



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2021 Camp Thundermoon Registration Form

Please be sure both sides of this form are filled out completely.

CAMPER'S INFORMATION

First Name _____ Last Name _____

Street Address/City/State/Zip Code _____

Home Phone _____ DOB _____ Gender M F _____

School _____ Grade (as of 9/21) _____ Age _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer Name: _____

*Email Address: _____

MEDICAL INFORMATION

Does your child require medication? Yes__ No __

Does your child have developmental disabilities, active IEP, 504s, and any other special needs?
Yes__ No __

Does your child have any of the following:

Allergies __ Seizures __ Asthma __ Diabetes __
Behavior __ Other __

Father's Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Employer Name: _____

*Email Address: _____

EMERGENCY CONTACT / AUTHORIZED PICK-UP INFORMATION

In case of an emergency, and the YMCA staff is unable to reach the parents/guardian listed above, the following individual(s) have permission to make decisions regarding the care of my child. The emergency contacts listed below are also authorized to pick up my child at camp. **Photo ID will be required in order for camper to be released.*

1. Name: _____	2. Name: _____
Relationship to Child _____	Relationship to Child _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer Name: _____	Employer Name: _____

PARENT/GUARDIAN AGREEMENT

My signature below signifies that I agree with all information on this application and in the camp brochure. I also understand that State Law prohibits my child from attending camp without a medical form completed by a physician within 36 months prior to the beginning of camp. I authorize YMCA officials to secure medical emergency attention and treatment for the camper listed above. I also agree to pay the balance of camp fees one week prior to the beginning of the camp session (s). Permission is granted for the signed camper to participate in all planned camp activities including use of the indoor rockwall, field trips and walking trips. The undersigned voluntarily agrees to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in programs at YMCA Camp Thundermoon. I further waive, release, absolve, and indemnify the New Britain-Berlin YMCA, YMCA Camp Thundermoon, its Directors, Officers or Employees for injuries or accidents occurring while participating in the programs of YMCA Camp Thundermoon. My permission is also granted for the YMCA to take/use photographs, slides, moving pictures, or video of the camper named on this application to be used in Meriden-New Britain-Berlin YMCA marketing and fundraising.

