



On-Site Registration Required

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BANGOR Y DAY CAMP REGISTRATION FORM

<b>Camper Information</b>				
Camp Attending: ( ) Camp G. Peirce Webber ( ) Kiddie Camp ( ) Adventure Camp				
Last Name	First Name	Date of Birth	Sex ( ) Male ( ) Female	Grade Entering in Fall
Street Address		Home Phone	Age	E-mail Address
Mother's/Guardian's Name	Name and Address of Employer		Work Phone	Cell Phone
Father's/Guardian's Name	Name and Address of Employer		Work Phone	Cell Phone
Do custody arrangements exist? ( ) Yes ( ) No If yes, please explain & attach supporting documents.			My child attends ( ) Public School ( ) Private School ( ) Homeschool	

<b>Emergency Contacts (persons other than parent/guardian to be called in the event of an emergency.)</b>			
Last Name	First Name	Relationship to Camper	Phone Number(s)
Last Name	First Name	Relationship to Camper	Phone Number(s)

I agree that all those listed above as emergency contacts as well as both parents/guardians may pick my child up from camp ( ) Yes ( ) No  
If no is checked, please list those not authorized: \_\_\_\_\_

<b>Pick-Up Authorization (persons other than parent authorized to pick camper up. Must be 18+ with valid ID)</b>			
Last Name	First Name	Relationship to Child	Phone Number(s)
Last Name	First Name	Relationship to Child	Phone Number(s)

<b>Camper's Medical Information</b> Please Note: Immunization records are needed for children not attending public or private school		
Has camper been previously hospitalized? ( ) Yes ( ) No (Please describe)		
List previous illnesses or medical conditions:	Any family history of heart trouble? ( ) Yes ( ) No	
List any allergies:	Any family history of diabetes? ( ) Yes ( ) No	
List any surgeries or physical disabilities:	Any physical, mental or auditory delays? ( ) Yes ( ) No	
Is the child currently under the care of a Dr? ( ) Yes ( ) No Please describe	Should activities be limited? ( ) Yes ( ) No	Date of last exam:

<b>Consents and Authorizations</b>	
I approve of my child using his/her own bug spray ( ) Yes ( ) No	I approve of my child using his/her own sun screen ( ) Yes ( ) No
I approve the use of my child's photo or video for Bangor Y marketing purposes. I understand that my child's name will not be included without additional parent consent. ( ) 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 that 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 liable for injury resulting from transportation to and from camp field trips.	
Parent/Guardian Signature: _____ Date: ____/____/____	

## Consents and Authorizations

### SWIMMING/WATER ACTIVITIES PERMISSION

I understand there are certain hazards involved in participation in swimming/water activities. I assume the risk of possible injury or other damages associated with my child's participation in swimming/water activities. I hereby waive 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 water activities. I have read this release and fully understand its terms. I understand that my child may not participate in swimming/water activities without my signature. This release cannot be modified orally.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ROPES COURSE PERMISSION

I understand there are physical hazards involved in ropes course activities. I acknowledge that, although the Bangor Y reserves the right to discourage/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 assume the risk of personal injury or other damage associated with my child's participation in the ropes course. I waive and 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 this activity. I understand my child may not participate in the ropes course without my signature.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### MEDICAL EMERGENCIES WAIVER

In the event I am unavailable to give prior consent, I authorize Bangor Y staff 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 necessary for the well-being of my child. I will not hold such hospital or physician responsible for the consequences of accepting my child for emergency treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Downeast School Transportation Consent (Camp G. Peirce Webber Only)

Do you wish for your camper to be transported from the Downeast School? ( )Yes ( )No

If you have checked yes, please read and sign below:

I give permission for the Bangor Y to transport my child to and from Downeast School (100 Moosehead Blvd, Bangor) and the Bangor Y. By signing below I agree my child needs transportation Monday-Friday both morning and afternoon. Transportation will be provided by Cyr Bus. I understand pick up is no later than 7:45am and drop off is no earlier than 4:15pm. 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Fee Payment Policy

The amount of \$\_\_\_\_\_ will be charged per week for summer camp services provided by the Bangor Y. Fees are due the Friday prior to the week attending.

Fees are based on enrollment, not on attendance. Fees must be paid during an absence of a child due to illness, vacations, holidays, storm days or other reasons. A \$25 per week deposit is required for each week of camp unless you choose the bank draft option. However, there will be a cancellation fee of \$25 per week if the bank draft or registration is cancelled. All deposits paid are non-refundable and non-transferable.

Any changes to my campers registration must be discussed with the Camp Director.

A late fee of \$20 will be charged when a payment is past due. This fee is due immediately. Should payment be past due and arrangements have not been made with the camp director, we have the right to restrict the child from further attendance. In addition to any and all legal remedies in respect to non-payment of tuition.

Campers picked up after the program has ended will be charged a late pick up fee of \$10.00

In the event that my child leaves the program, I am responsible for paying all balances due prior to the last day of my child's attendance to the program.

I have read or had read to me the Fee Policy Agreement and understand and accept its terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_