



# WALDO COUNTY YMCA 2020 SUMMER DAY CAMP REGISTRATION

Is the camper a current YMCA Member (circle): Y / N

Member ST# \_\_\_\_\_  
(Office use only)

**CAMPER'S NAME:** \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(must be by June 26, 2020)

Gender: M / F Current School: \_\_\_\_\_ Competed Grade : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mother/Caregiver name:** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Employer: \_\_\_\_\_

**Father/Caregiver name** \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Employer: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of an emergency we will attempt to contact parents/caregiver first.

**Doctor:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Dentist:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Medical Concerns/Conditions: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Physical Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Names of Persons permitted to remove child from Camp:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**PLEASE NOTE: Photo ID REQUIRED.** The parent/caregiver **MUST** notify the YMCA Camp Staff, in advance, when regular transportation or pick-up methods will vary. If there is a parent or person who is not to have contact with the child due to a court order or restraining order, the YMCA Camp Staff must have a copy of the document in order to abide by the parent request.



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**FINANCIAL ASSISTANCE AVAILABLE.**  
Please ask for an application when registering.  
Questions? Contact our Membership Director  
Bruce Osgood at 207.338.4598 or  
bosgood@waldocountyyymca.org.

**CAMPER'S NAME:** \_\_\_\_\_

**STEP 1: CIRCLE WHICH CAMP(S) YOU ARE REGISTERING FOR**

THE (2) SPECIALTY CAMPS BELOW HAVE LIMITED WEEKS - see page 3 of the program guide

<b>Chowilawu Swim Camp</b> Age 6 - 8 with swim team experience Age 9 - 14 no swim team experience Offered weeks: 1, 3 and 7 (see step 2)	<b>Tri Sports Camp</b> Completed grades K - 5 Offered weeks: 4 for completed grades 3 - 5 (see step 2) 7 for completed grades K - 2
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THE (5) CAMPS BELOW ARE AVAILABLE ALL 8 WEEKS - see pages 4 & 5 of program guide

<b>Camp Sakari:</b> Age 4* & 5 Must be 4-years old by March 1, 2020 & potty-trained.	<b>Camp Koda:</b> Completed grades K - 1	<b>Camp Keoonik</b> Completed grades 2 - 3	<b>Camp Nedobak</b> Completed grades 4 - 6	<b>Adventure Based Teen LIT</b> Completed grades 7 - 8
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**STEP 2: CIRCLE WHICH WEEKS ATTENDING**

<b>Week 1:</b> June 29 - July 3 Holiday Hoopla Chowilawu Swim Camp Offered	<b>Week 2:</b> July 6 - 10 Health Awareness	<b>Week 3:</b> July 13 - 17 Splish, Splash Chowilawu Swim Camp Offered	<b>Week 4:</b> July 22 - 26 Imagination Station Tri Sports Camp Offered
<b>Week 5:</b> July 27 - 31 Color Wars!	<b>Week 6:</b> Aug 3 - 7 Summer Olympics 2020	<b>Week 7:</b> Aug 10 - 14 Choose your own adventure Chowilawu Swim Camp Offered Tri Sports Camp Offered	<b>Week 8:</b> Aug 17 - 21 Aloha

**STEP 3: CAMPS KODA, KEONIK & NEDOBACK CIRCLE 3 DAY (M, W, F) OR 5 DAY OPTION**

All other camps skip to step 5

3 DAY (M, W, F)

5 DAY

**STEP 4: CIRCLE EXTENDED CARE OPTION (\$20 EXTRA PER WEEK)**

MORNING

AFTERNOON

NONE

**STEP 5: CIRCLE CAMPER'S T-SHIRT SIZE**

Youth Small	Youth Medium	Youth Large	Youth XL
Adult Small	Adult Medium	Adult Large	Adult XL

**STEP 6: PAYMENT INFORMATION - Required for registration: \$15 Non Refundable deposit per week.**

SIGN UP FOR AUTOMATIC PAYMENT: Payments are due on Monday of each week.

CC Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_

	Annual Member		3 Month / Non Member		Total Due	Deposit
	3 Day M,W,F only	5 Day	3 Day M,W,F only	5 Day		
Camp Sakari, Chowilawu Swim & Tri Sports	n/a	\$155	n/a	\$180	\$	\$
Camps Koda, Keoonik, & Nedobak	\$105	\$155	\$130	\$180	\$	\$
Adventure Based Teen Leader in Training	n/a	\$75	n/a	\$100	\$	\$



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2020 SUMMER DAY CAMP REGISTRATION

In consideration for being permitted to utilize the facilities, services, and programs of the Waldo County YMCA (hereinafter referred to as "YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersign, whether caused by negligence of the releasees of otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

√ I hereby authorize the employees of the YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment in the event of an accident. I understand that I am encouraged to discontinue any activity at any time I feel unable to continue.

√ I hereby authorize the YMCA to use photos and/or videos in promotional activities.

√ I hereby authorize the employees of the YMCA to administer medication. Important: medications can only be administered with the medication in the prescription bottle. Without the Physicians name and prescription on the label we cannot administer medications.

√ I hereby authorize the employees of the YMCA to assist in the application of Sun Block when necessary.

√ I hereby authorize the qualified employees (over the age of 21) of the YMCA to transport by bus or personal vehicle.

√ I hereby grant my child permission to attend special field trips with the YMCA during the school year. Information will be sent home prior to each trip.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I Have Read This Release

Date: \_\_\_\_\_

PLEASE PRINT: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Parent/Guardian Signature Necessary if participant is under age 18

Print Name: \_\_\_\_\_

**WALDO COUNTY YMCA**

157 Lincolnville Avenue • Belfast, Maine 04915  
207.338.4598 • www.waldocountyymca.org  
A 501(c)(3) Charitable Organization.