YMCA Camp Tracy Registration Form

Questions? Contact us at the YMCA
Alfond Youth Center
126 North Street ~ Waterville, ME 04901
(207) 873-0684 ~ www.aplaceforkidstogo.org

Camper Name:_____ Sex:_____Age:_____ Birth date: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Entering _____ grade in fall '09 - Attended Camp Tracy before? YES _____ # years: _____ NO _____

Mother: _____ Home Phone: _____ Work Phone: _____

Father: _____Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Home Phone: _____Work Phone: _____

Has your child ever been hospitalized? ____ If yes, please describe:_____

Is your child taking medication? ____ If yes, what medication and what dosage? _____

Allergies? (hay fever, bee stings, asthma, etc.) _____

Is your child sensitive to any medication? _____ Date of last tetanus shot _____

In case of emergency my child may be treated at _____Maine General _____Inland Hospital (check one)

Please indicate if your child has any dietary, physical, or emotional concerns their counselor should be aware of:

_____

Photo/Hospitalization Release

I give my child permission to use YMCA provided transportation to and from camp and agree to provide a note if other transportation is to be used or if other adults will be dropping off or picking up my child. I also give the YMCA permission to use photos taken of my child at camp for public relations purposes. I give permission for my child to receive treatment at the hospital listed above.

Liability Release

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release and agree to indemnify and hold harmless the Alfond Youth Center from any and all liability incidents to my minor child's involvement or participation in these programs, even if arising from the negligence of the Alfond Youth Center, to the fullest extent of the law.

X_____ _____ _____

Parent/Guardian Signature **Date** **Participant Name**

	Session I June 21st – July 2nd	Extended Care_____		Session II July 5th – July 16th	Extended Care_____
	Session III July 19th – July 30th	Extended Care_____		Session IV Aug 2nd – 13th	Extended Care_____
	Session V Aug 16th – 20th	Extended Care_____		Oakland Bus Pickup?	Y - N (circle one)
$235 per session ($25 deposit required)					

Oakland Bus Pickup:Y _____ N _____ All campers must meet at the AYC on the 1st day of each session.

	Deposit	Receipt #	Payment	Receipt #	Payment	Receipt #	Payment	Receipt#
Session I								
Session II								
Session III								
Session IV								
Session V								