

ADVENTURE CAMP

2024 Registration Forms

BEST
SUMMER
EVER™



CAMPERS MUST BE 6 YEARS OLD OR ENTERING FIRST GRADE.

**MUST BE MEMBER
BY MAY 31
TO RECEIVE
MEMBER RATES**



**MAKE SURE YOU HAVE THE FOLLOWING COMPLETED
& TURNED IN WITH YOUR CAMP REGISTRATION—
Check off each form completed:**

- Camp Registration Form
- Camp Payment Form
- Medical Form
- Recent Photo of Your Child
- Mark off bus/location (For Stiles Pond Campers)

Note that an up-to-date immunization form (within last 24 months) must be provided with registration form.

DANVERS COMMUNITY YMCA
34 Pickering Street
Danvers, MA 01923
978-774-2055 • Fax 978-750-4457
www.danversymca.org



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**



DANVERS Y STILES POND DAY CAMP

A weeklong waterfront camp located on beautiful Stiles Pond in Boxford. 9 themed weeks for those who love the great outdoors and water activities!

Includes swimming, nature, science, hikes, sports, arts & crafts, fishing, and boating.

**Bus Pickups in Danvers, Topsfield, Middleton, & Boxford—
Fee for transportation.**



ADVENTURE CAMP AT THE Y

10 Themed Adventure Weeks this year at the Danvers YMCA!

We offer a week-long option (Monday-Friday) or 3-day Tuesday-Thursday option. Early drop-off or late pick-up are available on-site at the Y.

Each day includes games, sports, S.T.E.M., arts & crafts, and pool time (Monday-Thursday). Unique to the Week-Long camp is Friday Field-trips or on-site special visitors.

Note: The 3-day is ONLY Tuesday-Thursday

Our summer camp hours are 9:00am-4:00pm.

Extended day is available at the Danvers YMCA location. Refer to registration forms for more details. Each week camp families will receive a newsletter with key dates and information about any special activities that week.

All registration forms should be dropped off or emailed to:

For Adventure Camp: Meaghan Carr, mcarr@danversymca.org

For Stiles Pond Camp: Deb Barrowclough, dbarrowclough@danversymca.org

Please note ALL forms must be included with your camp registration. A non-refundable, non-transferable fee of \$35 will be charged per child, per week.

ADVENTURE CAMP REG. 2024: age 6 or Entering 1st grade-12 • Hours: 9:00am-4:00pm

Camper: _____ Birth Date: _____ Age: _____ Gender: _____
 Grade Entering in Sept. 2024: _____ Email: _____
 Address: _____ Town: _____ Zip: _____
 Danvers Y Member: Yes ___ No ___ Sibling Attending Camp? ___ Check if Yes
 Parent/Guardian Name: _____ Cell #: _____
 Parent/Guardian Name: _____ Cell #: _____

PAYMENT:
 \$35 non-refundable/non-transferable deposit per child, per week must be paid upon registration.

MUST BE MEMBER BY 5/31/24 to receive member discounts for camp.

5 DAY RATES:	FAMILY MEMBER	GENERAL MEMBER	COMMUNITY
Monday-Friday	\$270	\$300	\$350

3 DAY RATES:	FAMILY MEMBER	GENERAL MEMBER	COMMUNITY
Tuesday-Thursday	\$176	\$200	\$230

CIT APPLICATIONS FOR 13-15 YEAR OLDS WILL BE POSTED BY END OF FEBRUARY.

CIT's will need to set up an interview after application is turned in to the Y.

Circle week and whether it's a 5-day or 3 day camp week on chart below.

Siblings receive a 5% discount if attending the same week.

How many children attending camp? _____ child/children. Please complete separate form for each child.

Summer Celebration! 6/24-6/28	Holiday Spirit Week 7/1-7/5 (deduct \$60)	Disney Week 7/8-7/12	Retro Week 7/15-7/19	Y Olympics Week 7/22-7/26	Animal Week 7/29-8/2	Outer Space Adventures 8/5-8/9	Hollywood Week 8/12-8/16	H2O Week 8/19-8/23	Circus Week 8/26-8/30
WK 1	WK 2	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10
5 Day	5 Day	5 Day	5 Day	5 Day	5 Day	5 Day	5 Day	5 Day	5 Day
3 Day (Tue-Thu)	3 Day (Tue-Thu)	3 Day (Tue-Thu)	3 Day (Tue-Thu)	3 Day (Tue-Thu)	3 Day (Tue-Thu)	3 Day (Tue-Thu)	3 Day (Tue-Thu)	3 Day (Tue-Thu)	3 Day (Tue-Thu)

X Deposit Paid: _____ Date: _____
 Staff (First Name): _____

BEFORE CARE: \$50 per 5 day week/ \$30 per 3-day week Opens 7:30 am— Circle Weeks

WK 1	WK 2 Deduct \$10	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10
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AFTER CARE: \$50 per 5 day week/ \$30 per 3-day week Close at 6:00 pm— Circle Weeks

WK 1	WK 2 Deduct \$10	WK 3	WK 4	WK 5	WK 6	WK 7	WK 8	WK 9	WK 10
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ALL FORMS INCLUDING PAYMENT FORM MUST BE COMPLETELY FILLED OUT, AND TURNED IN WITH REGISTRATION. WE MUST HAVE A CC OR CHECK ON FILE FOR DEPOSITS/PAYMENTS.

CAMP BALANCE MUST BE PAID FOR ONE WEEK PRIOR TO FIRST DAY OF CAMP WEEK.

