



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

## 2018: BERKSHIRE FAMILY YMCA'S PITTSFIELD CAMP REGISTRATION FORM

Please read all information carefully, and complete steps 1-11 on both sides of this page. Sign and return this form to the Northern Berkshire Branch. If mailing, please send to BFYMCA's Corporate Office: 292 North Street, Pittsfield, MA 01201. Please use one form per camper. Questions? Carly & Krista, Camp Managers, 413-499-7650 x 121, schoolage@bfymca.org

### 1. I AM REGISTERING MY CHILD FOR:

- CAMP SUMNER at Berkshire Community College, Pittsfield MA (\$180 per Camper per Week)

### 2. TELL US ABOUT YOUR CAMPER

Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_  
 Camper's Name: \_\_\_\_\_ Street Address/City/State/Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  Other \_\_\_\_\_  
 School: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

### 3. PROVIDE EMERGENCY CONTACTS. Three contacts are required.

Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Contact #3: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### 4. PROVIDE CHILD HEALTH INFORMATION

Proof of medical physical and immunizations by licensed physician within the last 12 months is attached.  
 Child's Allergies: \_\_\_\_\_ (If yes, provide individual health care plan and medication consent, if applicable.)  
 Sensitivities: \_\_\_\_\_  
 Chronic Health Conditions: \_\_\_\_\_ (If yes, provide individual health care plan and medication consent if applicable.)  
 YMCA staff is authorized to apply sunscreen for my child.

### 5. CHOOSE CAMP GROUP

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> (Entering K, must be age 5)              | <input type="checkbox"/> <b>Voyagers</b><br>(Entering 3rd grade)         | <input type="checkbox"/> <b>Leaders in Training (LIT)</b><br>(Entering 7th-9th grades) |
| <input type="checkbox"/> <b>Pioneers</b><br>(Entering 1st grade)  | <input type="checkbox"/> <b>Trailblazers</b><br>(Entering 4th grade)     |  |
| <input type="checkbox"/> <b>Explorers</b><br>(Entering 2nd grade) | <input type="checkbox"/> <b>Pathfinders</b><br>(Entering 5th-6th grades) |  |

### 6. CHOOSE SESSION(S). Check appropriate box(es). Sessions 1-9

Session	2018 Dates	Camp Sumner, Pittsfield MA \$180/Camper per Week
1	June 25 – June 29	<input type="checkbox"/>
2	July 2 – July 6 (Closed July 4)	<input type="checkbox"/>
3	July 9 – July 13	<input type="checkbox"/>
4	July 16 – July 20	<input type="checkbox"/>
5	July 23 – July 27	<input type="checkbox"/>
6	July 30 – August 3	<input type="checkbox"/>
7	August 6 – 10	<input type="checkbox"/>
8	August 13 – 17	<input type="checkbox"/>
9	August 20 – 24	<input type="checkbox"/>

## 7. YMCA MEMBERSHIP

- Camp Sumner, Pittsfield MA
  - To participate, active YMCA Membership through August 24, 2018 is required.

## 8. CAMPER TRANSPORTATION. Choose ONE only.

- Parent/Guardian Transportation to/from camp site. Drop-off: 8:30am | Pick-up: 4:30pm
- Bus Pick-up/Drop-off Berkshire Family YMCA, 292 North St. Pick-up: 8:30am | Drop-off: 4:45pm  
Arrive 15 minutes before scheduled pick-up and drop-off times. Parents must stay with children until bus arrives.

## 9. BEFORE- AND AFTER-CAMP CARE. Check all boxes that apply.

No cost to attend. Pre-registration is required. There is no bus transportation for those who attend extended care. Before- and After-Camp Care at camp site.

- Camp Sumner, Pittsfield MA
  - Before-Camp Care: 7-9 a.m.:  Monday  Tuesday  Wednesday  Thursday  Friday
  - After-Camp Care: 4:30-5:30 p.m.:  Monday  Tuesday  Wednesday  Thursday  Friday

## 10. PAYMENT OPTIONS. Check appropriate boxes.

- I plan to pay one time for the cost of camp. Checks made payable to Berkshire Family YMCA.
- I plan to pay weekly at the Welcome Center either by mail or in person. Payments need to be received by the Friday prior to camp starting. Checks made payable to Berkshire Family YMCA.
- I plan to pay weekly by Automatic Payments. Payments are drafted on Mondays at the start of camp week.
  - New Account setup. Please fill out our Automatic Payment Form for your authorization.
  - Existing Account on file. The Y has my permission to use the account on file.
- Full Voucher
- Partial Voucher with parent fee

## 11. SIGN THE AGREEMENT and initial where necessary:

I agree to assume all risks and hazards incidental to the conduct of this program and for the transportation to and from, if necessary. I hereby release the Berkshire Family YMCA, its officers, employees, and volunteers from any and all claims, demands and liabilities to myself or my child(ren) resulting or arising from my/our participation in any program offered through the Berkshire Family YMCA. Initial: \_\_\_\_\_

I authorize staff who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. Initial: \_\_\_\_\_

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I or one of the 3 listed emergency contacts cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility to secure necessary medical treatment for my child. Initial: \_\_\_\_\_

I support the YMCA program philosophy which is based on participation, fun physical fitness and health, skill development, teamwork, fair play and family involvement. Initial: \_\_\_\_\_

I agree to allow the Berkshire Family YMCA to release my child's photograph. Initial: \_\_\_\_\_

I agree to allow the Berkshire Family YMCA to use my child's name for media and fundraising events. Initial: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## OFFICE USE ONLY

Date: \_\_\_\_\_ YMCA Member No. (Camp Abenaki Only): \_\_\_\_\_ Membership Termination Date: \_\_\_\_\_

Current Physical Submitted    Amount Paid: \_\_\_\_\_  Payment in full

Scholarship Amount: \_\_\_\_\_ Balance: \_\_\_\_\_  Voucher  DCF  Scholarship  PP Staff initials: \_\_\_\_\_

**BERKSHIRE FAMILY YMCA:** www.bfymca.org

**Pittsfield (Corporate Office):** 292 North Street, Pittsfield, MA 01201 **P:** 413-499-7650 **F:** 888-965-0663

**Northern Berkshire:** 22 Brickyard Court, North Adams, MA 01247 **P:** 413-663-6529