FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA
Summer Camp 2027 Registration & Release Forms

Member ID# _____

Camper's First Name _____ Last _____ Gender _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age entering camp yrs _____ months _____ Grade entering in September_____

Does your child attend Public or Private School _____ Child lives with _____

Parent # 1 _____Parent #2 _____

Home address _____Home address _____

Email _____Email _____

Place of Employment _____Place of Employment _____

Employment address _____ Employment address _____

City/State/Zip _____ City/State/Zip _____

Please check which phone number you would like used as Primary Contact number:

☐ Home Phone # _____
☐ Cell Phone # _____
☐ Work # _____

☐ Home Phone # _____
☐ Cell Phone # _____
☐ Work # _____

If a parent cannot be reached, give name and relationship of person to be called in case of an emergency

Name _____ Relationship _____

Home # ( ) _____ Work # ( ) _____Cell # ( ) _____

The YMCA is required to permit either parent to pick up the child unless the YMCA is furnished with a court order to the contrary. Please list below any **persons not authorized** to pick up this child and attach the original copy of the court order.

Name _____ Relationship _____

Signature of Parent/Guardian _____ Date _____

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CENTRAL CONNECTICUT COAST YMCA

Summer Camp 2027 Payment Authorization

Camper's First Name _____ Last _____

Summer Camp Payment Agreement

I, _____, hereby authorize the Central Connecticut Coast YMCA to charge the account listed on the Monday, two weeks prior to the session start date to act as payment for Summer Camp services. I understand the final payment for each session is due no later than the Monday, two weeks before each session begins. If the session balance is not paid by that date, I am aware that my child will not be able to attend camp until the balance has been paid in full.

*To set up a different payment arrangement, please reach out to the Camp Director.

Camp Fees/ Refund Policy

Camp fees are due, in full, the Monday, two weeks prior to the session start date. Deposit fees and registration fees are non-refundable and non-transferable. Session refund requests must be done in writing on a Refund Request Form a minimum of 2 weeks prior, if I wish to discontinue this service. Refunds will not be granted less than 2 weeks before the start of a session. Refunds may be issued for medical emergencies. A physicians note will be required. There is a $10 administration fee for all refunds.

Service Fees/ Late Fees

A $25 late camp payment fee will be applied to accounts not paid in full by the Monday, two weeks prior to the session start date. There will be a $30 charge for any EFT or charge returned by the bank. A $30 fee for credit card returns and returned checks will be applied to outstanding balances. These fees will be automatically drafted from the account associated with Summer Camp payments. Failure to pay this fee will jeopardize your child's enrollment in camp.

Camp Payments

I authorize my bank to honor preauthorized Electronic Funds or credit card charges against my account for Summer Camp tuition payments as indicated below. When the bank honors the EFT or credit card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT or credit card not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank or credit card institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

☐ I choose to utilize the EFT option for payment from my ☐ Checking ☐ Savings account.
A Voided Check must be attached to this form.

☐ I choose to utilize a credit card on file at the Y. Card Type _____ Last 4 digits _____
Your credit card must be swiped at the YMCA Branch to save information.
Card Type: American Express ☐ Discover ☐ MC ☐ Visa ☐

I understand the financial requirements, payment obligations, refund policy, fees and deadlines as outlined.

Print Name _____ Email _____

Billing Address _____ City _____ State _____ Zip _____

Authorized Signature _____ Date _____

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LAKEWOOD-TRUMBULL YMCA
2027 Camp Tepee Summer Camp Registration Form

Child's Name _____

CAMPER UNIT	6/21 - 6/25	6/28 - 7/2	7/6 - 7/9	7/12 - 7/16	7/19 - 7/23	7/26 - 7/30	8/2 - 8/6	8/9 - 8/13	8/16 - 8/20	8/23 - 8/27
DISCOVERY Preschool (3,4,5 years) $375 Member $535 Program Participant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
GREENHORNS Entering K - 1st $364 Member $515 Program Participant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
EXPLORERS Entering 2nd - 3rd Grade $364 Member $515 Program Participant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
PIONEERS Entering 4th - 6th Grade $364 Member $515 Program Participant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
ADVENTURERS Entering 7th - 8th Grade $364 Member $515 Program Participant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
CIT's Entering 9th - 10th Grade $175 Member $255 Program Participant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
PRE-CARE $79 Member $110 Program Participant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
POST-CARE $99 Member $139 Program Participant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

