

# CAMP REGISTRATION FORM

Hammond Street Location  
 127 Hammond St., Bangor, ME 04401  
 (207) 941-2815 Fax: (207) 941-2819



Second Street Location  
 17 Second St., Bangor, ME 04401  
 (207) 941-2808 Fax: (207) 941-2812

## REGISTRATION INFORMATION

**Registration for Members and Childcare participants begins on  
 Wednesday, April 1, 2009 at 7:00am.  
 Public registration begins on Saturday, April 4, 2009 at 8:00am.**

A \$25 non-refundable and non-transferable deposit is required for registration for each week of camp. Full payment for each week is due by Wednesday, two weeks prior to the registered week of camp. Campers must be paid in full to attend camp. All registrations received after August 1, 2009 will need to be paid in full at the time of registration. **Registrations will not be accepted after 6:00pm on the Thursday prior to the start of each week.** Register early to ensure that your child can attend all weeks desired, **changes to registration must be submitted in writing no later than June 1, 2009.**

**Registration packets and immunization forms must be submitted at the time of registration.**

## CHILD INFORMATION - Please Print

Camp Attending (please check):				
<input type="checkbox"/> Camp Molly	<input type="checkbox"/> Travel Camp	<input type="checkbox"/> Kiddie Camp	<input type="checkbox"/> Camp Peirce Webber	
Last Name	First Name	Middle Initial	Date of Birth	Age
Street Address			Grade Entering In Fall	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and attach supporting documents:			

Special Requests:

# DOWNEAST SCHOOL TRANSPORTATION

The Bangor Y summer camps provide transportation **to and from the Downeast School to both Bangor Y locations for those who live in the neighborhoods surrounding the Downeast School. Written permission is required.**

ALL children will then be transported from the Bangor Y to the respective summer camps.

Please understand that **THE BANGOR Y DOES NOT PROVIDE SUPERVISION AT THE DOWNEAST SCHOOL FOR PICK-UP OR DROP-OFF. PARENTS ARE RESPONSIBLE** to see that their children board the bus safely, and meet the bus at the proper time when it returns from camp.

When written consent is given to transport to and from Downeast School, the child will be transported Monday through Friday for each week of camp that the child is registered.

## 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 from the 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 bus pickup for Camp Molly is approximately 7:30am and drop off at approximately 4:45pm at the school. I understand bus pick up for Camps Peirce Webber and 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 Peirce Webber

### Weeks Enrolled:

( )June 22-26 ( )June 29-July 3 ( )July 6-10 ( )July 13-17 ( )July 20-24 ( )July 27-31 ( )Aug 3-7 ( )Aug 10-14 ( )Aug 17-21 ( )Aug 24-28  
Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10

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

## CONSENTS & AUTHORIZATIONS

I give permission for my child to have sunscreen applied when needed.

( )Yes ( )No Parent Initials: \_\_\_\_\_

I give permission for my child to have bug spray applied when needed.

( )Yes ( )No Parent Initials: \_\_\_\_\_

I give the Bangor Y permission to publish my child's likeness for the purpose of promoting the Bangor Y.

( )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 responsible for injury resulting from transportation to and from camp field trips.

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

### MEDICAL EMERGENCY WAIVER

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

### SWIM / WATER ACTIVITIES PERMISSION

I understand there are certain hazards involved in participation in swimming/water activities. I freely and knowingly assume the risk of possible injury or other damages associated with my child's participation in swimming/water activities. I hereby 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 swimming/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 WAIVER - Camps Molly & Peirce 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 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 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 Peirce Webber (Emerson Program) 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, falls, 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, therefore, riding horses or visiting Coldbrook Equestrian Center located on Coldbrook Road, Hampden, Maine 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

<b>INFORMATION SHEET</b>			
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
<b>Alternate Emergency Contact Persons:</b>			
Last Name	First Name	Relationship to Child	Phone
Last Name	First Name	Relationship to Child	Phone
<b>Persons Authorized to pick up child:</b> 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 bug spray.      ( )Yes      ( )No			
I approve of my child using 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 MEDICAL HISTORY AND IMMUNIZATION FORM

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

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

<b>CHILD'S MEDICAL INFORMATION - Please Print - to be filled out by Parent/Guardian</b>	
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:

<b>IMMUNIZATION RECORD - to be filled out by Physician or original record may be attached as replacement for this info.</b>
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