



Greater Lowell Family YMCA
YMCA Camp Massapoag
2010 CAMPER REGISTRATION FORM

All pages to be completed and signed by parent or guardian

Office Use Only	
<input type="checkbox"/> HFA	<input type="checkbox"/> HFB
<input type="checkbox"/> Full	<input type="checkbox"/> Prog.
<input type="checkbox"/> Confirm _____	
<input type="checkbox"/> Pay Hist	

Please PRINT CLEARLY

Camper Name: _____ Male Female

Street: _____ Birthdate: ____/____/____

Town: _____ State: _____ Zip: _____ Age by 6/21/10: _____

Phone: _____ This is my _____ year at YMCA Camp Massapoag

Ethnic Background: African American Caucasian Hispanic/Latino Asian Other _____

Mother/Guardian 1: _____

Address (if different from camper): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Pager: _____

Father/Guardian 2: _____

Address (if different from camper): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Pager: _____

Additional Camper Release Individuals: In addition to the above names, the following people are allowed to pick up my child from camp, the YMCA or a bus stop and/or may be called in case of emergency if I am unable to be contacted:

Other Adults:	Relationship to camper:	Telephone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

YMCA Membership is required to participate in YMCA programs including camp. All memberships are renewable at time of summer camp registration unless the expiration date is after September 1, 2010 or is paid by draft.

<p>Re-registering Members: Please indicate which type of membership this camper has:</p> <p><input type="checkbox"/> Full Family Membership (cost \$600+ per year)</p> <p><input type="checkbox"/> Full Youth Membership (cost \$120 per year)</p> <p><input type="checkbox"/> Program Member (cost \$25 per year)</p>	<p>New Members: Please indicate which type of membership you want for this camper:</p> <p><input type="checkbox"/> Full Youth Membership (cost \$120 per year)</p> <p><input type="checkbox"/> Program Member (cost \$25 per year)</p>
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Parent Signature: _____ Date: _____



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Camper Name: _____

2010 Permission Form Please put your initials next to each item.

_____ **Emergency Medical Care:** I hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

_____ **Swimming:** I hereby give permission for my child to participate in recreational and instructional swimming as part of the YMCA Camp Massapoag program. I understand all campers are swim tested for comfort and ability on their first day at camp and will be assigned to appropriate swimming areas.

_____ **Camp Activities:** I hereby give permission for my child to participate in all planned YMCA Camp Massapoag programs except as noted on the next page.

_____ **Photographic Release:** I hereby give permission for my child's image, photograph, video tape or other reproduction to be taken and used by the YMCA to promote or advertise the YMCA and its programs.

_____ **Lost, Broken or Stolen Items:** I understand that toys, games or other items of value are not to be brought to camp. I am aware that YMCA Camp Massapoag will not be held responsible for lost, broken or stolen items brought from home.

_____ **Health Form and Waiver:** I agree to waive and release any and all claims I may have arising from camp activities including personal injury or property damage against YMCA Camp Massapoag, their agents, employees or attorneys. I am aware that a Health History Form and Immunization Record, signed by a doctor, are required before my child can attend camp.

_____ **Sunscreen:** I am aware that it is my responsibility to apply sunscreen to my child before camp. My child will be encouraged to apply sunscreen, provided by me, throughout the day.

Scamper Campers, age 5 ONLY:

_____ **Sunscreen** I will send a container of sunscreen to camp with my child. I give permission for a camp staff person to apply sunscreen to my child throughout the day.

Health History, Medical Exam, Medications

- ❖ I/we understand that State Law requires each camper to have a health physical within 24 months of attending camp. A copy of this exam including an immunization record and signed by a doctor, must be on file in the camp office before the child will be allowed to attend camp.
- ❖ I/we will also complete a Health History Form before the child will be allowed to attend camp.
- ❖ Any medications to be administered at camp will come to camp in the original container with instructions.

Registration and Payment: To register, mail this completed form with your \$35 Registration Fee, \$50 Deposit per session, and Membership Fee to:

YMCA Camp Massapoag
P.O. Box 153
Dunstable, MA 01827

NOTE: Balance of camp payment is due two weeks before camper's first day at camp.

Signature of Parent/Guardian _____ Date _____



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Camper Name _____

Age _____

Help us enhance your camper's experience by answering the following questions:

Does your camper have any concerns regarding camp? yes no If yes, what are his/her concerns?

Do you, as parents & guardians have any concerns regarding camp? yes no If yes, what are your concerns?

Are there any activities in which your child's participation must be encouraged? yes no If yes, what activities?

Are there any activities in which your child's participation must be limited? yes no If yes, what activities?

