



# OCEAN COMMUNITY YMCA 2021 CAMP REGISTRATION FORM WWW.OCEANCOMMUNITYYMCA.ORG

## CAMP WATCHAUG

Location: 160 Prosser Trail, Charlestown RI  
Mailing Address: 95 High Street, Westerly, RI 02891  
401-364-6535  
dballantyne@oceancommunityymca.org

## CAMP COVE

Location: 1 Harry Austin Drive, Mystic CT 06355  
Mailing Address: 1 Harry Austin Drive, Mystic CT 06355  
860-536-3575  
mbaxter@oceancommunityymca.org

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ \*Gender \_\_\_\_\_

\*Gender is only used by the Directors when making group assignments to do their best to ensure that each group is as gender-balanced as possible. Please check the gender your child most identifies with and feel free to contact the Director if you have questions or would like to share additional information that would help us ensure your child is comfortable participating in all programs.

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Summer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's School \_\_\_\_\_ Grade Entering in Fall, 2021 \_\_\_\_\_

First summer at Camp Watchaug?  Yes  No  N/A First summer at Camp Cove?  Yes  No  N/A

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Home Address (if different from Campers) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Employer \_\_\_\_\_ Position \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Home Address (if different from Campers) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Employer \_\_\_\_\_ Position \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

The persons listed above will be allowed to pick up the camper from camp, a bus stop or extended day. Please complete the "Additional Pick-Up Request" form to list any additional friends or family members who are authorized to pick up camper and can be notified in event of an emergency. They must be at least 18 years of age.

PHOTO ID IS REQUIRED FOR PICK UP.

### SELECT APPROPRIATE AGE GROUPING FOR YOUR CHILD:

<u>Age/Grade Entering in the Fall</u>	<u>Camp Watchaug</u>	<u>Camp Cove</u>
<input type="checkbox"/> Ages 4 & 5	Hummingbirds	Angel Fish
<input type="checkbox"/> Entering Grade 1	Chickadees	Sea Stars
<input type="checkbox"/> Entering Grades 2 & 3	Robins	Sea Horses
<input type="checkbox"/> Entering Grades 4 & 5	Pioneers	Sting Rays
<input type="checkbox"/> Entering Grades 6 & 7	Rangers	Dolphins
<input type="checkbox"/> Entering Grades 8 -10	Explorers	Sharks
<input type="checkbox"/> Entering Grade 10	CIT	n/a

**MEDICAL/BEHAVIORIAL/CUSTODY INFORMATION**

Please provide detailed information regarding any pertinent past or current medical treatment, psychological or behavioral conditions, or custodial issues that would enable us to provide appropriate care for your child. If relevant, please list any behavior modification methods used at home or school. Use another sheet of paper and attach if necessary.

**Camp Cove: a copy of your child’s most recent (must be within 24 months of camp attendance) Health Assessment and Physical examination MUST be on file at least 2 weeks prior to your child attending camp.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the camper have allergies?  Yes  No Explain: \_\_\_\_\_

All campers are educated to wash their hands before and after eating meals or snacks and NOT to share food. Counselors will sit next to campers with severe food allergies. Upon request, an allergen-free eating area can be arranged or a request can be made to your child’s group to only send non-allergen snacks and lunches. **Please contact the Camp Director if this is necessary.**

Is the camper on a special diet?  Yes  No Explain: \_\_\_\_\_

May camper participate in ALL Camp Activities?  Yes  No If no, what restrictions apply? \_\_\_\_\_

Is the camper current on all routine childhood immunizations ?  Yes  No

**Both Camps: a copy of your child’s Immunization record MUST be on file at least 2 weeks prior to your child attending camp.**

Camper’s Physician \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Group Policy# \_\_\_\_\_ Parent Provider \_\_\_\_\_

*Please attach copy of Health insurance Card.*

Please list any prescription and/or non-prescription medication camper takes on a regular basis: \_\_\_\_\_

\_\_\_\_\_

Our Health Offices only stocks the following non-prescription topical medications and administers them under the Standing Orders of our on-call physician. Please **indicate permission for** medication administration. Please note there are different items at each camp due to differing state regulations.

If you would like your child to receive ANY medications not listed for the camp they are attending, you must complete a Medication Administration Form for each one. Forms are available on-line or at the YMCA.

This applies to BOTH prescription and non-prescription medications.

Campers are NOT permitted to hold any medications other than bug spray, sunscreen and emergency medications authorized for self-administration.

