



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2021

THE BANGOR REGION YMCA CAMP G. PEIRCE WEBBER
REGISTRATION FORM
Online Registration is Available! Visit BangorYMCA.org

Revised 011921

Registration forms must be returned to The Bangor Region YMCA at 17 Second Street in Bangor.

DEPOSIT IS REQUIRED: A \$25 non-refundable deposit per week per camper must be paid at time of registration to reserve the camper's spot. The remaining balance for each week the camper is attending must be paid no later than the Monday prior to the week attending. All fees must be paid in full prior to participation in any programs. Fees may be paid by VISA/MasterCard/Discover or AMEX credit/debit card. Payment plans are also available.

OUR FAMILY WILL BE PAYING Tier 1 Tier 2 Tier 3

DAY CAMP: K - 6TH GRADERS

Session	Dates	CHOOSE WHAT YOU PAY!			OPTIONAL TRANSPORTATION SERVICES		Your Rate
		Tier 1	Tier 2	Tier 3	One Way	Round Trip	
1	June 21 - 25	\$249	\$229	\$219	\$30	\$45	\$
2	June 28 - July 2	\$249	\$229	\$219	\$30	\$45	\$
3	July 5 - 9	\$249	\$229	\$219	\$30	\$45	\$
4	July 12 - 16	\$249	\$229	\$219	\$30	\$45	\$
5	July 19 - 23	\$249	\$229	\$219	\$30	\$45	\$
6	July 26 - 30	\$249	\$229	\$219	\$30	\$45	\$
7	August 2 - 6	\$249	\$229	\$219	\$30	\$45	\$
8	August 9 - 13	\$249	\$229	\$219	\$30	\$45	\$
9	August 16 - 20	\$249	\$229	\$219	\$30	\$45	\$
Day Camp Total							\$

ADVENTURE DAY CAMP: 5TH - 10TH GRADERS

Session	Dates	CHOOSE WHAT YOU PAY!			OPTIONAL TRANSPORTATION SERVICES		Your Rate
		Tier 1	Tier 2	Tier 3	One Way	Round Trip	
1	June 21 - 25	\$269	\$249	\$239	\$30	\$45	\$
2	June 28 - July 2	\$269	\$249	\$239	\$30	\$45	\$
3	July 5 - 9	\$269	\$249	\$239	\$30	\$45	\$
4	July 12 - 16	\$269	\$249	\$239	\$30	\$45	\$
5	July 19 - 23	\$269	\$249	\$239	\$30	\$45	\$
6	July 26 - 30	\$269	\$249	\$239	\$30	\$45	\$
7	August 2 - 6	\$269	\$249	\$239	\$30	\$45	\$
8	August 9 - 13	\$269	\$249	\$239	\$30	\$45	\$
9	August 16 - 20	\$269	\$249	\$239	\$30	\$45	\$
Adventure Day Camp Total							\$

PAYMENT INFORMATION

\$25 deposit per session x _____ sessions = \$ _____ OR amount to pay today greater than required deposit \$ _____.

CHARGE TO: Visa MasterCard Discover AmEx

Card Number _____

Exp. Date _____ 3-4 Digit Code _____

Name on Card _____

Cardholder Address _____ City _____ State _____

I authorize the Bangor Region YMCA to charge any remaining balance on my family's camp invoice to the credit card listed above on the Monday prior to week attending.

Printed Name _____ Signature _____

CHECK ENCLOSED (Made payable to the Bangor Region YMCA)

CALCULATE YOUR BALANCE

Program		Your Rate
Day Camp Subtotal		\$
Adventure Day Camp Subtotal	+	\$
TOTAL FEES		
\$25 deposit per session x _____ sessions to pay today	-	\$
REMAINING BALANCE		\$

THE BANGOR REGION YMCA
17 Second Street, Bangor ME 04401
207 941 2808 • BangorYMCA.org



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THE BANGOR REGION YMCA CAMP G. PEIRCE WEBBER

HELP SEND A CHILD TO CAMP! OUR KIDS NEED CAMP MORE THIS SUMMER THAN EVER BEFORE AFTER A DIFFICULT SCHOOL YEAR. PLEASE HELP SEND A CHILD TO CAMP WHOSE FAMILY'S FINANCES MAY NOT ENABLE THEM TO ATTEND.

The Bangor Region YMCA is a 501(c)3 charitable organization. 100% of your tax-deductible contribution goes directly toward camp financial assistance, allowing children to attend summer camp regardless of their ability to pay. Will you consider helping to send a kid to camp?

Yes, I would like to help send a child to camp. **GIFT AMOUNT: \$_____ THANK YOU!**

CAMPER INFORMATION

Last Name _____ First Name _____ Gender M F U

Race (check all that apply) Asian/Pacific Islander African American/Black Alaskan Native Hispanic
 Native American Other Unspecified Caucasian/White

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 _____

PParent/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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Checked by _____



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THE BANGOR REGION YMCA CAMP G. PEIRCE WEBBER

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, faxed to 207-941-2812, or emailed to CPW@bangorY.org.

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 _____

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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 \$30 per child one way OR \$45 per child round trip (both ways).

Does your child need to be transported to/from the Bangor Region YMCA and Camp G. Peirce Webber? No

Yes, from Y to Camp (Morning, \$30)

Yes, from Camp to Y (Afternoon, \$30)

Yes, to/from Y and Camp (Morning & Afternoon, \$45)

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

DEPOSIT IS REQUIRED: A \$25 non-refundable deposit per week per camper must be paid at time of registration to reserve the camper's spot.

The remaining balance for each week the camper is attending must be paid no later than the Monday prior to the week attending. All fees must be paid in full prior to participation in any programs. Fees may be paid by VISA/MasterCard/Discover or AMEX credit/debit card. Payment plans are also available.

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:

- If you cancel before June 1st,** only your non-refundable deposit will be applied.
- If you cancel June 1st or after,** you will be required to pay 50% of the program fees.
- If you cancel less than 1 week before program start,** you will be required to pay 100% of the program fees.

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 CampBrain by _____

Checked by _____