

# TORRINGTON Y SUMMER CAMP CHILD INFORMATION FORM

Child's Name: \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_ T-Shirt Size (Please check one) \_\_YS \_\_YM \_\_YL \_\_Adult Small

Phone \_\_\_\_\_ Email \_\_\_\_\_ Gender (circle) Male Female

Grade entering in Fall 2019 \_\_\_\_\_ School \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Returning Child? Yes \_\_\_ No \_\_\_

How did you hear about camp? (circle) Newspaper Ad Poster Radio YMCA flyer Television From a Friend

## Emergency Contact Information

Northwest CT Y is authorized to phone any of the persons listed below in an emergency. In addition to the authorized parents listed above, the people listed below may pick up this camper from camp. Expect to show photo I.D. at the time of pickup.

Name	Day Time Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____

## Parent Agreement

I approve this application and certify that:

1. My child is in good health and capable of such a camp experience. I give permission for my child to participate in all planned activities and programs, including swimming, off-site walking and bus & van trips.
2. The YMCA may dismiss without refund any child that disrupts the group or violates safety rules.
3. I agree to pay the balance of the program fees by their due date. I understand that my child will not be able to participate if the balance is not paid prior to the start of my child's camp session. Deposits are not refundable. No refund will be given after the second day of each camp session.
4. There are certain risks inherent in participation in YMCA programs. I understand the nature of these programs and accept the risks involved in such activities. I agree to release the YMCA and their agents of any liability and responsibility for any loss of damage to personal property or personal injury incurred by my child while participating in the YMCA program. In the event that my child does get injured, I give permission for my child to receive emergency medical attention.
5. It is my responsibility to pick-up/ drop off my child at the appointed time each day, at the agreed upon location, unless permission is granted otherwise.
6. I give permission for the YMCA to take, have and use photographs and digital video of my child for YMCA promotional purposes.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

For Office Use Only

Date Received	Confirmation Package Given/Mailed	MSD Initial	Med Forms Y N	Carbon Imprint Y N
_____	_____	_____		

# TORRINGTON YMCA DAY CAMP RATES

## Camp TORYMCA • Ages 6-12

SESSIONS	1	2	3	4	5	6	7	8	9
DATES	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23
Y MEMBER	\$170	\$170	\$170	\$170	\$170	\$170	\$170	\$170	\$170
GENERAL PUB	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175

## Ninja Warrior Camp • Ages 6-12

SESSIONS	1	2	3	4	5	6	7	8	9	10
DATES	6/17-6/22	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23
Y MEMBER	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190	\$190
GENERAL PUB	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200	\$200

## Read, Write Move Camp • Grades 1-3

SESSIONS	1	2	3	4	5	6
DATES	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16
Y MEMBER	\$185	\$185	\$185	\$185	\$185	\$185
GENERAL PUB	\$195	\$195	\$195	\$195	\$195	\$195

## Camp Sunshine • Ages 3-5

SESSIONS	1	2	3	4	5	6	7	8	9
DATES	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23
MEMBER HALF DAY	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96	\$96
GEN PUB HALF DAY	\$101	\$101	\$101	\$101	\$101	\$101	\$101	\$101	\$101
MEMBER FULL DAY	\$170	\$170	\$170	\$170	\$170	\$170	\$170	\$170	\$170
GEN PUB FULL DAY	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175	\$175

## Camper Extended Care & Winsted Bus Transportation

SESSIONS	1	2	3	4	5	6	7	8	9	10
DATES	6/17-6/22	6/24-6/28	7/1-7/5	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23
BEFORE CARE	\$27	\$27	\$27	\$27	\$27	\$27	\$27	\$27	\$27	\$27
AFTER CARE	\$23	\$23	\$23	\$23	\$23	\$23	\$23	\$23	\$23	\$23
BEFORE & AFTER	\$48	\$48	\$48	\$48	\$48	\$48	\$48	\$48	\$48	\$48
WINSTED BUS	N/A	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	N/A

## Weird Science Camp

SESSION	1
DATES	6/24-6/28
Y MEMBER	\$185
GENERAL PUB	\$195

	# OF WEEKS	TOTAL FEES
CAMP TORYMCA		
NINJA WARRIOR CAMP		
READ, WRITE, MOVE CAMP		
CAMP SUNSHINE		
WEIRD SCIENCE CAMP		
<b>TOTAL CAMP FEES</b>		

CAMPER EX. CARE	
WINSTED BUS	
<b>TOTAL EXT CARE &amp; BUS FEES</b>	
<b>TOTAL FEES</b>	
TOTAL CAMP FEES	
ADD'T'L CHILD DISC. (10%)	
TOTAL EXT. CARE & BUS FEES	
<b>TOTAL</b>	



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### IMPORTANT PLEASE READ AND ACKNOWLEDGE:

#### Payment Policies

- If the draft is declined, an NSF fee of \$25 will be added to my account.

#### Discounts

- 10% off for any second or additional child enrolled from your immediate family, if attending same sessions. Discount taken from the least expensive session.

I would like to Pay in Full by \_\_\_\_\_ (date)

I would like the Draft Option

#### Draft Agreement

- I authorize that my Camp deposit will be drafted from my debit or credit card.
- I authorize that my debit or credit card will be drafted on the first Monday of each Camp Week.

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

I have read and understand the Discount and Payment policies.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_