



155 CENTRAL STREET ~ WINCHENDON, MA 01475  
 978-297-YMCA (9622) FAX: 978-297-0958  
 WWW.THECLARK.COM

CLARK USE ONLY: Documentation	
<input type="checkbox"/>	This form filled out & signed
<input type="checkbox"/>	Payment in full
<input type="checkbox"/>	Policy form given to parent/guardian
<input type="checkbox"/>	Physical form received

## CAMP CLARK REGISTRATION FORM

ONLY ONE (1) CAMPER PER REGISTRATION FORM

### CAMPER INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Shirt Size: Youth / Adult: S M L XL

Chronic health conditions: \_\_\_\_\_

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

Special limitations or concerns: \_\_\_\_\_

**Please check the Day Camp, Pre-Camp and/or Post-Camp Care that your child will be attending.**  
*Pre & Post Camp are available at no additional charge, however advance registration is required for staffing.*

Session	Day Camp (9 am-4 pm)	Pre-Camp (7-9 am)	Post-Camp (4-5:30 pm)
<b>Week 1:</b> June 28-July 2			
<b>Week 2:</b> July 5-9			
<b>Week 3:</b> July 12-16			
<b>Week 4:</b> July 19-23			
<b>Week 5:</b> July 26-30			
<b>Week 6:</b> August 2-6			
<b>Week 7:</b> August 9-13			
<b>Week 8:</b> August 16-20			

### PARENT/GUARDIAN INFORMATION:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

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**PICK-UP AND DROP-OFF INFORMATION:**

*My child may walk home after camp each day (initial):*      \_\_\_\_\_ YES                      \_\_\_\_\_ NO

Your child must be signed in and out every time they are dropped off at or picked up from the Clark Memorial YMCA. **Only parents/guardians and the individuals listed below are authorized to pick up or drop off a child.** Children will not be released to individuals without a photo I.D. at pick-up.

**1<sup>st</sup> non-parent/guardian contact name:** \_\_\_\_\_

Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**2<sup>nd</sup> non-parent/guardian contact name:** \_\_\_\_\_

Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**3<sup>rd</sup> non-parent/guardian contact name:** \_\_\_\_\_

Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**4<sup>th</sup> non-parent/guardian contact name:** \_\_\_\_\_

Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**5<sup>th</sup> non-parent/guardian contact name:** \_\_\_\_\_

Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**SIGNING PARENT UNDERSTANDS:**

~ **A full, non-refundable payment is due at time of registration**

- ~ Physical examination form, dated within 1 year of date of camp session, must be received by the Clark Memorial YMCA by June 11<sup>th</sup>. Physicals may be mailed, faxed or hand-delivered. If you fax or mail your physical forms, you are strongly advised to call and verify that they have been received. School physical forms are acceptable. If physical forms are not received on time, the child is subject to losing their spot and will not be allowed to attend camp.
- ~ It is the Parent's responsibility to bring any special concerns regarding their child to the attention of the Camp Director at the time of registration.
- ~ The Camp Director reserves the right to dismiss a camper when, in their judgment, the camper's behavior interferes with safe camp operation, the rights of others, the smooth functioning of activities or groups or violates the camp's principles of conduct.
- ~ This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health.
- ~ Every Thursday there will be an off-site field trip. Parents will need to provide a written notice the Monday of each camp week if their child will not be participating. There will NOT be alternative care for children not participating in field trips.

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**ASSUMPTION OF RISK & RELEASE:**

Camper Name: \_\_\_\_\_ In consideration of being permitted to participate in Day Camp and/or Sports Camp, I the undersigned, and in full recognition and appreciation of the dangers and hazards inherent in such activities, including but not limited to athletics, outdoor activities and field/bus trips. I do for myself, my heirs and personal representatives hereby defend, hold harmless, indemnify, release and forever discharge Wendell P. Clark Memorial YMCA and all it's officers, agents and employees from and against any and all claims, demands and actions, or causes of actions, on account of damage to personal property and/or personal injury or death, which may result from participation, and which result from causes beyond the control of, and without the fault or negligence of Wendell P. Clark Memorial YMCA, it's officers, agents or employees during the period of participation.

**PHOTO RELEASE:** (Please initial the appropriate line)

- \_\_\_\_\_ **I give permission** for the staff of the Clark Memorial YMCA, or their designate, to take photographs or video of my child(ren), and I do not object to those photographs or videotapes being used for publications, publicity, or released to the press.
- \_\_\_\_\_ If you **decline**, please provide a photo of your child. This will ensure that any photos taken of your child will not be used.

**FIELD TRIP:** (Please initial the appropriate line)

- \_\_\_\_\_ **I give permission** for my child to attend off-site field trips included with camp. I understand I will have to sign the appropriate form on Monday of each week of camp during check-in.
- \_\_\_\_\_ If you **decline**, please provide a written note each Monday stating that your child will not be attending that week's field trip. *Note: There will not be alternative care for children that do not participate in field trips.*

***I have read, understand, and agree to abide by all of the above.***

Release executed by (Print Parent/Guardian Name): \_\_\_\_\_ to  
Wendell P. Clark Memorial YMCA, 155 Central Street, Winchendon, MA 01475.

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

Witnessed by (Clark Representative): \_\_\_\_\_