



Town of Smithfield Recreation
Summer Camp 2009
Run by the Smithfield YMCA
Registration Form

Camper Information

Child Name: _____ Male/Female

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

Phone Number: _____ Date of Birth: _____ Age: _____

Mother/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Father/Guardian: _____ Cell Phone: _____

Place of Work: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Cell Phone: _____

Child resides with: Mother _____ Father _____ Both _____ Guardian _____ Other _____

Does this child require any special accommodations to participate in camp? Yes _____ No _____

If yes, please explain: _____

Medical Information

Please list any allergies: _____

Is the camper on any medication? Yes _____ No _____

If yes, please list: _____

Will camper need to take medication while at camp? Yes _____ No _____

If yes, you will need to fill out a Medical Dispensing Form from the Camp Director.

Proof of immunizations is required for all campers.

Parent Authorization for Emergency Treatment

In consideration of admittance, I hereby authorize the Director or designee of the Smithfield YMCA to arrange for medical examination and/or treatment of my child, _____, should an emergency arise at the center or on a field trip. It is understood that a conscientious effort will be made by the center to contact me at the emergency numbers I have provided below before any medical action is taken. I would prefer to have my child taken to the following hospital if the need arises:

Name of Hospital

I understand that choice of hospital may be limited by service of local rescue squad.

Signature – Mother/Guardian

Home Phone

Business/Cell Phone

Signature – Father/Guardian

Home Phone

Business/Cell Phone

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Relatives or other persons to be contacted in case of an emergency:

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

The following people (other than parents) are authorized to pick-up your child:

Name: _____ Address: _____

Phone: _____ Relationship: _____

Signature: _____ Date: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

***Please attach a separate sheet of paper for additional pick-ups. Make sure to include all information above!*

Parental Consent/Field Trips

I _____ give my son/daughter _____ permission to attend all Smithfield YMCA organized field trips and all related activities. The organized field trips will be held off site and the children will be transported via school bus to all field trip activities. I also consent to any medical treatment that may be required for my son/daughter _____ at any time during the field trip. I understand that should an emergency arise at the center or on the field trip, the Smithfield YMCA will arrange for medical examination and/or treatment of my child named above. It is understood that a conscientious effort will be made by the Smithfield YMCA staff to contact me at the emergency numbers I have provided on page 2 before any medical action is taken.

I have read and voluntarily signed this RELEASE and WAIVER OF LIABILITY and hereby release the Smithfield YMCA, its officers, directors, trustees, agents, servants and employees from all liability for all actions taken in good faith during the field trips.

Parent/Guardian Signature: _____ Date: _____

Waiver of Liability

The Smithfield YMCA requires that all children have an examination by a licensed physician prior to participating in YMCA sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous YMCA sponsored activities and to protect other participants from communicable diseases.

In accordance with Section 7-6-21 of the Rhode Island General laws (entitled) "Exemption from Liability to participants in Sponsored Athletic or Sports Events," I hereby waive any liability that the Smithfield YMCA, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily injury incurred to my child while practicing or participating in any contest or exhibition of an athletic or sports nature sponsored by the YMCA.

I hereby give my permission for my child to participate in the full YMCA sponsored program and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YMCA sponsored activities. In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be taken to a hospital for emergency treatment if the parent or family doctor cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Photo Release

I give the Smithfield YMCA permission to photograph my child for public relations and/or marketing purposes.

Parent/Guardian Signature: _____ Date: _____

Additional Information:

The fees for this summer are \$315 per child. Payments must be made at the Smithfield Ice Rink. Field trip fees are additional and will range in price from \$10 - \$20 per trip. Cash ONLY. This is due each Monday for the week. The field trip schedule will be available on the first day of camp.

For planning purposes, please check off which weeks your child will be attending camp:

- Week 1 June 29 - July 3
- Week 2 July 6 - July 10
- Week 3 July 13 - July 17
- Week 4 July 20 - July 24
- Week 5 July 27 - July 31
- Week 6 August 3 - August 7
- Week 7 August 10 - August 14

All children will be picked up & dropped off at Gallagher Middle School.

Ages and Hours

This camp is designed for children that have completed Kindergarten through Grade 5. Camp is from 8 am - 3 pm. There is a \$5 late fee per 15 minutes of tardiness. After 30 minutes of tardiness, if the Smithfield YMCA has not made contact with the parent/guardian the Smithfield Police Department will be notified immediately.

T-Shirts:

Your child is required to wear their camp t-shirt on all field trip days. Please indicate your child's size. One shirt will be given to each camper.

Youth: Small (4/5) ___ Med (6-8) ___ Large (10/12) ___ XL (14-16) ___

Adult: Small ___ Med ___ Large ___

For Office Use Only:

Date Received: _____ By: _____

Amount paid: \$ _____

Check: _____ Cash: _____ Receipt #: _____

Immunizations attached: _____

Town Recreation Summer Program

Run by the Smithfield YMCA

Dear Parents:

Thank you for registering your child in the Town Recreation Summer Program, run by the Smithfield YMCA. For the second year in a row, the location of the Town Recreation Program will be Gallagher Middle School. I am looking forward to a great fun-filled summer! Please make sure the registration packet is *completely* filled out!

Here are some answers to frequently asked questions:

What should I wear to Town Rec.?

Campers should wear sneakers, socks, shorts and t-shirts each day. Camp t-shirts are required on field trip days. No sandals or Heely's (Sneakers).

What should I bring to Town Rec.?

Campers should bring a water bottle and plenty of other fluids for snack and lunch.

Can I bring items from home?

No, children are not allowed to bring items from home. This includes any electronic devices, stuffed animals or toys. There may be exceptions for special events, in which case parents will be notified ahead of time.

What about lunch?

Campers need to pack a cold, bag lunch daily. We do not have access to a microwave, can opener or refrigerator.

Do I need money while at camp?

No, children do not need money while at camp. The children will not have access to vending machines throughout the day.

If you have any additional questions about camp, please call 949-2480 ext. 12!

Thank you and I am looking forward to a fantastic summer!

Shauna L. Lewis
Senior Program Director
Smithfield YMCA