Do the child's parents live together? yes no

If no, is there a custody agreement or restrictions on parental contact? yes no

If yes, please attach a copy of the custody agreement or explain here:

Are there any siblings at camp? yes no If yes, list names: _____

Name of one camper this camper would like to be placed with: _____

Camper Fees (ages 5 – 12):

\$175 per week for Full YMCA Youth or Family Members

\$215 per week for Program Members

Theme Camps Fees (ages 8 – 12)

See 2009 Registration book for fees

Pioneer Camp Fees (ages 13 & 14):

\$275 per 2 week session for Full YMCA Youth or Family Members

\$315 per 2 week session for Program Members

CIT Fees (ages 14 & 15):

\$360 per 3 week session for Full Members

\$400 per 3 week session for Program Members

Membership Fee:

Full Youth Membership: \$120.00 per year

Program Membership: \$25.00 per year

Registration Fee:

\$35 per camper

Deposit: \$50 per session due with this completed form. Balance of payment is due 2 weeks before camper arrives at camp.

NOTE: Deposit and fees are non-refundable.

How did you hear about us?

Check all that apply:

I am a Returning Camper

The YMCA Website

Newspaper advertisement

School or school flyer

Recruited/Referred by a camper
(please put camper's name here):

Other:



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2010 SUMMER CAMP SCHEDULE FORM

Please check the appropriate boxes to show which weeks or sessions this camper will attend and which Bus Stop / Extended Care / Drop Off option you need for AM and PM.

Camper Name _____

BUS STOP

(Ages 5-12 years)	(Ages 8-12 years)	(Ages 13-14 years)	(Ages 14-15 years)
DAY CAMP	THEME CAMPS	PIONEERS	CIT
Week 1 June 21-25 <input type="checkbox"/>			Session 1 June 21-July 9 <input type="checkbox"/>
Week 2 June 28-July 2 <input type="checkbox"/>	Music & Drama June 28-July 9 <input type="checkbox"/>	Session 1 June 28-July 9 <input type="checkbox"/>	
Week 3 July 5-9 <input type="checkbox"/>			
Week 4 July 12-16 <input type="checkbox"/>	Sports & Games <input type="checkbox"/> July 12-16	Session 2 July 12-23 <input type="checkbox"/>	Session 2 July 12-30 <input type="checkbox"/>
Week 5 July 19-23 <input type="checkbox"/>	Water Fun <input type="checkbox"/> July 19-23		
Week 6 July 26-30 <input type="checkbox"/>	Environmental Arts <input type="checkbox"/> July 26-30	Session 3 July 26-August 6 <input type="checkbox"/>	Session 3 August 2-20 <input type="checkbox"/>
Week 7 August 2-6 <input type="checkbox"/>	Water Fun <input type="checkbox"/> August 2-6		
Week 8 August 9-13 <input type="checkbox"/>	Sports & Games <input type="checkbox"/> August 9-13	Session 4 August 9-20 <input type="checkbox"/>	
Week 9 August 16-20 <input type="checkbox"/>			
Week 10 August 23-27 <input type="checkbox"/>			

BUS STOP	AM	PM
A Treble Cove	<input type="checkbox"/>	<input type="checkbox"/>
B TJ Maxx Plaza	<input type="checkbox"/>	<input type="checkbox"/>
C Tyler Park	<input type="checkbox"/>	<input type="checkbox"/>
D Hannaford	<input type="checkbox"/>	<input type="checkbox"/>
E Norris Rd School	<input type="checkbox"/>	<input type="checkbox"/>
F Florence Roche	<input type="checkbox"/>	<input type="checkbox"/>
G Stadium Plaza	<input type="checkbox"/>	<input type="checkbox"/>
H McCarthy School	<input type="checkbox"/>	<input type="checkbox"/>
I Abbott School	<input type="checkbox"/>	<input type="checkbox"/>
J Rogers School	<input type="checkbox"/>	<input type="checkbox"/>

EXTENDED CARE

@ Lowell YMCA*

AM Care

PM Care

*Busing Included

@ Camp Massapoag*

AM Care

PM Care

*No Busing

DROP OFF/PICK UP

@ Camp Massapoag*

AM Drop Off

PM Pick Up

*No Busing

Membership Fee	+	_____
Registration Fee	+	35.00 _____
Deposit \$50.00 per box checked above	+	_____
Payment Required To Process Registration = \$ _____		

NOTE: Balance of camp fee is due 2 weeks before first day at camp.

Payable: YMCA Camp Massapoag
PO Box 153, Dunstable MA 01827

Signature of Parent/Guardian

Date