<b>Camp Watchaug Only:</b>					
May we administer:					
<b><u>Antibiotic Ointment:</u></b>	yes or	no	<b><u>Calamine Lotion:</u></b>	yes or	no
<b><u>Hydrogen Peroxide :</u></b>	yes or	no			
<b><u>BZK Antiseptic Cleanser (wipes):</u></b>	yes or	no			
<b><u>Sunscreen :</u></b>	yes or	no	<b><u>Insect Repellent:</u></b>	yes or	no

<b>Camp Cove Only:</b>			
May we administer:			
<b><u>BZK Antiseptic Cleanser (wipes):</u></b>	yes or	no	
<b><u>Sunscreen :</u></b>	yes or	no	
<b><u>Insect Repellent:</u></b>	yes or	no	

I have administered at least one dose of the above medications checked as yes without adverse side effects.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

All medications (other than sunscreen & bugspray) brought to camp must :

- Be in the original container with proper labeling (make sure inhalers and epi-pens are in the original container with label — we can not accept them without the label.
- Be accompanied by a Medical Administration Form
- Turned into a staff member

# CAMP WATCHAUG TRANSPORTATION

Bus transportation is included with Camp Watchaug registration, but you **MUST** reserve a seat below.

Transportation options may change dependent upon Covid regulations.

Camp Cove campers must be dropped off and picked up directly at camp.

**WATCHAUG TRANSPORTATION REGISTRATION - ADRESSES ON WEBSITE & IN PARENT HANDBOOK—*Select your choice***

## Sessions A -D (June 28– August 21) (FOUR BUS ROUTES AVAILABLE)

### GREEN ROUTE

- Stonington High School 8:00am/5:00pm
- St Pius Church 8:15am/4:45pm
- Shore Road & Crandall Ave 8:30am/4:30pm
- Wal-Mart 8:45am/4:15pm

### PURPLE ROUTE

- Regal Cinemas 8:00am/5:00pm
- Dollar General (exit 93/195) 8:10am/4:50pm
- Richmond Town Hall 8:25am/4:35pm
- Charlestown Elem 8:35am/4:25pm
- Hungry Haven 8:50am/4:10pm

### RED ROUTE

- Westerly YMCA 8:30am/4:30pm

### BLUE ROUTE

- Arcadia YMCA 8:30am/4:30pm

### NO BUS-Pick Up & Drop off

- Camp 9:00am/4:00pm

- N/A only attending Sessions E and/or F

## Sessions E & F (TWO BUS STOPS ONLY)

- Red—Westerly YMCA 8:30am/4:30pm
- Blue—Arcadia YMCA 8:30am/4:30pm

- No Bus-Pick Up & Drop Off @ camp
- N/A Not attending Session E or F

The Westerly Warm Center provides Free Bag Lunches for Camp Watchaug campers who qualify for free or reduced school lunches or are in financial need.

- Check here if you would like your child to receive a free bag lunch.

**GROUP FRIEND REQUEST:** \_\_\_\_\_

Requests must fall into the same age group and are not guaranteed. Please contact the Camp Director if you have a special situation.

I give permission for the camper's image or voice to be used in Y promotional materials including the website and social media.

- Yes  No

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

*You must check no if child is a legal ward of the state (i.e. foster child)*

### HOW DID YOU HEAR ABOUT CAMP?

PLEASE CHECK ALL THAT APPLY

- YMCA  Website  Email  Word of mouth  Newspaper  Mailing  School  Brochure  Am a returning Camper
- Other \_\_\_\_\_

SELECT SESSION(S) YOU WISH TO REGISTER FOR:

## CAMP WATCHAUG

### TRADITIONAL CAMP *Age 4 to Entering 9th Grade*

<input type="checkbox"/> Session A	(2 weeks) June 28-July 9	Age 4—Entering Grade 10	\$420 OCYMCA Member/ \$490 Non-member
<input type="checkbox"/> Session B	(2 weeks) July 12-23	Age 4—Entering Grade 10	\$420 OCYMCA Member/ \$490 Non-member
<input type="checkbox"/> Session C	(2 weeks) July 26–August 6	Age 4—Entering Grade 10	\$420 OCYMCA Member/ \$490 Non-member
<input type="checkbox"/> Session D	(2 weeks) August 9-20	Age 4—Entering Grade 10	\$420 OCYMCA Member/ \$490 Non-member
<input type="checkbox"/> Session E	(1 week) August 23-27	Age 4—Entering Grade 10	\$250 OCYMCA Member/ \$305 Non-member
<input type="checkbox"/> Session F	(1 week) August 30-September 3	Age 4—Entering Grade 10	\$250 OCYMCA Member/ \$305 Non-member

### SPECIALTY CAMPS—see website for detailed descriptions

<input type="checkbox"/> Water Sports A	(2 weeks) June 28-July 9 (Session A)	Entering Grades 4-6	\$475 OCYMCA Member/ \$545 Non-member
<input type="checkbox"/> Water Sports B	(2 weeks) July 12-23 (Session B)	Entering Grades 7-9	\$475 OCYMCA Member/ \$545 Non-member
<input type="checkbox"/> Water Sports C	(2 weeks) July 26–August 6 (Session C)	Entering Grades 4-6	\$475 OCYMCA Member/ \$545 Non-member
<input type="checkbox"/> Water Sports D	(2 weeks) August 9-20 (Session D)	Entering Grades 7-9	\$475 OCYMCA Member/ \$545 Non-member
<input type="checkbox"/> CIT Program**	(7 weeks) July 5 -August 20 (Sessions A2-D)	Entering Grade 10	\$560 OCYMCA Member/ \$695 Non-member

\*\*Must Complete CIT application, submit letters of recommendation and undergo interview for acceptance into the CIT program.

