



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camper's name _____

CAMP MYstiC REGISTRATION CHECKLIST

- Checklist: page 1
- Completed Registration Form page 2
- Signed Consent and Release Form page 3
- Signed Health History Form page 4
- Signed Payment Option Agreement page 5
- Copy of your child's immunization form and physical.
- If using bank draft provide a voided check
- Scholarship applications need to be submitted with all forms and documents showing 30 days of income. Do not include Payment or Deposit. Turning in the documents does not reserve your child's spot.
- Payment with a card, money order or cash.

For Office Use only:
Date Received: _____ Amount paid: _____
Receipt #: _____ Entered by: _____

- Check all required documents listed
- Provide authorization to administer medication form is needed.
- Made a copy of physical, immunization and receipt. Combine with required documents and return originals to parent.
- If using bank draft, voided check is attached.

Notes: _____

Policy Summary—for all camp policies please review the Camp Family Handbook.

- Drop Off & Pick-Up: All campers must be dropped off by 9:30 am. Any child 9 years of age and younger must be accompanied by a parent for sign in. Any child 10 years of age or older does not need to be accompanied by a parent to be signed in; however, camp is not responsible for your child until they are signed into camp. If for any reason you believe that your child that is 10 years of age or older will not sign in with a staff, please check them in.
- Children must be picked up by an authorized adult and will **not** be realized otherwise.
- We must receive a current copy of your child's health examination and immunizations from your child's pediatrician and will not be permitted at camp without it. You must bring a copy of the examination in at time of registration.
- Please label all items; the Y isn't responsible for lost or stolen items. Check the camp schedule for details.
- **Each camper will need the following items every day they attend camp:** Comfortable clothing for running and playing, Footwear: Regular sneakers, NO open-toed shoes or sandals; Bag or backpack; Sunscreen and hat/sunglasses; Lunch; Snack, separate from Lunch; Refillable Water Bottle; Any medications, epi-pens, inhalers labelled; Change of clothes for campers under 7 years; Swimsuit & Towel, Poolside Footwear (and a plastic bag for wet clothes); **Absolutely no electronic devices are allowed**
- **Lunches and snacks:** We are a peanut free zone. In keeping with the YMCA Healthy Eating and Physical Activity standards, please provide a healthy lunch and a separate healthy snack. Fruits and vegetables should be included. Please do not send soda or sugary drinks. Water and milk are the preferred drinks and if you send fruit Juice, it should be 100% juice. Refrigeration space will not be available.
- **SUNSCREEN/BUG SPRAY:** The Y recommends that all campers wear sunscreen with a SPF of at least 15 on all exposed skin, including lips, even on cloudy days. Parents/Legal Guardians will be responsible for providing their child with enough sunscreen and bug spray (in sealed containers) to take with them for applications throughout the day—the Y will not provide sunscreen or bug spray. Please include one container per child, labeled with your child's name. You are responsible for applying sunscreen and bug spray to your child before the start of each camp day. Camp staff will be responsible for ensuring thorough follow-up applications after 1 hour in the water, after 2 hours of activity in the sun (due to perspiration), and/or other times as needed. Staff will not directly apply lotion to your child but will apply spray sunscreen or spray bug repellent.



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CAMP MYstiC REGISTRATION FORM

CAMPER'S NAME: _____ Gender: Male Female

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Age as of June 17th, 2019: _____ Grade for 2019-2020 school year: _____

School: _____ How did you hear about Camp Mystic? _____

Does your child have an IEP? (This won't affect enrollment in camp, it will better our ability to support your child). _____

PARENT/GUARDIAN INFORMATION/APPROVED TO DISMISS: Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Employer: _____

Cell Phone: _____ Email: _____

PARENT/GUARDIAN INFORMATION/APPROVED TO DISMISS: Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Employer: _____

Cell Phone: _____ Email: _____

	Age	Hours	Rate
CAMP MYstiC	7-14	8:00 am – 5:30pm	\$150 and \$90 for the July 4 th Holiday week

Please circle each option below for which you are registering your child.

CAMP OPTIONS	AGES	1 June 24-28	2 July 1-3*	3 July 8-12*	4 July 15-19	5 July 22-26	6 July 29-Aug 2	7 Aug 5 - Aug 9	8 Aug 12-16	9 Aug 19-23
5 DAY	7-14	\$150	\$90	\$150	\$150	\$150	\$150	\$150	\$150	\$150

- *Week 2 reduced rates for July 4th week. Camp will be on July 1st, 2nd and 3rd. No Camp on July 4th or 5th.
- Membership must be active at time of registration and remain active all sessions the camper attends. Camp only YMCA youth membership costs \$40 for non-members. Medford Youth Center participants that are members before May 15th will not have to pay the \$40 fee.
- There is a minimum **\$25.00 non-refundable and non-transferable deposit per week** due at the time of registration.
- Cancellations for a session must be made 10 days prior in writing to the Camp Director or the Camp Billing Administrator.
- For financial assistance, please fill out the final page on this application and submit with your current documents. Financial aid will be provided on a sliding scale.