Parent/Guardian Signature: _____ Date Signed: _____

Sessions	Weeks	Traditional Camp Unit 9AM-3PM	Traditional Camp Fees: <i>Please Circle</i>	Specialty Camp 9AM-3 PM	Specialty Camp Fees: <i>Please Circle</i>	Extended Camp 7AM-6PM
Session 1	Week 1 6/28 - 7/2/21	<input type="checkbox"/> Lightning Gr. K-1 <input type="checkbox"/> Thunder Gr. 2-3 <input type="checkbox"/> Hurricanes Gr. 4-5 <input type="checkbox"/> Teen X-Treme Gr. 6-8	Member \$165 Non-Member \$175	<input type="checkbox"/> Basketball Camp (Gr. 1-3) <input type="checkbox"/> Art Camp (Gr. 2-4) <input type="checkbox"/> Glam Camp (Gr. 5-8)	Specialty Camps Member \$198 Non-Member \$208	___ AM \$30 ___ PM \$40 ___ BOTH \$50
Session 2	Week 2 7/5 - 7/9/21	<input type="checkbox"/> Lightning Gr. K-1 <input type="checkbox"/> Thunder Gr. 2-3 <input type="checkbox"/> Hurricanes Gr. 4-5 <input type="checkbox"/> Teen X-Treme Gr. 6-8	Member \$165 Non-Member \$175	<input type="checkbox"/> Basketball Camp (Gr. 4-8) <input type="checkbox"/> Gymnastics Camp (Gr. 3-8) <input type="checkbox"/> STEM Robotics & Electric Circuit Inventions Camp (Ages 8-12) <input type="checkbox"/> Builders Camp (Gr. 1-3)	Specialty Camps Member \$198 Non-Member \$208	___ AM \$30 ___ PM \$40 ___ BOTH \$50
Session 3	Week 3 7/12 - 7/16/21	<input type="checkbox"/> Lightning Gr. K-1 <input type="checkbox"/> Thunder Gr. 2-3 <input type="checkbox"/> Hurricanes Gr. 4-5 <input type="checkbox"/> Teen X-Treme Gr. 6-8	Member \$165 Non-Member \$175	<input type="checkbox"/> Flag Football Camp (Gr. 1-3) <input type="checkbox"/> STEM Make and Take Camp (ages 8-12) <input type="checkbox"/> Art Camp (Gr. 5-8)	Specialty Camps Member \$198 Non-Member \$208	___ AM \$30 ___ PM \$40 ___ BOTH \$50
Session 4	Week 4 7/19 - 7/23/21	<input type="checkbox"/> Lightning Gr. K-1 <input type="checkbox"/> Thunder Gr. 2-3 <input type="checkbox"/> Hurricanes Gr. 4-5 <input type="checkbox"/> Teen X-Treme Gr. 6-8	Member \$165 Non-Member \$175	<input type="checkbox"/> Flag Football (Gr. 4-8) <input type="checkbox"/> Gymnastics Camp (Gr. 3-8) <input type="checkbox"/> Builders Camp (Gr. 1-3) <input type="checkbox"/> Dance Camp (Gr. 2-4)	Specialty Camps Member \$198 Non-Member \$208	___ AM \$30 ___ PM \$40 ___ BOTH \$50
Session 5	Week 5 7/26 - 7/30/21	<input type="checkbox"/> Lightning Gr. K-1 <input type="checkbox"/> Thunder Gr. 2-3 <input type="checkbox"/> Hurricanes Gr. 4-5 <input type="checkbox"/> Teen X-Treme Gr. 6-8	Member \$165 Non-Member \$175	<input type="checkbox"/> Soccer Camp (Gr. 1-3) <input type="checkbox"/> Art Camp (Gr. 2-4) <input type="checkbox"/> Glam Camp (Gr. 5-8)	Specialty Camps Member \$198 Non-Member \$208	___ AM \$30 ___ PM \$40 ___ BOTH \$50
Session 6	Week 6 8/2 - 8/6/21	<input type="checkbox"/> Lightning Gr. K-1 <input type="checkbox"/> Thunder Gr. 2-3 <input type="checkbox"/> Hurricanes Gr. 4-5 <input type="checkbox"/> Teen X-Treme Gr. 6-8	Member \$165 Non-Member \$175	<input type="checkbox"/> Soccer Camp (Gr. 4-8) <input type="checkbox"/> Gymnastics (Gr. 3-8) <input type="checkbox"/> Builders Camp (Gr. 1-3) <input type="checkbox"/> STEAM Explorations Camp (ages 8-12) (ages 8-12)	Specialty Camps Member \$198 Non-Member \$208	___ AM \$30 ___ PM \$40 ___ BOTH \$50
Session 7	Week 7 8/9 - 8/13/21	<input type="checkbox"/> Lightning Gr. K-1 <input type="checkbox"/> Thunder Gr. 2-3 <input type="checkbox"/> Hurricanes Gr. 4-5 <input type="checkbox"/> Teen X-Treme Gr. 6-8	Member \$165 Non-Member \$175	<input type="checkbox"/> Art Camp (Gr. 2-4) <input type="checkbox"/> STEM Chemistry Camp (ages 8-12) <input type="checkbox"/> Golf Camp (Gr. 3-8)	Specialty Camps Member \$198 Non-Member \$208 Golf Camp Member \$250 Non-Member \$260	___ AM \$30 ___ PM \$40 ___ BOTH \$50
Leaders Club	Offered Weeks 1-7	___ Week 1 ___ Week 6 ___ Week 2 ___ Week 7 ___ Week 3 ___ Week 4 ___ Week 5	\$100 per week			

By signing this form, I agree to pay the amount due by the Monday before each new session of camp. It will be my responsibility to notify the Meriden-New Britain-Berlin YMCA in the event that I cancel my credit/debit card. I will also notify the Y when I receive a new expiration date on my card. If a transaction will not post (i.e. account closed, suspended, insufficient funds, etc.) I understand I will be charged a \$20 fee. I understand that if my payment is not received prior to the start of the next session, my child won't be able to attend Camp Thundermoon that session.

METHOD OF PAYMENT - CIRCLE ONE Visa /MasterCard/Discover/AMEX
 Credit Card #: _____ Expiration Date: _____

Signature: _____ Today's Date: _____

Total Camp Fees \$ _____

Camp Fun Fee + 10.00

Amount Due: \$ _____

___ Full Payment

___ Auto-draft

OFFICE USE ONLY

- Completed & signed reg. form
- Auto-draft section signed
- Medical form given
- Sunscreen waiver signed
- Parent Handbook given

Staff Initials _____
 Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Camp Thundermoon

New Britain-Berlin YMCA

Parent/Guardian Agreement

Camper's Name: _____

My signature below signifies that I have read and agree with all the information in the YMCA Camp Thundermoon Parent Handbook and that I will read and review the camp rules and policies with my camper.

