



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# THE BANGOR REGION YMCA CAMP G. PEIRCE WEBBER

## 2019 REGISTRATION FORM

Online Registration is Available! Visit [BangorYMCA.org](http://BangorYMCA.org)

Registration forms must be returned to the Bangor Region YMCA on 17 Second St. in Bangor.

**DEPOSIT IS REQUIRED:** To reserve your child's spot in our Day Camp, Specialty Camps, and Adventure Day Camp, a \$25 non-refundable deposit per week/session each camper is registered for must be paid at time of registration OR no later than Friday, June 7th. Payment plans are also available.

### DAY CAMP: CAMPERS ENTERING KINDERGARTEN – 6TH GRADE

Week	Dates	Themes	Bangor Region YMCA Member	Non-Member	Optional Transportation Services	Your Rate
1	June 24–28	Camp Spirit	\$175	\$185	\$20	\$
2	July 1–5	Holiday Week (Closed July 4th)	\$145	\$150	\$16	\$
3	July 8–12	Pirates	\$175	\$185	\$20	\$
4	July 15–19	Hawaiian	\$175	\$185	\$20	\$
5	July 22–26	Around the World	\$175	\$185	\$20	\$
6	July 29–August 2	Harry Potter	\$175	\$185	\$20	\$
7	August 5–9	Circus Week	\$175	\$185	\$20	\$
8	August 12–16	Superhero Week	\$175	\$185	\$20	\$
9	August 19–23	Color Wars	\$175	\$185	\$20	\$
<b>Camp G. Peirce Webber Total</b>						

### ADVENTURE DAY CAMP FOR YOUTH ENTERING 6TH–10TH GRADE

Session	Dates	Bangor Region YMCA Member	Non-Member	Optional Transportation Services	Your Rate
1	June 24–28	\$195	\$205	\$20	\$
2	July 1–5 (Closed July 4th)	\$160	\$170	\$16	\$
3	July 8–12	\$195	\$205	\$20	\$
4	July 15–19	\$195	\$205	\$20	\$
5	July 22–26	\$195	\$205	\$20	\$
6	July 29–August 2	\$195	\$205	\$20	\$
7	August 5–9	\$195	\$205	\$20	\$
8	August 12–16	\$195	\$205	\$20	\$
9	August 19–23	\$195	\$205	\$20	\$
<b>Adventure Day Camp Total</b>					

### SPECIALTY CAMPS

Camp	Dates	Rate	Optional Transportation Services	Your Rate
Archery	July 8 – 12	\$205	\$20	\$
Build It	July 15–19	\$350	\$20	\$
Art	July 22 – 26	\$250	\$20	\$
<b>Specialty Camp Total</b>				

### CALCULATE YOUR BALANCE

Program	Your Rate
Day Camp Subtotal	\$
Adventure Day Camp Subtotal	+ \$
Specialty Camp Subtotal	+ \$
<b>TOTAL FEES</b>	
\$25 deposit per week/session x _____ weeks/sessions to pay today	- \$
<b>REMAINING BALANCE</b>	



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## CAMPER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender  Male  Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade Entering in the Fall \_\_\_\_\_ Have you attended our camp before?  Yes  No

Will your child be participating in evening activities at the Bangor Region YMCA?  Yes  No

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (required) \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name & Address Of Employer \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name & Address Of Employer \_\_\_\_\_

My child attends  Public School  Private School  Home School

Do custody arrangements exist?  Yes  No If yes, please explain & attach supporting documents.

\_\_\_\_\_

## EMERGENCY CONTACTS

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship To Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship To Child \_\_\_\_\_ Phone Number \_\_\_\_\_

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: \_\_\_\_\_

## PICK-UP AUTHORIZATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship To Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship To Child \_\_\_\_\_ Phone Number \_\_\_\_\_



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## CAMPER'S SPECIAL NEEDS/MEDICAL INFORMATION

Your child's safety is our #1 priority. Please provide as much detailed information as possible regarding special needs and medication.

**A copy of the camper's current immunization record must be submitted to the Y prior to the camper's first day of camp.**

**It can be mailed to the Y, dropped off, or faxed to 207-941-2812, Attn: Jennifer Laferte-Carlson**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Has camper been previously hospitalized?  Yes  No If yes, please describe: \_\_\_\_\_

Identify any medical or emotional illness or disorder that could affect the child's functional ability to participate safely: \_\_\_\_\_

Should Activities be limited?  Yes  No  None

If yes, please describe: \_\_\_\_\_

Is the camper on a special diet?  Yes  No If yes, explain: \_\_\_\_\_

List any previous illnesses or medical conditions: \_\_\_\_\_

Is the camper taking prescription medication on a daily basis for an illness/condition?  Yes  No

If yes, how long have they been taking this medication? \_\_\_\_\_

If medication will be dispensed at camp, a self-administered or staff-administered form must be completed. Directions on how to administer must also be submitted and all medication must be kept in their original container.