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CONSENT AND RELEASE FORM: please read carefully and sign below.

PHOTO RELEASE: The undersigned hereby authorizes the Malden YMCA to take and use photographs of my child during participation in Camp Mystic for promotional purposes and further authorizes the use of the undersigned's name with said photograph for the purpose of annual promotion. This consent is expressly intended to release from liability the Malden YMCA, their agents and servants and their employees. Please read carefully, and mark **NO** if you want to deny permission. If you do not mark **NO** , you are granting permission.

NO

FIELD TRIP CONSENT: The undersigned hereby gives permission for their son/daughter to attend the scheduled field trips with the Malden YMCA Sumer Camp Programs and to travel on transportation arranged by the YMCA and I understand that all field trips are subject to change. My child is physically and/or emotionally able to participate in field trip activities; that he/she is not under a physician's care for any undisclosed condition that bears upon his/her ability to participate in activities.

SUNSCREEN/BUG SPRAY: The undersigned hereby agrees to the Y's sunscreen and bug spray policy as stated in the family handbook and on the registration application.

PICKUP RELEASE: The undersigned hereby gives permission for their child to be released to those authorized on the registration form and emergency contacts on the health form. If for any reason someone other than those authorized are going to drop off or pick-up my child, the Camp Director must be notified in writing in advance. The person picking up the child, including parent/guardians, must show picture identification in order for the child to be released.

TERMINATION POLICY: The undersigned hereby understands that their child must comply with the camp's rules and standards of conduct and that the organization may terminate their child's participation in the camp program if he/she does not maintain these standards.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT: In consideration for being permitted to utilize the facilities, services, and programs of 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, 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 undersigned, whether caused by the negligence of the releasees or 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 whether caused by the negligence of the releasees or otherwise.
- THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise 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 Commonwealth of MA. and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. 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.

In addition to the "Release of Liability and indemnity agreement," by signing below I also acknowledge that: (1) I have granted or denied the photo permissions; (2) I have authorized field trip permission; (3) I authorized the release of my child as stated; (4) I agree to the termination policy; (5) I have read the Camp Mystic Family Handbook and agree to abide by all the policies, (6) I confirm that the information stated in this application and any form I submit is accurate and complete.

PARENT/GUARDIAN SIGNATURE REQUIRED FOR PROCESSING: Signature: _____ Date: _____



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HEALTH HISTORY, CONTACT AND CONSENT FORM

CAMPER'S NAME: _____ Date of Birth: _____ Age: _____
Home Address: _____ City: _____ Zip Code: _____

PARENT/GUARDIAN 1 INFORMATION/APPROVED TO DISMISS:

Name: _____ Home Phone: _____
Address: _____ City: _____ Zip Code: _____
Work Phone: _____ Cell Phone: _____

PARENT/GUARDIAN 2 INFORMATION/APPROVED TO DISMISS:

Name: _____ Home Phone: _____
Address: _____ City: _____ Zip Code: _____
Work Phone: _____ Cell Phone: _____

ADDITIONAL EMERGENCY CONTACT/APPROVED TO DISMISS: Please provide in writing any additional contacts.

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION:

Travel location(s) and telephone number(s) of the camper's parent(s)/guardian(s) if the parent(s)/guardian(s) will be traveling while the camper is attending camp: _____

Name of campers' primary Health Care Provider or Health Maintenance Organization: _____

Address: _____ Phone: _____

ALLERGIES: (DO NOT LEAVE BLANK) If no allergies you must mark "No known allergies"

- No known allergies. DESCRIBE BELOW FOR: Food Medication Seasonal/Environmental (insect stings, hay fever, etc.)
- Other (Please describe below the allergy/reactions.) Prescribed an Epi-Pen* Prescribed Inhaler

MEDICATION: Does your child require medication? Yes No (If "Yes" you will need to fill out an authorization to administer medication form.) _____

HEALTH CONCERNS: provide information about the camper's health that is important or that may affect the camper's ability to fully participate in the camp program—please include restrictions and adaptations. Attach extra information if needed.

By signing below, (1) I hereby authorize the Malden YMCA to administer First Aid and CPR to my child as needed; **(2)** In the event of an emergency, I hereby authorize my child transported to the nearest medical facility as deemed appropriate by responding medical personnel; **(3)** I hereby authorize the medical personnel attending to my child to secure and administer medical treatment as necessary including, but not limited to: hospitalization, injections, anesthesia and/or surgery; **(4)** I hereby authorize the Malden YMCA to obtain and/or release whatever educational, psychological, or medical information and records deemed necessary; **(5)** I understand that the staff will make every effort to notify me and/or my emergency contacts of the emergency immediately; **(6)** I hereby authorize the Malden YMCA to contact and to release my child to the emergency contacts that I designate on this form; **(7)** I understand that Health and Accident Insurance Coverage is not provided by the YMCA and all medical expenses incurred by my child will be my responsibility. **(8)** I hereby confirm, this health history is correct and accurately reflects the health status of the camper to whom it pertains; **(9)** I hereby give permission for my child to participate in all camp activities except as noted by me and/or an examining physician. **(10)** I hereby give permission to photocopy this form; **(11)** I hereby give the Malden YMCA permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