CAMP REGISTRATION PAYMENT FORM

Registration Fee (per child) **$50.00**

Total # of Weeks _____ x $50 Deposit **$_____**

One-Time Sponsor a Camper (optional) **$_____**

One-Time Donation to Barn Project (optional) **$_____**

TOTAL DUE AT REGISTRATION (per child) **$_____**

***7/6-7/9 is a four-day week due to the 4th of July Holiday observed on Monday.**

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LAKEWOOD–TRUMBULL YMCA

2027 Gymnastics Camp and Martial Arts Registration Form

Child's Name _____ MEMBER ID#:_____

Gymnastics Camp

CAMPER UNIT	6/14 – 6/18	6/21 – 6/25	TEAM CAMP 6/28 – 7/2	7/6 – 7/9	7/12 – 7/16	7/19–7/23	7/26 – 7/30	8/2 – 8/6	8/9 – 8/13	8/16 – 8/20
FULL DAY Pre K-7th $299 Member $475 Program Participant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
PRE CARE 7:30AM–9:00AM $79 Member $110 Program Participant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
POST CARE 3:30PM–6:00PM $99 Member $139 Program Participant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

REGISTRATION FEE (per child) $50.00
TOTAL WEEKS_____ x $50 DEPOSIT = $_____
One–Time Sponsor a Camper (optional) $_____
TOTAL DUE AT REGISTRATION $_____

Please note that all deposits are non–refundable and non–transferrable: _____

(Please sign above statement of understanding)

Martial Arts **(Week of 7/6–7/9 prorated)**

Specialty Clinic Options:		Member Price	Program Participant Price
7:30–9:00am	Precare	**$79**	**$105**
9:00am–1:30pm	Clinic	**$215**	**$305**
1:30–3:30pm	Clinic Extension	**$85**	**$120**
3:30–6:00pm	Post Care	**$99**	**$139**

SPECIALTY CLINICS	Grades K–3	Grades 4 and Up	Pre Care	Extension	Post Care	Total Fees
July 6–9	☐	☐	☐	☐	☐	
Aug 2–6	☐	☐	☐	☐	☐	
Aug 16–20	☐	☐	☐	☐	☐	

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Lakewood-Trumbull YMCA
Summer Camp 2027 Waivers

Camper's First Name _____ Last _____

Parent/Guardian Permission

- I hereby give permission for my child to participate in all activities, including field trips, that are part of the camp program. I understand that there are risks associated with camp activities and programs in which my child is a participant. I hold the Y Branch, the Central Connecticut Coast YMCA, its employees, representatives, agents and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. **Initial _____**
- I grant permission to have my child transported to one of the YMCA's other facilities in case of inclement weather. **Initial ____**
- I hereby give permission for my child to be transported by the YMCA for emergency situations when the camp needs to be evacuated for the safety of the children. **Initial _____**
- I grant permission for any pictures taken of my child while at camp to be used for publicity and promotional purposes. **Initial ___**
- I give permission for the YMCA Certified First-Aid staff to treat my child, if needed. I authorize the camp staff to consent to emergency treatment, under the advice of a Connecticut licensed physician, for my child when the need for such treatment is immediate and when efforts to contact me are unsuccessful. My child will be transported to the nearest emergency facility. I understand that any expense incurred, through transportation and the treatment of my child are my responsibility. **Initial ___**