Is the Camper allergic to:  Medication  Bees  Food  Other \_\_\_\_\_  None

If yes, please explain & note if any medication is needed: \_\_\_\_\_

Does the camper have:  Asthma  Diabetes  Seizures

If yes, please explain & note if any medication is needed: \_\_\_\_\_

## DOCTOR/DENTIST CONTACT INFORMATION

Physician's Name \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Specialist's Name \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Address \_\_\_\_\_

FOR STAFF USE ONLY: Entered in DAXKO by \_\_\_\_\_

Checked by \_\_\_\_\_



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# THE BANGOR REGION YMCA CAMP G. PEIRCE WEBBER

## HOW DID YOU HEAR ABOUT THE BANGOR REGION YMCA CAMP G. PEIRCE WEBBER?

Please check one and use the line below to write the name/place if applicable.

- Friend, Who? \_\_\_\_\_  Alumni, Who? \_\_\_\_\_  Internet, Where? \_\_\_\_\_
- Camp Fair, Where? \_\_\_\_\_  Newspaper/Magazine, Which? \_\_\_\_\_
- School, Which? \_\_\_\_\_  Brochure  TV  Radio  Other \_\_\_\_\_

## CONSENTS AND AUTHORIZATION

I approve of my child using his/her own:

Bug Spray  Yes  No Sun Screen  Yes  No

Parent/Guardian Initials: \_\_\_\_\_

I approve the use of my child's photo or video for Bangor Region YMCA marketing purposes. I understand that my child's name will not be included without additional parental/guardian consent.

Yes  No Parent/Guardian Initials: \_\_\_\_\_

## 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 Region YMCA, 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.

\_\_\_\_\_  
Signature of Parent/Guardian Date

## ROPES COURSE/ZIP LINE PERMISSION

I understand there are physical hazards involved in ropes course activities. I acknowledge that, although the Bangor Region YMCA reserves the right to discourage/prohibit my child from participating in any activity, the Bangor Region YMCA 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 Region YMCA, 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/zip line without my signature.

\_\_\_\_\_  
Signature of Parent/Guardian Date

## MEDICAL EMERGENCIES WAIVER

In the event I am unavailable to give prior consent, I authorize Bangor Region YMCA staff to provide emergency transportation and seek emergency medical treatment for my child. I will not hold the Bangor Region YMCA 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 for the well-being of my child.

\_\_\_\_\_  
Signature of Parent/Guardian Date

## OPTIONAL TRANSPORTATION SERVICE

### THIS SERVICE MAY BE CANCELLED DUE TO INSUFFICIENT NEED

Due to the high cost of this service, it is imperative that we charge for bus transportation. We chose to do this and give people the option rather than to increase our weekly camp price. If you wish for this service, there will be a weekly fee of \$20 per child.

Does your child need to be transported to/from the Bangor Region YMCA and

Camp G. Peirce Webber?  Yes  No

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

I will not hold the Bangor Region YMCA, its officials or employees responsible for any injury to my child resulting from this transportation.

\_\_\_\_\_  
Signature of Parent/Guardian Date

## FEE PAYMENT POLICY

The amount of \$\_\_\_\_\_ will be charged per week for summer camp services provided by the Bangor Region YMCA. Fees must be paid in full at time of registration or by scheduled bank draft; drafting from either saving/checking account or VISA/MasterCard credit/debit card. If the bank draft option is chosen, a \$25 non-refundable deposit per week per camper must be paid at time of registration or paid in full no later than Friday, June 8th, to reserve the camper's spot. The remaining balance for each week the camper is attending must be drafted no later than the Monday prior to the week attending.

Fees are based on enrollment, not attendance. Our desire is to enable every child who wants to come to camp the opportunity to do so. Unfortunately, we fill our allotted camper spots early and have to implement a waiting list. Due to this popularity of our camp, we must enforce a strict cancellation policy. If you have to cancel your scheduled time at camp, in addition to our non-refundable deposit, you will be charged a cancellation fee based upon the following schedule:

1. Prior to 7 weeks before your scheduled camp week, your non-refundable deposit only is applied.
2. Six weeks prior to your scheduled camp week, you will be charged 25% of your balance.
3. Four and Five weeks prior to your scheduled camp week, you will be charged 50% of your balance.
4. Two or Three weeks prior to your scheduled camp week, you will be charged 75% of your balance.
5. One week prior to your scheduled camp week, you will be charged in full.

The Bangor Region YMCA must be notified when a child will not be attending camp.

If a payment is returned after being drafted, a return payment fee of \$25 plus a late fee of \$20 will be charged for a total of \$45. These fees are due prior to your child attending camp as well as any additional registrations. Should payment be past due, 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.

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.

\_\_\_\_\_  
Signature of Parent/Guardian Date

FOR STAFF USE ONLY: Entered in DAXKO by \_\_\_\_\_  
Checked by \_\_\_\_\_