## CAMP COVE

### TRADITIONAL CAMP *Age 4 to Entering 9th Grade*

<input type="checkbox"/> Session 1	(1 Week) June 21-25	Age 4—Entering Grade 10	\$200 OCYMCA Member/ \$235 Non-member
<input type="checkbox"/> Session 2	(2 weeks) June 28-July 9	Age 4—Entering Grade 10	\$385 OCYMCA Member/ \$460 Non-member
<input type="checkbox"/> Session 3	(2 weeks) July 12-23	Age 4—Entering Grade 10	\$385 OCYMCA Member/ \$460 Non-member
<input type="checkbox"/> Session 4	(2 weeks) July 26–August 6	Age 4—Entering Grade 10	\$385 OCYMCA Member/ \$460 Non-member
<input type="checkbox"/> Session 5	(2 weeks) August 9-20	Age 4—Entering Grade 10	\$385 OCYMCA Member/ \$460 Non-member
<input type="checkbox"/> Session 6	(1 week) August 23-27	Age 4—Entering Grade 10	\$200 OCYMCA Member/ \$235 Non-member

## EXTENDED DAY

To accommodate our working parents, you may register for extended day.

Extended Day for Camp Cove will take place at Camp Cove.

Extended Day for Camp Watchaug is available at the Westerly OR the Arcadia Y's—campers will be bused to/from camp.

- Westerly Branch    Arcadia Branch    Camp Cove
- AM ONLY (7 –9 am)   Per Week \$40 OCYMCA Member/ \$50 Non-member
- PM ONLY (4-6 pm)   Per Week \$40 OCYMCA Member/ \$50 Non-member
- BOTH AM & PM   Per Week \$55 OCYMCA Member/ \$70 Non-member

## CAMP WATCHAUG ONLY

Watchaug Campers may purchase Trading Post Cards for \$10 each during the registration process or at any time during the summer. **No cash is to be brought to Camp!** Store cards are non-refundable and non-transferable. Campers may purchase one snack and/or drink each day. Most snacks and drinks are \$1.00. There are also camp logo items available such as water bottles, bandannas and sunglasses.

### PAYMENT

\$25 Annual Non-refundable Registration Fee \$25  
\$50 Deposit per session (*applied to session fee*) \_\_\_\_\_  
Trading Post Card @ \$10 each (Watchaug Only) \_\_\_\_\_  
Camp Cove T-shirt @ \$12 each \_\_\_\_\_  
Camp Watchaug t-shirt @ \$12 each \_\_\_\_\_  
Y Cares Fund Donation \_\_\_\_\_  
**TOTAL DUE WITH REGISTRATION:** \_\_\_\_\_

- Check enclosed – made payable to Ocean Community YMCA  
 Charge to Bank Draft on file  
 Charge to Credit Card on file  
 Other Credit Card Payment:

Name On Card \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

Card # \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code: \_\_\_\_\_

Card type  Am Ex  Discover  Visa  Mastercard

T-shirts are \$12 and may be pre-purchased when you register your child. Your child will receive their t-shirt when they come to camp.

If you register **AND** pay in **FULL** by **April 15**, your child will receive a free t-shirt - do not purchase one unless you want more than one!

Cancellation of a session at least two full weeks prior to the session will result in a full refund less the registration fee.

Cancellations within the two-week period will result in a refund less the registration fee and deposit.

**No refunds are given once a session begins.**

Deposit holds registration and will be applied to the session fee.

Balance is due **two weeks prior to the session starting.**

I approve the Registration charges and acknowledge (you **MUST** check one):

- Authorization for my bank draft or credit card as checked to be charged on the balance due date.  
(2 weeks before each registered session)
- Authorization of FULL payment NOW by credit card or bank draft as checked.
- I will pay any balance by check or cash two weeks prior to the start of each registered session.
- I qualify for RI DHS. DHS families are responsible for the registration fee, any co-pays required by DHS and 50% of any extended day registrations. Your child will not be registered until we have confirmation of DHS /Care for Kids enrollment and payment of registration fee.
- I qualify for CT Care 4 Kids or Y Cares

*By signing below, I understand, balances must be paid in FULL two weeks prior to the start of each session otherwise I forfeit my registration.*

*The health information provided is correct as far as I know. I understand the activities that YMCA Camp Watchaug & Camp Cove offer and the person herein can engage in all camp activities, except as noted by me on this form.*

*I give the certified staff permission to use First Aid and, in the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this form. I understand that health and accident coverage for my child is my responsibility as a parent or guardian. I will not hold the Ocean Community YMCA, its representatives, counselors or staff liable for any injury incurred by my child.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

For registration to be complete BOTH camps must receive copy of immunization records and Camp Cove must receive copy of Health Assessment and most recent medical evaluation by a licensed health care provider.