CAMP MADACA 2016
Malden Day Camp

Information Session
April 30th 11:00am – 2:00pm

10 One Week Sessions
June 20th through August 26th

99 Dartmouth St. Malden, MA 02148
781-324-7680 www.ymcamalden.org
Page 1. Policies

Payments and Schedule Changing: A Camp Payment Option Form must be completed for all campers at time of sign-up. A non-refundable $25 deposit per session is due at sign up. All changes or cancellations of enrollment must be submitted via email to cboese@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.

Drop Off & Pick-Up: You may walk your child into the front lobby. Your child will be escorted to his/her camp by one of our counselors after checking in at the front desk. Children must be picked up by an authorized adult. We will NOT release any child without authorized pick-up.

Please label all items; the YMCA is not responsible for lost or stolen items. Breakfast and lunch are provided only for certain weeks. Please check the camp schedule for details. Refrigeration space will not be available.

Each camper will need the following items every day they attend camp:

<table>
<thead>
<tr>
<th>Backpack</th>
<th>Bathing Suit</th>
<th>Lunch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sneakers</td>
<td>Sun Block (35spf)</td>
<td>Spare Set of Clothes is suggested</td>
</tr>
<tr>
<td>Towel</td>
<td>Water Bottle</td>
<td></td>
</tr>
</tbody>
</table>

Absolutely no electronic devices are allowed.

Lunches and snacks may contain at least one item from each category:

<table>
<thead>
<tr>
<th>Sandwich</th>
<th>Beverage</th>
<th>Fruits/Vegetables</th>
<th>Desserts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheese</td>
<td>100% Fruit Juice</td>
<td>Orange Slices</td>
<td>Crackers</td>
</tr>
<tr>
<td>Chicken</td>
<td>Milk</td>
<td>Apple</td>
<td>Yogurt</td>
</tr>
<tr>
<td>Jam/Jelly</td>
<td>Soup</td>
<td>Pear</td>
<td>Muffins</td>
</tr>
<tr>
<td>Lean Cold Cuts</td>
<td>Water</td>
<td>Banana</td>
<td>Jell-O</td>
</tr>
<tr>
<td>Salad</td>
<td>Grapes</td>
<td>Fruit Snacks</td>
<td>Rice Cakes</td>
</tr>
<tr>
<td>Bagel/Cream Cheese</td>
<td></td>
<td>Peach</td>
<td>Cheese Stick</td>
</tr>
<tr>
<td>Tuna Fish</td>
<td></td>
<td>Dried Fruit</td>
<td></td>
</tr>
<tr>
<td>Lean Cold Cuts</td>
<td></td>
<td>Raisins</td>
<td></td>
</tr>
<tr>
<td>Salad</td>
<td></td>
<td>Carrot Sticks (not rounds)</td>
<td></td>
</tr>
<tr>
<td>Tuna Fish</td>
<td></td>
<td>Celery Sticks</td>
<td></td>
</tr>
</tbody>
</table>

I have read and understand the policies listed above.

_______________________________
Parent/Guardian Signature

_______________________________
Date

This document is required for registration. This document is required for registration.
**CAMP MADACA**  
**Page 2. Registration Form (Please Print)**

**Parent Name:** ____________________________  
**Address:** __________________________________  
**City:** ______________________________________  
**State:** ________  
**Zip:** ____________________________  
**E-mail:** ____________________________________  
**Phone:** _____________________________________

**Camper Name:** _____________________________  
**Date of Birth:** _____ /_____ /_____

**Age:** ________  
**Sex:** ( M ) ( F )  
**T-shirt Size:** Y= Youth A= Adult  
(Y Small) (Y Medium) (Y Large)  
(A Small) (A Medium) (A Large)

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**Is your child a member of the Malden YMCA?**  
YES NO  
(Non-members will need to purchase a membership for the summer.)

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**Circle the appropriate fee in each row for each session.**

In order to receive member rates, memberships must be active through duration of members camp session. Review the camp brochure at www.ymcamalden.org for details on camp tribes.