I also understand and agree to the following:

- If full auto-draft payment is NOT made prior to the start of the next session/week, then the child will not be able to attend camp that session.
- Should your auto-draft payment be returned for any reason it will then be sent to our ECASH system for collection. Upon collection from the ECASH system, you will be charged a \$20 return fee. I will be responsible for payment of any collection fees incurred by me should my account become delinquent.
- A \$25 INSF Fee will be charged to all returned personal checks.
- Requests for changes in camp sessions will be honored as space permits and the request is submitted with **at least one week notice**. There is a **fee of \$20** to change sessions.
- **A one (1) week notice is required for all cancellations.** Upon cancellations, a system credit (minus the camp fun fee) will be given for any camp fees paid. The credit can be used towards any future YMCA programs.
- Full refunds (minus the Camp Fun Fee) are given for medical reasons only (must provide a note from the child's physician) and are at the discretion of the Camp Director.
- Fees will not be refunded for absence, failure to attend during the term of enrollment, delayed attendance at camp or dismissal from camp.
- I give permission for photographs and videotapes of my camper to be used in marketing and camp publicity. If not, I will notify the YMCA Camp Office in writing.
- I authorize YMCA officials to secure medical/emergency treatment and transportation for my camper.
- I give permission for my camper to participate in all camp activities, including but not limited to swimming, field games, indoor Rockwall, etc.
- The YMCA reserves the right to dismiss a camper whose presence or behavior is threatening/unsafe to camp, other campers, or himself/herself.
- **I understand that state law prohibits my child from attending camp without the medical forms completed by a physician within 36 months prior to attending camp, and that medical forms must be received at least 1 week prior to the child attending camp.**

The undersigned voluntarily agrees to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in programs at YMCA Camp Thundermoon. I further waive, release, absolve, and indemnify the Meriden-New Britain-Berlin YMCA, YMCA Camp Thundermoon, its director, volunteers, officers, or employees for the injuries or accidents which occur while participating in the programs of YMCA Camp Thundermoon.

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____



**FOR YOUTH DEVELOPMENT®
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YMCA Camp Thundermoon

New Britain-Berlin YMCA

Sunscreen & Bug Repellant Application Authorization

(Recommended for campers in Grade 5 and below)

I hereby request that the following topical product(s) be applied to my child by the First Aid Director or Unit Director(s) of YMCA Camp Thundermoon. I understand that I must supply the product in the original container, labeled with the child's name.

Camper's Name: _____ **DOB:** _____

Address: _____

This authorization applies to the following product(s), which should be applied on the schedule indicated below:

Sunscreen:

Name of Product: _____

Please apply at this time of day: _____

Bug Repellant (optional):

Name of Product: _____

Please apply at this time of day: _____

I have applied the product(s) listed above at least once without adverse side effects to my child.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Phone #: _____



**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

- Camper
 Staff

Please return completed form at least one week prior to start of camp to the Berlin or New Britain YMCA or fax it to the Berlin office at 860-828-7830.

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Date of Exam ____/____/____

May participate in all camp activities YES NO

May participate except for: _____

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? YES NO

If yes, please explain _____

Are there any prescription or over the counter medication(s) this individual needs to take while at camp? YES NO

If yes, indicate names of medication(s): _____

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs? YES NO

If yes, please explain _____

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes? YES NO

Additional Comments: _____

Printed Name of Health Care Provider: _____

Address: _____ Phone: _____

Signature of Physician, PA, APRN or RN _____ Date Form Signed: _____



YMCA Camp Thundermoon

Individual Care Plan

(For campers with special health care needs or disabilities)

Camper's Name: _____ Date of Birth ___/___/___

What is the special health care need or disability? Please Explain:

What is the plan for appropriate care of the child in a medical emergency? An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency):

Signature(s) of the Parent(s):

Date Signed:

___/___/___
___/___/___

NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

Please use the reverse side of this form for signature(s) of all staff responsible for the care of this child.

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ___/___/___ Today's Date ___/___/___

Address of Child/Student _____ Town _____

Medication Name/Generic Name of Drug _____ Controlled Drug? YES NO

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration _____

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, frequency _____

Medication shall be administered: Start Date: ___/___/___ End Date: ___/___/___

Relevant Side Effects of Medication _____ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs _____

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date ___/___/___

School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ___/___/___

Parent /Guardian's Address _____ Town _____ State _____

Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: YES NO _____
Signature Date

Parent/Guardian authorization for self-administration: YES NO _____
Signature Date

School nurse, if applicable, approval for self-administration: YES NO _____
Signature Date

Today's Date _____ Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)