

Rising Star Camp 2019 Registration



Camper's Name: _____

Please Print

Check each session (*2 sessions maximum*)

Session 1	<input type="radio"/> Camp Fee \$405
June 24 th - July 5 th (No camp July 4 th)	<input type="radio"/> I am requesting financial assistance *Please be sure to complete the Financial Assistance form

Session 2	<input type="radio"/> Camp Fee \$405
July 8 th - July 19 th	<input type="radio"/> I am requesting financial assistance *Please be sure to complete the Financial Assistance form

Session 3	<input type="radio"/> Camp Fee \$405
July 22 th - August 2 nd	<input type="radio"/> I am requesting financial assistance *Please be sure to complete the Financial Assistance form

Session 4	<input type="radio"/> Camp Fee \$405
August 5 th - August 16 th	<input type="radio"/> I am requesting financial assistance *Please be sure to complete the Financial Assistance form

To begin the registration process at least \$25.00 (for each session) must accompany this registration form. Checks can be made payable to: Northwest CT YMCA

Payment Information

Financial assistance is available for eligible families. We also accept **Care 4 Kids**. Financial assistance is limited. ***Please turn in financial aid applications no later than May 6th to ensure proper time for processing.*** Please contact Peter Kapitancek at 860-379-0708 ext 209 or at Risingstar@nwcty.org Fax 877-802-8496

Bus Pick-up (Check one)

- St. Francis/St Peter School 8:45AM Torrington
- Pearson School 8:15 AM Winsted

Bus Pick-up (Check one)

- St. Francis/St Peter School 4:20PM Torrington
- Pearson School 4:45PM Winsted

Office Use Only

Reg Med Intake Pd 1 Pd 2 Pd 3

Rising Star Camp 2019 Registration



Rising Star Camp is a program of the Winchester Youth Service Bureau, a branch of the Northwest CT YMCA

Child's Name:

_____		_____		_____		_____	
Street		Town		State		Zip	
Age		Date of Birth		Gender (circle)	Male	Female	
Grade entering Fall 2019				School			

Mother/Guardian:

Address (if different) _____

Home phone _____ Work phone _____

Cell phone _____ email _____

Father/Guardian:

Address (if different) _____

Home phone _____ Work phone _____

Cell phone _____ email _____

Returning Camper? Yes ___ No ___ How did you hear about camp? _____

Emergency Contact Information: (Required)

Rising Star Camp 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 a photo I.D. at time of pickup.

Name	Daytime Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____

Photo Release I give permission to Rising Star Camp/the Y to take, have and use artwork, photos, slides, moving pictures or videotapes, of the camper. Yes ___ No ___ Parent Initial ____

Parent Agreement

I approve this application and certify that the proposed camper is capable of such an experience. I understand that Rising Star Camp/Northwest CT YMCA may dismiss without refund any camper that disrupts the group or violates safety rules. I agree to submit a properly completed medical form prior to the start date of my child's session. I understand that state laws prohibit my child from attending camp without a Medical Form. I know that all financial agreements must be completed before the start of each session. I understand that the Rising Star Camp/the Y will exercise precautions for the safety of all participants and their personal property. I understand there are certain risks inherent in a number of camp activities and accept the risks involved in such activities. I agree to release the Y / Rising Star Camp and their agents of any liability and responsibility for the loss of damage to property or personal injury incurred by my child while participating in the Y program. Permission is granted for the applicant to participate in all planned activities and programs, including off site trips, understanding competent leadership will be provided. I give permission for my child to receive emergency medical attention. I understand there is no nurse onsite, and that any required medication will be given by camp staff trained in medication administration.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____