



**Wendell P. Clark Memorial YMCA**  
**155 Central Street ~ Winchendon, MA 01475**  
**978-297-YMCA (9622) Fax: 978-297-0958**  
**www.clarkymca.org**

YMCA USE ONLY: Documentation	
	This form filled out & signed
	Payment in Full / Deposit
	Physical Form received
Mem Type:	Mem Exp:

# 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: \_\_\_\_\_  
 Grade Entering Aug. 2024 \_\_\_\_\_ Shirt Size (circle one): YS YM YL YXL AS AM AL AXL

**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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Please enter price for each Day Camp, Pre-Camp and/or Post-Camp Care that your child will be attending.  
 Pricing Per Session: Day Camp: \$90 Members/\$130 Non-Members ~ Pre-Camp \$15 ~ Post-Camp \$15  
 Specialty Camp: Specialty Camp/Day Camp \$120 Members/ \$145 Non-Members

**\*\*A non-refundable, non-transferable 50% deposit per camper PER SESSION is required at the time of registration to hold a spot.  
 The remaining balance of each session is due no later than 3 weeks prior to that session's start date.\*\***

Session	Day Camp (9am-4pm) age 6-12	Pre- Camp (7-9am)	Post-Camp (4-5:30pm)	Specialty Camp	TOTAL
Session 1: June 24-June 28	\$	\$	\$	\$	
Session 2: July 1-July 5	\$	\$	\$		
Session 3: July 8-July 12	\$	\$	\$	\$	
Session 4: July 15-July 19	\$	\$	\$	\$	
Session 5: July 22-July 26	\$	\$	\$	\$	
Session 6: July 29-August 2	\$	\$	\$	\$	
Session 7: August 5-August 9	\$	\$	\$	\$	
Session 8: August 12-August 16	\$	\$	\$	\$	
Session 9: August 19-August 23	\$	\$	\$		
Grand Total Camp Clark					\$

**MEDICAL & ALLERGY INFORMATION:**

Chronic health conditions: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Special limitations or concerns: \_\_\_\_\_

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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. Signing parent/guardian understands these terms and agrees to abide by them.

**AUTHORIZED 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: \_\_\_\_\_

You may include additional authorized pick-ups on the back of this sheet. Be sure to minimally include their name, address, and a phone number.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PHYSICAL AND IMMUNIZATION**

**\*\*\*All campers MUST have current physical forms and immunization forms submitted to camp 3 weeks prior to attending!** Campers will be **turned away** if forms are not in!\*\*\*

The attached Massachusetts School Health Record Sheet may be filled out by your child's physician and turned in to us. A complete Immunization Record must be attached to the form.

I, (parent/guardian name) \_\_\_\_\_ understand that my child will not be permitted to attend camp if I do not submit current physical and immunization forms to the Clark YMCA 3 weeks prior to their start date at camp.

**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 its 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, its officers, agents or employees during the period of participation.

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

\_\_\_\_\_ **I give permission** for the YMCA to use my child's photo for program and promotional materials for the YMCA and any media releases.

\_\_\_\_\_ **I DO NOT give permission** for the YMCA to use my child's photo for program and promotional materials for the YMCA and any media releases.

**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 a trip specific permission slip, each week that there is a field trip.

\_\_\_\_\_ 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.*

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**SIGNING PARENT UNDERSTANDS:**

~ **A full, non-refundable payment is due at time of registration. Cancellations will not be accepted within 3 weeks prior to session start date. Any cancellation made beyond 3 weeks from session start date may qualify for a partial refund ( fees paid less non-refundable deposit).**

~ Physical examination form, dated within 1 year of date of camp session, and immunization forms must be received by the Clark Memorial YMCA 3 weeks prior to child's attendance. Forms may be mailed, faxed or hand-delivered. If you fax or mail your forms, you are strongly advised to call and verify that they have been received. School physical forms are acceptable. If 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.

