

CYCC Kids Camp 2012

Enrollment Form

(For Children ages 7-14)

Applicants are not required to be members of CYCC

Child's Name: _____

Week(s) of Enrollment:

July 9 ____ July 16 ____ July 23 ____

July 30 ____ August 6 ____ August 13 ____ (check all that apply)

Payment: Payment must be made by personal or bank check: Checks should be made out to: CYCC

Fees: \$390 per week session

If Child or Grandchild of Full CYCC Member: \$355 per week

This fee covers one t-shirt per child and Theme lunch ticket for each week.

Child is not guaranteed a spot until payment in full is received. All payments and Enrollment Forms must be received no later than July 1st, 2012, unless prior arrangements have been made with Camp Supervisor.

A surcharge of \$15 will be assessed for all late registrations.

Parents/Grandparents current CYCC members: _____

Name of Member: _____

General camper information

Birth date : (Mo/Day/Year) _____

Age as of May 1st 2012 _____

Youth T-shirt Size: _____ (Youth Sizes unless specified)

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Male/Female _____

Date of Last Physical: _____ Please include a copy of most recent physical with this form. It is required by the state.

Inclement weather clause. In the case of severe weather, camp time will be reduced to 3.5 hours. This decision will be made by our General Manager and Camp Director. Our first priority is the safety and well being of your children. Please be advised that no other make up sessions will be offered.

Parent signature: _____

My child may use, under the supervision of CYCC staff, hazardous equipment involved in but not limited to activities such as sailing, tennis and golf. I give permission for my child to participate in all camp activities. I acknowledge and assume the risks involved in these activities, and for any damage, illness, injury or death resulting from such risks for myself and my child. There are no physical, emotional, mental problems or limitations associated with my child's participation in camp activities, except as disclosed by me in writing to CYCC. I have also read, discussed with my child and understand and agree to the terms on all pages of this application, including the Child/Parent Agreement.

If my child chooses not to participate, I understand there will be no refund or make up days.

Parent or Guardian's Signature Date

Parent or Guardian's Name (Please Print)

PHOTO RELEASE: CYCC takes photos of the camp and our campers. We use some of these images on our website and in our print advertising.

- o I give CYCC permission to use photos of my child
- o I DO NOT give CYCC permission to use photos of my child

Please attach a copy of your child's current physical.

Please return completed Enrollment Form to:

CYCC P.O. Box 779 Wellfleet, MA 02667

508-349-3704 phone 508-349-6044 fax

CYCCcamp@comcast.net

PARENT/GUARDIAN CONTACT INFORMATION:

Resides with: Both (Mother & Father) Mother Father Other Legal Guardian (Circle One)

Parent/Guardian (1) Full Name:

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Email Address: _____

Parent/Guardian (2) Full Name:

Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION:

Emergency Name: _____
Phone: _____

Emergency Name: _____
Phone: _____

The following people other than parent/guardian have permission to pickup my child from CYCC:

- 1. _____
- 2. _____

Summer Address

Parent/Guardian's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Summer Phone: _____ Cell: _____

Billing Address (if different from Parent's Address):

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

HEALTH AND INSURANCE INFORMATION:

Known Allergies: _____

Food/Dietary Restrictions:

Please tell us about all medical conditions, physical disabilities, health concerns or significant medical history:

Does your child take medication on a daily basis? _____ If Yes, please list ALL medications:

Please list all medications to be administered by the CYCC Health Supervisor:

For what purpose is the medication prescribed?

Please list prescribing doctor :

Health Insurance Company & Policy Number:

Primary Health Care Provider Name and Phone:

CYCC Child/Parent Agreement

(Must be signed by parents and understood by child. A signed copy of this agreement must be returned to CYCC along with Enrollment Form)

It is important that all campers and parents have full understanding of, and be in agreement with the overall CYCC philosophy, ideals and goals related to group activities and community involvement.

I understand CYCC reserves the right to determine whether or not a child is able to meet the physical and emotional rigors of the program. The parent or guardian signing below understands that CYCC relies upon the information contained in the application, medical form and other forms provided on behalf of the child. The parent or guardian below assumes all risk of loss arising from information that may not be accurate or complete and agrees to indemnify CYCC, its officers, directors, successors and assigns all claims for loss, damage or injuries sustained to the child and relating to such incomplete or inaccurate information.

I further understand that CYCC is not a therapeutic program or treatment center.

Further, it is understood by parents and children and is agreed that:

- There shall be no smoking or use of smokeless tobacco products by participants at any time.
- There shall be no drinking of alcoholic beverages by children on CYCC property.
- There shall be no use of or involvement in marijuana, narcotics, or controlled substances or accompanying drug equipment.
- Weapons and firearms are not permitted
- Cell phone use will not be allowed during the day's activities. If the child brings a cell phone, the phone will remain locked up in the CYCC Camp Supervisor's office until the day's activities are over.
- In the event of misconduct or other circumstances, CYCC reserves the right, in its sole discretion, to expel a child before the completion of the session in which the child is enrolled.

No refunds will be given if expelled.

If a child misses a day of camp due to illness or injury, a make-up will be offered only if space is available and with authorization from the Camp Director. Please note make ups are not offered under normal circumstances other than the above stated.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by CYCC to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child named above.

I have read, discussed with my child and understand and agree to the terms on this application, including the Child/Parent Agreement.

Participants and their parents/guardians will read all materials sent and complete all forms in a timely manner required for participation.

Parent or Guardian's Signature Date