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</thead>
<tbody>
<tr>
<td>Indoor Camp</td>
<td>M–F</td>
<td>5–14yrs</td>
<td>830–430</td>
<td>$210</td>
<td>$210</td>
<td>$168</td>
<td>$210</td>
<td>$210</td>
<td>$210</td>
<td>$210</td>
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<td>$210</td>
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</tr>
<tr>
<td>T, W, Th</td>
<td>5–14yrs</td>
<td>830–430</td>
<td>$150</td>
<td>$150</td>
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</tr>
<tr>
<td>T, W, Th</td>
<td>8–12yrs</td>
<td>830–430</td>
<td>$125</td>
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</tr>
<tr>
<td>Before Care</td>
<td>M–F</td>
<td>730–830</td>
<td>$35</td>
<td>$35</td>
<td>$35</td>
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</tr>
<tr>
<td>After Care</td>
<td>M–F</td>
<td>430–530</td>
<td>$35</td>
<td>$35</td>
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<tr>
<td>Before Care</td>
<td>T,W, Th</td>
<td>730–830</td>
<td>$21</td>
<td>$21</td>
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</tr>
<tr>
<td>After Care</td>
<td>T,W, Th</td>
<td>430–530</td>
<td>$21</td>
<td>$21</td>
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**Camp Membership** $40

**Total**

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**Deadlines:**
All financial aid applications must be submitted by June 3, 2016; all applications received after this date will be placed on a waiting list.

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This document is required for registration. This document is required for registration. This document is required for registration.
Page 3. Medical History

Camper Name: ________________________________ (Please Print)
Age: _____

EMERGENCY CONTACTS– Every effort is made to contact a parent/guardian in the event of illness or other problems which may require transporting the child. Please write in the space below two other people who know your child and should be contacted if we are not able to reach you (the parent/guardian) for possible transportation. Your child will not be accepted without these two other contacts.

Contact 1: __________________________________________
Relationship: _______________________________________
Home Address: _______________________________________
City: _________________
State: ______
Zip: _____________
Phone: __________________________
Alt. Phone: ______________________

Contact 2: __________________________________________
Relationship: _______________________________________
Home Address: _______________________________________
City: _________________
State: ______
Zip: _____________
Phone: __________________________
Alt. Phone: ______________________

Does your child require medication? Yes No
If “Yes” you will need to fill out an authorization to administer medication form.

Allergies: ______________________________________________________________________________________

Health Concerns: __________________________________________________________________________________
______________________________________________________________________________________________

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed camp activities except as noted. AUTHORIZATION FOR RELEASE OF INFORMATION: I hereby authorize the Malden YMCA to obtain and/or release whatever educational, psychological, or medical information and records deemed necessary. AUTHORIZATION OF RELEASE IN AN EMERGENCY: In the event of an emergency where I cannot be reached or am unable to come to camp to pick up my child, I hereby give permission for Malden YMCA to release my child to the person named as Emergency Contact or to the agency which referred my child. EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests and treatment for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I will assume all financial responsibilities for emergency medical treatment of my child.

_________________________                     ______________________
Signature of Parent/Guardian                                   Date

***IMPORTANT***
WE MUST RECEIVE A CURRENT COPY OF YOUR CHILD’S HEALTH EXAMINATION AND IMMUNIZATIONS FROM YOUR CHILD’S PEDIATRICIAN. YOUR CHILD WILL NOT BE PERMITTED INTO CAMP WITHOUT IT. You may bring a copy of the examination in, or have your doctor’s office fax it to: 781-324-7856 Attn: Summer Camp

This document is required for registration. This document is required for registration. This document is required for registration.
Page 4. Consent & Release Form

FIRST AID RELEASE
I give permission to the Malden YMCA to administer First Aid to my child in the event that immediate medical attention is required and neither parent or guardian is available. I hereby certify permission for the Malden YMCA to transport my child to the nearest Health Facility. I also certify permission to the Physician selected by the Malden YMCA to treat my child. I understand that Health and Accident Insurance Coverage is not provided by the YMCA. Any Medical expense incurred by my child will be my responsibility. The Malden YMCA may apply sunscreen to my child before and during sun exposure.

FIELD TRIP CONSENT
I give permission for my son/daughter to attend the scheduled field trips held by the Malden YMCA Sumer Camp Programs. 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. I understand that each participant must assume the risk of physical injury that could result from participating in these activities. I release the Malden YMCA, its staff members and the Board of Directors from all liability from any injury to me from participating in Camp activities.