CAMPER'S NAME - LAST, FIRST: _____
CIRCLE IF COMPLETE: PAID IN FULL MEDICAL FORM PHYSICAL/IMMUN. ALLERGIES? YES/NO

Summer Camp Payment Form-2024

CAMPER'S NAME - LAST, FIRST:

CAMPER'S NAME: _____ DOB: _____

PAYMENT OPTIONS: Cash _____ Check _____ (Payable to Danvers Y, include campers name on check.)
Credit Card (see below) Please check if your child has an active voucher _____

CREDIT CARD PAYMENT (CHECK ONE): _____ MasterCard _____ Visa _____ American Express _____ Discover

Name on card (Print Clearly): _____

Credit Card #: _____ Expiration Date: _____ CVS: _____

Street Address: _____ City: _____ Zip Code: _____

Charge: Deposit(s) _____ Full Balance: _____ Balance charged 1 Week Prior to Session.

Signature: _____ Date: _____

BILLING POLICIES- Camp must be paid in full prior to first day of camp week.

- 1.) There is a non-refundable, non-transferable deposit of \$35 PER WEEK, PER CAMPER to reserve spot; this fee is applied to the total balance due for each session.
- 2.) If balance is not paid in full the Friday prior to the session, the Y reserves the right to cancel the registration. If a camp enrollment is cancelled due to non-payment, the \$35 deposit fee for that session is forfeited.
- 3.) Changes in enrollment MUST be received in writing/by email no later than June 30th. Please note that we will make every effort to accommodate, but may not always due to licensing restrictions. All deposits are non-refundable/non-transferable.
- 4.) Late Fees: a \$15 late fee will be charged for payments received after the first day of scheduled camp session.
- 5.) If an account has been in collection with the YMCA (including an outstanding balance in another Y program), it must be paid in-full upon registration. *Money order, cash, or active credit card only.*
- 6.) If an enrollment is cancelled due to behavioral issues, the Y reserves the right to retain camp fees for the current session.
- 7.) There will not be any refunds after the first day of camp.
- 8.) The Y does not pro-rate fees or reimburse due to missed days by campers.

I have read, fully understand, and agree to the DANVERS YMCA's Summer Camp Billing Policies.

Parent/Guardian signature: _____ Date: _____

A completed enrollment packet, physical (within the last 2 years) and immunization records MUST be submitted prior to your child's camp start date.

CAMP STAFF AND LICENSING

All camp staff are well trained to provide the best experience and safe environment for campers, pass a child abuse awareness program, pass criminal background checks and hold valid CPR/First Aid/AED certificates. This/These camps must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. Parents may request copies of YMCA's policies for background checks, health care and discipline policies as well as procedures for filing grievances. Please email any request to attn.: HUMAN RESOURCES info@danversymca.org.



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DANVERS YMCA— SUMMER CAMP MEDICAL FORM

2024

*** MUST PROVIDE CURRENT PHYSICAL AND IMMUNIZATIONS ***

Campers Name: _____ Age: _____

Parent/Guardian Name: _____ Cell: _____

Camp attending (Circle all that apply): Stiles Pond Adventure Camp C.I.T.

Child Pick-Up Permission/Emergency Contact

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parents are allowed to pick up unless noted otherwise
 *Anytime a child is to be picked up early from camp, please call or email the camp director. Unless the note specifies another person, the camper will only be released to someone on the pick-up list.
 *All adults wishing to pick up campers must be ready to show their identification to a staff member. Campers will not be released from camp without proper identification.

Adventure Camp: mcarr@danversymca.org
Stiles Pond Day: dbarrowclough@danversymca.org

DANVERS YMCA

978-774-2055

www.danversymca.org

Not Allowed to Pick Up Child

Name: _____

Name: _____

Name: _____

(Proper paperwork required)

CAMPER'S NAME - LAST, FIRST:

SUNSCREEN WAIVER- The Danvers YMCA strongly recommends that you put sunscreen on your child(ren) before they arrive at camp. The staff are scheduled to be sure the children in their groups re-apply the sunscreen between noon and 12:30.

I give permission to the Danvers YMCA to allow my child(ren) to apply sunscreen provided by the Danvers YMCA as a topical if needed.

Please Check: YES__ NO__ Parent Signature _____

MEDICAL INFORMATION- Your child must have current immunizations for smallpox, tetanus, diphtheria, whooping cough, hepatitis B, polio, measles and chicken pox. If you do not immunize your child for any reason, you must sign the back of the immunization form stating that you do not immunize your child. Your child will not be allowed into camp without immunization records on file. **Please attach the medical form with the physicians signature or provide to the Y prior to the week before camp.**

Emergency Authorization- 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 cannot be reached, I hereby authorize the Danvers Community YMCA to transport my child to the nearest hospital and to secure for my child the necessary treatment. I understand the staff is trained in basics of the First Aid/CPR and I authorize them to give my child First Aid/CPR when appropriate.

*Is there any reason for prohibiting your child from regular physical activity: _____

*If YES, for what reason? _____

*Does your child have allergies? _____ If YES, Please explain? _____

*Parents are obligated to notify us if your child is exposed to a contagious disease from two weeks before and during the camp period.

I have read the above:

Parent Signature: _____ Date: _____

HEALTH INFORMATION: I understand that I must provide a copy of my child's latest physical (dated no more than 24 months prior) and Immunization Record to camp PRIOR to attending camp. I am aware that the Danvers Community YMCA does not provide Health or Accident Coverage and it is my responsibility to obtain Health & Accident coverage for my child.

I attest that all of the above information is correct and I understand my responsibilities.

Sign here: _____ Date: _____