



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. 2026 \_\_\_\_\_ Shirt Size (circle one): YS YM YL YXL AS AM AL AXL

### PARENT/GUARDIAN INFORMATION:

<p>1. Name: _____          Address: _____          City: _____          State: _____ Zip: _____          Home Phone: _____          Cell Phone: _____          Work Phone: _____          E-mail: _____</p>	<p>2. Name: _____          Address: _____          City: _____          State: _____ Zip: _____          Home Phone: _____          Cell Phone: _____          Work Phone: _____          E-mail: _____</p>
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**Please enter price for each Camp Explorer, Pre-Camp and/or Post Camp Care that your child will be attending.**

**Price Per Session: Day Camp: \$100 Members / \$140 Non-Members ~ Pre Camp \$15 ~ Post Camp \$15**

**Specialty Camp: Specialty Camp/Day Camp \$130 Members / \$160 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 (7am-9am)	Post Camp (4pm-5:30pm)	Specialty Camp	TOTAL
Session 1: June 22-June 26	\$	\$	\$	\$	
Session 2: June 29-July 3	\$	\$	\$	\$	
Session 3: July 6-July 10	\$	\$	\$	\$	
Session 4: July 13-July 17	\$	\$	\$	\$	
Session 5: July 20-July 24	\$	\$	\$	\$	
Session 6: July 27-July 31	\$	\$	\$	\$	
Session 7: August 3-August 7	\$	\$	\$	\$	
Session 8: August 10-August 14	\$	\$	\$	\$	
Session 9: August 17-August 21	\$	\$	\$		
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:**

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 IMUNIZATION

**\*\*\*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 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/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.

### 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.

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.

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

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# CLARK MEMORIAL YMCA DAY CAMP EMERGENCY CARD INFORMATION

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

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

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

## INSTRUCTIONS TO REACH PARENT/GUARDIAN

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

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

## PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. \_\_\_\_\_  
(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 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 Number: \_\_\_\_\_

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 and 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 participants 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

**Please choose one option:**

- Pay in full at time of registration.
- Pay deposit at time of registration. I will make payments towards the balance prior to applicable due dates.
- Pay deposit at time of registration. I authorize the Clark YMCA to debit the balance due for each session on the applicable due date (three weeks prior to session start date).
- I currently have an active voucher that I will switch over to the camp program. I understand that it is my responsibility to switch it from current provider to Clark YMCA Camp program no later than June 8, 2026 to ensure my child's spot is held.
- I do not currently have a voucher, but will be applying for one. I understand that it is my responsibility to ensure that the Clark YMCA Camp program has the voucher no later than June 8, 2026, to ensure that my child's spot is held.

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.

## EFT OPTIONS

**BANK ACCOUNT**

I am attaching a check for the below total amount:

Name on Account \_\_\_\_\_

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

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

**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 payment via bank account, 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