



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

SPORTS CAMP REGISTRATION FORM

ONLY ONE (1) CAMPER PER REGISTRATION FORM

CAMPER INFORMATION:

First Name: _____ Last Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

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

Please check the Sports Camp(s) your child will be attending.

x	Camp	Dates
<input type="checkbox"/>	Full Day Multi-Sport Camp	June 21-25: 9 am-4 pm
<input type="checkbox"/>	Full Day Multi-Sport Camp	June 28-July 2: 9 am-4 pm
<input type="checkbox"/>	Boys Basketball	July 12-16: 1-4 pm
<input type="checkbox"/>	Girls Basketball	July 12-16: 9 am-12 pm
<input type="checkbox"/>	Golf	July 13, 20, 27 & Aug. 3 (9-10 am) at WSGC
<input type="checkbox"/>	Flag Football	July 19-23: 9 am-12 pm

x	Camp	Dates
<input type="checkbox"/>	Baseball	July 19-23: 1-4 pm
<input type="checkbox"/>	Cheerleading	July 19-23: 1-4 pm
<input type="checkbox"/>	Dance	July 26-30: 1-4 pm
<input type="checkbox"/>	Pre-School Dance	July 27-30: 2-2:30 pm
<input type="checkbox"/>	Tennis	July 26-30: 8:30 am-12 pm
<input type="checkbox"/>	Soccer	August 2-6: 1-4 pm

PICK-UP AND DROP-OFF INFORMATION:

Your child must be signed in and out each and every time they are dropped off at or picked up from the Wendell P. Clark Memorial YMCA. Only the individuals listed below are authorized to pick up or drop off a child.

My child may walk home after camp each day (initial): _____ YES _____ NO

PARENT/GUARDIAN INFO:

1. Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: _____
 Work/Cell Phone: _____

2. Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: _____
 Work/Cell Phone: _____

Additional People Authorized for Pick-up and Drop-off

Name	Phone Number 1	Phone Number 2	Relationship

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 18th. 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.

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.

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):_____