Child	Phone
Last Name	First Name	Relationship to Child	Phone
Persons Authorized to pick up child: Children will not under any circumstance be released to any persons without the written consent by the child's custodial parent/guardian. (Written consent is requested, even if listed below.) List persons authorized to pick up from the program. (Persons must be 18+ years of age with I.D.)			
Last Name	First Name	Relationship to Child	Phone
Last Name	First Name	Relationship to Child	Phone
Last Name	First Name	Relationship to Child	Phone
Medical conditions which may require special awareness such as allergies, asthma, epilepsy, etc. Please list:			
Child's Doctor		Phone Number	
Child's Dentist		Phone Number	
I approve of my child using his/her own bug spray. ()Yes ()No			
I approve of my child using his/her own sunscreen. ()Yes ()No			
I allow my child's photo to be used for Bangor Y marketing purposes. ()Yes ()No			
I allow my child's name to be included with this photo. ()Yes ()No			

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CAMP REGISTRATION FORM

MEDICAL HISTORY AND IMMUNIZATION FORM

(to be completed by child's Parent/Guardian and Physician before child can register for camp)

CHILD'S PERSONAL INFORMATION - Please Print - to be filled out by Parent/Guardian		
Last Name	First Name	Middle Initial
Camp(s) Attending: <input type="checkbox"/> Camp Molly <input type="checkbox"/> Camp Emerson <input type="checkbox"/> Camp Webber <input type="checkbox"/> Kiddie Camp <input type="checkbox"/> Travel Camp		
Parent Name(s)		Home Phone Number

CHILD'S MEDICAL INFORMATION - Please Print - to be filled out by Parent/Guardian	
Has the child been hospitalized previously? (please describe) <input type="checkbox"/> Yes <input type="checkbox"/> No	
List previous diseases/illnesses or medical conditions:	Any history of heart trouble in the family? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any allergies:	Any history of diabetes in the family? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any physical disabilities:	Any history of physical, mental or auditory delays? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any surgeries:	Should Activities Be Limited? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child under care of a doctor? (please describe) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last exam:

IMMUNIZATION RECORD - to be filled out by Physician or original record may be attached as replacement for this info.
DPT Dates:
TD/Tetanus Date(s):
Oral Polio Date:
Rubella (Measles) Date:
Mumps Date:
Rubella (German Measles) Date:
Varicella Date:
Pneumococcal Conjugate Date:
HIB Dates:
Hepatitis B Dates:

Signature of Physician/Agent:	
Office Address	Office Phone Number