~ Once a week 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.*

***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: \_\_\_\_\_

**CLARK MEMORIAL YMCA DAY CAMP  
EMERGENCY CARD INFORMATION**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

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

**INSTRUCTIONS TO REACH PARENT/GUARDIAN**

1. \_\_\_\_\_  
(Name, Address, Phone #)

2. \_\_\_\_\_  
(Name, Address, Phone #)

**PEDIATRICIAN OR SOURCE OF HEALTH CARE**

1. \_\_\_\_\_  
(Doctor's Name, Address, Phone#)

**EMERGENCY CONTACT PERSON(S)**

1. \_\_\_\_\_  
(Name, Address, Phone #)

2. \_\_\_\_\_  
(Name, Address, Phone #)

**MEDICAL EMERGENCY TREATMENT**

I hereby give \_\_\_\_\_  
(Name of program)

permission to administer basic first aid and/or CPR to my child \_\_\_\_\_  
(Name)

and/or take my child \_\_\_\_\_, to a hospital for medical  
(Name)

treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
**(Parent Signature)** **(Date)**

**INSURANCE INFORMATION (OPTIONAL)**

Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Participating Hospital: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

# Summer Camp Behavior Expectations and Discipline Policies

Child's Name \_\_\_\_\_

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

## The YMCA does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity

## A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas – running away is not acceptable.
6. Follow all rules of program facility and off site destinations.

## The Discipline Policy

1. If a participant is unable to comply with the behavior expectations, the child will be given an initial warning and his or her parents/guardians will be notified.
2. If a participant's behavior continues to be disruptive, he or she will receive a reprimand and parents will be notified and consulted concerning the participant's behavior.
3. If the participant continues to receive reprimands, he or she may be suspended or expelled from the program.
4. The YMCA reserves the right to suspend or expel a child from the program if his or her behavior places other participants or staff in immediate harm *and/or* if his or her behavior places him or herself in immediate harm *and/or* his or her behavior affects the quality of the program for other participants.

## Behaviors which may result in immediate dismissal include but are not limited to:

Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children, or staff.

- Fighting - Possession of a weapon of any kind - Vandalism or destruction of YMCA property or property of others - Sexual misconduct
- Running away - Theft

### Special Circumstances

Parents or guardians are required to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions. Upon being informed of such circumstances, the director may require a conference with the parent(s)/guardian to discuss potential issues created by these circumstances.

I understand and acknowledge that: (i) it is the responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA's evaluation of the child's/ward's ability to participate and the YMCA's consideration of any requested accommodation.

Please initial, indicating that you have read and understand the above special circumstances statement: \_\_\_\_\_

I have read, understand, and agree with the policies as stated in this document and have discussed the expectations of behavior with my child/ward

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

Clark Memorial YMCA  
Camp Clark Payment Agreement

Adult Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Children in Camp: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Total Payment: \$ \_\_\_\_\_

Please calculate your total camp payment (# of Session fees attending + fees for each Pre and Post Care PER CHILD) and enter it in the space above. A non-refundable, non-transferable 50% deposit per camper PER SESSION is required at the time of registration to hold a spot. The remaining balance of each session is due no later than 3 weeks prior to that session's start date.

You may either attach a check for the applicable amount to this form OR fill out your credit card information below.

Once payment is processed the Clark Memorial YMCA will notify you to confirm your child(ren)'s registration.

PERSONAL CHECK

I am attaching a check for the below total amount:

Check Amount: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

CREDIT CARD – circle one option:

VISA      MC      AMEX      DISCOVER

Amount to be charged: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

\* I authorize the Clark Memorial YMCA to process my enclosed personal check, MasterCard, Visa, American Express or Discover Card for my Camp Clark fees payment. If for any reason my payment is not honored by my bank/credit card company, I understand that I am still responsible for the full total amount and any returned fees that may occur.

Clark Memorial YMCA – EFT Payment Agreement

Two or more returned payments may result in dismissal from the program. I realize that I am still responsible for payment, in addition to any and all returned fees or insufficient funds fees assessed by the Clark Memorial YMCA.

***I have read and understand the above terms and conditions of this agreement:***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