  Physicians Name & Number _____ Hospital of Choice _____

- I hereby give permission for the YMCA to apply sunscreen and/or bug spray to my child. I will supply sunscreen and/or bug spray for my child, as well as apply to my child prior to camp. The YMCA is NOT responsible for lost or stolen bottles of sunscreen/bug spray (please label containers). **Initial ___**
- I understand that ALL updated Physical Forms, signed by a physician, must be turned in to the camp office at the time of registration or the latest May 1st. **Initial ___**
- I am aware and understand that participating in activities while at Camp Tepee, including high ropes course, climbing wall, low ropes course and zip line, involve a potential risk of physical injury. I give my child permission to participate in these activities. **Initial ___**

Signature of Parent/Guardian _____ Date_____

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Lakewood-Trumbull YMCA
Summer Camp 2027

Authorized Pick Ups and Camper Accomodations

Camper's First Name _____ Last _____

Guardian Authorization: In order to ensure the well-being of all our participants and our ability to help you with picking up your child, please include every person that could assume the custody of your child for any unforeseen circumstances. The YMCA WILL require photo I.D. to release any child to an authorized pick up person listed on this form. I authorize the YMCA to release my child to the custody of the following people other than the Parent/ Guardians listed above.

Name_____ Relationship _____ Phone _____ Phone_____

Name_____ Relationship _____ Phone _____ Phone_____

Name_____ Relationship _____ Phone _____ Phone_____

Special Social, Behavioral or Medical Needs

Does your child require special accommodations (social, behavioral, medicine)? Yes ☐ No ☐

If you chose **Yes**, please note the following:

· An Individual Care Plan (ICP), completed by parent/guardian, is required by May 1st.

· Authorization of Medication Forms and Care Plan provided by Physician, signed by a Physician and parent/guardian are due by May 1st.

· We want to provide a positive and successful experience for all children. If your child has social, behavioral or developmental needs, please contact the Camp Director, 203-261-2566, by May 1st to discuss their needs and required support.

Please provide us with any information about your child that you think would benefit the staff from knowing to help ensure a successful/safe time at camp.

_____

_____

_____

_____

Signature of Parent/Guardian _____ Date _____

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Lakewood–Trumbull YMCA

Summer Camp 2027 Behavior Contract for Participants, Parents, Families & Campers

Camper's First Name _____ Last Name_____

EXPECTATIONS

- Show respect by treating other children and adults the way I would want to be treated.
- Be honest, will always tell the truth about actions and feelings.
- Be a friend that others can trust.
- Demonstrate caring by helping others and treating them kindly.
- Take responsibility for my own behavior and accept the consequences for my actions.
- To be free from cruel teasing and insults.
- Have a safe, calm, clean and orderly environment.
- Make mistakes without being ridiculed by others.
- Seek help from those that are there to help. Talk with Camp Staff when frustrated or feel mistreated.
- Be treated with dignity and respect by everyone.
- Use appropriate, acceptable language. Don't talk back or use obscene, threatening language or speak in an unkind manner.
- Avoid fights or verbal abuse.
- Be fair and accepting of others eager to join any activity.
- Work and play safely.
- Be kind, considerate, helpful, and respectful towards others.
- Follow directions and listen attentively while participating in activities.
- Share equipment and materials fairly and use them properly.
- Respect property, especially things that do not belong to me.
- Cooperate with others who are there to help.
- Speak up when witnessing unfairness or offensive language or behaviors of others.
- Be a good sport whether I win or lose.
- Be truthful with everyone.

CONSEQUENCES:

- Report of discipline for talking back, destroying property, bullying children, disrupting the program, or refusing to obey. Parent will be required to sign these reports acknowledging that they have read the report. After three reports, child and parent may be required to meet with the Camp Leadership staff.
- Letter of discipline and immediately suspended for a minimum of one day for hitting, kicking, biting, spitting, scratching, swearing, making degrading or racial remarks, or leaving the group. Parents may be required to meet with the Camp Director before the child can return to the program.
- Camp services may also be terminated if the parent is physically or verbally abusive to a staff member. It is our desire that every child enjoys his/her experience in the program.
- Participation in the Summer Camp Program may be limited or discontinued if this contract is not followed.

***Some behaviors may warrant our skipping procedure depending upon the severity of the inappropriate behavior.**

_____ _____ _____

Parent/Guardian Signature Child/Participant Signature Date

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