PARENT/GUARDIAN SIGNATURE REQUIRED FOR PROCESSING: Signature: _____ Date: _____



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Payment Option Agreement: (This Form must be completed at time of sign-up)

CAMP PAYMENT POLICY: A non-refundable \$25 deposit per session is due at sign up. All changes or cancellations of enrollment must be submitted via email to afitzhugh@ymcamalden.org before your child is scheduled to attend camp. Refund requests due to illness must be accompanied by a note from a physician. Payments will be set up by automatic withdrawal from your checking or credit card account.

PAYMENT OPTIONS – Please check one

- Option 1 - Pay camp fees in full at time of registration.
- Option 2 - Pay a **\$25 non-refundable deposit**, per session, per child and remit payment for the balance through credit card/ bank draft (EFT)
- Option 4 - Sponsor Name (C.C.C., D.M.H., etc): _____

Draft Schedule:

Session	Session Dates	Draft date	Session	Session Dates	Draft Date
Session 1	June 24 – 28	6/7	Session 6	July 29- Aug 2	7/12
Session 2	July 1 – 3	6/14	Session 7	Aug 5 – Aug 9	7/19
Session 3	July 8 – 12	6/21	Session 8	Aug 12- Aug 16	7/26
Session 4	July 15 -19	6/28	Session 9	Aug 19 -Aug 23	8/2
Session 5	July 22 - 26	7/5			

BANK/CREDIT CARD DRAFT AGREEMENT: I authorize a bank/credit card draft for the balance of Day Camp weekly fee(s) as registered according to the draft schedule above. If at any time there is to be a change, deletion or cancellation of my child's camp enrollment, it is to be submitted in writing to the Malden YMCA the week before my child is registered in order to discontinue the draft. Drafts not honored will be subject to a \$20 non-refundable returned payment fee. A returned draft will result in termination from the program or require payment in full for the remainder of the camp.

Credit Card Details:

Name as it appears on card: _____

Card Type: **MasterCard** **Visa** **Discover**

Account Number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _ _

Expiration Date: _____ sec# _____

Bank Account Details: Attached voided check

Name on Account: _____

Type of Account: **Checking** **Savings**

Routing Number: _____

Account Number: _____

By signing below acknowledge that: (1) I agree to the camp payment policy; **(2)** I confirm my payment option choice; **(3)** if my payment option choice is to pay by bank/credit card draft, I authorize the draft agreement and for the card or bank account on this form to be drafted according to the draft schedule.

PARENT/GUARDIAN SIGNATURE REQUIRED FOR PROCESSING: Signature: _____ Date: _____



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SCHOLARSHIP APPLICATION: Application must be completed in full with all documents to process.
The Malden YMCA is a 501(c)(3) nonprofit charity that is able to provide scholarships thanks to the financial generosity of those who recognize the Y's positive impact in our communities.

1 PRIMARY MEMBER INFORMATION:

FIRST _____ MI _____ LAST _____ / / _____
DOB

ADDRESS _____ City _____ STATE _____ Zip Code _____

EMAIL ADDRESS _____ HOME PHONE # _____ CELL PHONE # _____

2 ALL PERSONS LIVING IN HOUSEHOLD: Please check mark each person applying for assistance.

Adult: _____

Adult: _____

Adult: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Other Dependents: _____ Age(s): _____

3 CHECK WHAT YOU ARE APPLYING FOR:

MEMBERSHIP TYPES

Senior (70+)

Adult (24-69)

1-Adult Family

2-Adult Family w/Children

2-Adult Family without Children

3-Adult Family

3-Adult Family w/Children

Young Adult ages(19-23)

Teen (13-18)

Youth (0-12)

PROGRAMS

Swim Team

Child Care

Camp

PLEASE CIRCLE ANSWERS BELOW

Parent/Guardian #1	Home	Working	In School
Parent /Guardian #2	Home	Working	In School

4 PROOF OF INCOME: Please provide a copy of the one of the following for each household adult:

- Copies of one month's worth of current pay stubs.
- Proof of WIC
- A letter from your employer on company letterhead reflecting your weekly salary.
 - The letter must include: date of your employment, number of hours you work, your hourly wage and company phone number to verify all information.
- Copies of forms for all household members receiving T.A., S.S.I., S.S.D.I., or V.A.
- Adults without income in your household **MUST** provide proof of such by providing a statement from Social Security or from a social worker on agency letterhead.

5 Please provide any information that will assist the YMCA in making a scholarship determination:

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that scholarship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so the scholarship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

For Office Use Only

Approved: YES NO

YMCA % _____

Member price: _____

Staff Name: _____

Date Approved: _____

ALL FINANCIAL DOCUMENTS SHOULD BE COPIES ONLY AND THEY WILL BE SHREDED