PHOTO RELEASE
The undersigned hereby authorizes the Malden YMCA to take and use photographs of my child during participation in the Malden YMCA Summer Camp Program 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.

PICKUP RELEASE
If for any reason someone other than those listed below are going to drop off or pick-up your child, the Camp Director must be notified in writing in advance. The person picking up the child will be asked to show picture identification. This includes Parent/Guardian as well. Your child will only be released to a person you have given authorization to release below.

1. Name: ____________________________
   Relationship to child: __________________
   Work/Cell #: __________________________
   Home/Alternate #: ______________________

2. Name: ____________________________
   Relationship to child: __________________
   Work/Cell #: __________________________
   Home/Alternate #: ______________________

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 thereon 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 intende 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.

I HAVE READ THIS RELEASE---/ / /

date parent’s or guardian’s signature

This document is required for registration. This document is required for registration. This document is required for registration.
**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 bank draft (EFT)
- Option 3 - MHA (Attach letter with MHA letter head proving residence) ($25/wk)
- Option 4 - Sponsor Name (C.C.C., D.M.H., etc):

<table>
<thead>
<tr>
<th>1. Child's Name</th>
<th>Membership#</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Child's Name</td>
<td>Membership#</td>
</tr>
<tr>
<td>3. Child's Name</td>
<td>Membership#</td>
</tr>
<tr>
<td>4. Child's Name</td>
<td>Membership#</td>
</tr>
</tbody>
</table>

**Billing Information (This person MUST sign this form below)**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last name:</th>
<th>Date of Birth:</th>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-mail:</th>
<th>Home Phone:</th>
<th>Cell Phone:</th>
</tr>
</thead>
</table>

**Camp Schedule**

<table>
<thead>
<tr>
<th>Date</th>
<th>Draft Date</th>
<th>Camp Schedule</th>
<th>Draft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>June 20-June 24</td>
<td>June 3</td>
<td>Session 6</td>
</tr>
<tr>
<td>Session 2</td>
<td>June 27-July 1</td>
<td>June 10</td>
<td>Session 7</td>
</tr>
<tr>
<td>Session 3</td>
<td>July 5-July 8</td>
<td>June 17</td>
<td>Session 8</td>
</tr>
<tr>
<td>Session 4</td>
<td>July 11-July 15</td>
<td>June 24</td>
<td>Session 9</td>
</tr>
<tr>
<td>Session 5</td>
<td>July 18-July 22</td>
<td>July 1</td>
<td>Session 10</td>
</tr>
</tbody>
</table>

**Primary Form of Payment**

I authorize a bank draft for the balance of Day Camp weekly fee(s) as registered. I understand my account will be drafted according to the schedule listed 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 Y the week before my child is registered in order to discontinue the draft. Refund requests due to illness must be accompanied by a note from a physician. 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.

**Please Select One (Credit Card or Bank Account)**

**Credit Card Details:** Attach readable copy of card

- 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: ____________________________

**I have carefully read the above agreement and agree to abide by all of its terms.**

__________________________ Parent/Guardian Signature ________ Date
This document is required for registration. This document is required for registration. This document is required for registration.
Dear Parents,
Please check off each task below to ensure proper registration.

☐ Page 1. Policies Form

☐ Page 2. Registration Form.

☐ Page 3. Medical History Form.


☐ Page 5. Payment Option Form.

☐ Bring a copy of your child’s physical and immunization form.

☐ If using bank draft provide a voided check.

If applying for YMCA scholarship fill out all forms with your most recent tax return or documents showing 30 days of income. Turn in to front desk with NO PAYMENT or DEPOSIT. Turning in the documents does not reserve your child’s spot. You will be contacted regarding approval.

☐ Make the payment with a check, credit card and cash.

Front Desk Check–List

☐ Check for all required documents listed above.

☐ If camper requires medication, parent must fill the Authorization to Administer Medication Form.

☐ Make a copy of Pages 1–5 for parents record.

Make a copy of photo id, credit card, physical, immunization and receipt. Combine with required documents and return originals to parent. If using bank draft ensure voided check is attached.

☐ Ensure parent is aware that parent hand book and schedule will be posted online at www.ymcamalden.org.