



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

2019: BERKSHIRE FAMILY YMCA'S CAMP GREEN MOUNTAIN REGISTRATION FORM

Please read all information carefully, and complete steps 1-10 on both sides of this page. Sign and return this form to the Bennington Recreation Center. If mailing, please send to BFYMCA's Corporate Office: 292 North Street, Pittsfield, MA 01201. Please use one form per camper. Questions? Kathy Mancini, Camp Manager, 413-663-6529 x 245, kmancini@bfymca.org

1. I AM REGISTERING MY CHILD FOR:

CAMP GREEN MOUNTAIN at Bennington Recreation Center, Bennington VT (\$80 per Camper per Week)

2. TELL US ABOUT YOUR CAMPER

Camper's Name: _____ Street Address/City/State/Zip: _____
 Date of Birth: _____ Age: _____ Gender: Male Female Other _____
 School: _____ Grade in Fall: _____
 Parent/Guardian Name: _____ Date of Birth: _____ Home Phone: _____
 Cell Phone: _____ Work Phone: _____ Parent/Guardian Email: _____

3. PROVIDE EMERGENCY CONTACTS. Three contacts are required.

Contact #1: _____ Phone: _____ Relationship: _____
 Contact #2: _____ Phone: _____ Relationship: _____
 Contact #3: _____ Phone: _____ Relationship: _____

4. PROVIDE CHILD HEALTH INFORMATION

Proof of medical physical and immunizations by licensed physician within the last 12 months is attached.
 Child's Allergies _____ (If yes, provide individual health care plan and medication consent, if applicable).
 Sensitivities: _____
 Chronic Health Conditions _____ (If yes, provide individual health care plan and medication consent if applicable)
 YMCA staff is authorized to apply sunscreen for my child.

5. CHOOSE CAMP GROUP

- | | | |
|--|---|---|
| <input type="checkbox"/> Pioneers
(Entering 1st grade) | <input type="checkbox"/> Voyagers
(Entering 3rd grade) | <input type="checkbox"/> Pathfinders
(Entering 5th-6th grades) |
| <input type="checkbox"/> Explorers
(Entering 2nd grade) | <input type="checkbox"/> Trailblazers
(Entering 4th grade) | <input type="checkbox"/> Leaders in Training (LIT)
(Entering 7th-9th grades) |

6. CHOOSE SESSION(S). Check appropriate box(es). Sessions 1-9

Session	2019 Dates	Camp Green Mountain, Bennington VT \$80/Camper per Week
1	June 24 – June 28	<input type="checkbox"/>
2	July 1 – July 5 (Closed July 4)	<input type="checkbox"/>
3	July 8 – July 12	<input type="checkbox"/>
4	July 15 – July 19	<input type="checkbox"/>
5	July 22 – July 26	<input type="checkbox"/>
6	July 29 – August 2	<input type="checkbox"/>
7	August 5 – 9	<input type="checkbox"/>
8	August 12 – 16	<input type="checkbox"/>
9	August 19 – 23	<input type="checkbox"/>

7. BEFORE- AND AFTER-CAMP CARE. Check all boxes that apply.

No cost to attend. Pre-registration is required. There is no bus transportation for those who attend extended care. Before- and After-Camp Care at camp site.

- Camp Green Mountain, Bennington VT
 - Before-Camp Care: 7:30-9 a.m.: Monday Tuesday Wednesday Thursday Friday
 - After-Camp Care: 4:30-5:30 p.m.: Monday Tuesday Wednesday Thursday Friday

8. PAYMENT OPTIONS. Check appropriate boxes.

- I plan to pay one time for the cost of camp. Checks made payable to Berkshire Family YMCA.
- I plan to pay weekly at the Bennington Recreation Center either by mail or in person. Payments need to be received by the Friday prior to camp starting. Checks made payable to Berkshire Family YMCA.
- I plan to pay weekly by Automatic Payments.
 - New Account setup. Please fill out our Automatic Payment Form for your authorization.
 - Existing Account on file. The Y has my permission to use the account on file.
- Full Voucher
- Partial Voucher with parent fee

9. SIGN THE AGREEMENT and initial where necessary:

I agree to assume all risks and hazards incidental to the conduct of this program and for the transportation to and from, if necessary. I hereby release the Berkshire Family YMCA, its officers, employees, and volunteers from any and all claims, demands and liabilities to myself or my child(ren) resulting or arising from my/our participation in any program offered through the Berkshire Family YMCA. Initial: _____

I authorize staff who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. Initial: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I or one of the 3 listed emergency contacts cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility to secure necessary medical treatment for my child. Initial: _____

I support the YMCA program philosophy which is based on participation, fun physical fitness and health, skill development, teamwork, fair play and family involvement. Initial: _____

I agree to allow the Berkshire Family YMCA to release my child's photograph. Initial: _____

I agree to allow the Berkshire Family YMCA to use my child's name for media and fundraising events. Initial: _____

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

OFFICE USE ONLY

Date: _____ Current Physical Submitted Amount Paid _____ Payment in full

Scholarship Amount: _____ Balance: _____ Voucher DCF Scholarship PP Staff initials: _____

BERKSHIRE FAMILY YMCA: www.bfymca.org

Pittsfield (Corporate Office): 292 North Street, Pittsfield, MA 01201 **P:** 413-499-7650 **F:** 888-965-0663

Northern Berkshire: 22 Brickyard Court, North Adams, MA 01247 **P:** 413-663-6529