

7.0 Permission Form

I understand that some of the activities in which my child will be participating may be physically demanding and/or potentially dangerous. I understand that all equipment is properly maintained and all staff are appropriately qualified and trained. I hereby give consent for my child to participate in the following activities:

Please circle YES OR NO:

February Vacation

April Vacation

Cross Country Ski	YES/NO	Snowshoe	YES/NO	Archery	YES/NO	
Tubing Hill	YES/NO	Ice Skate	YES/NO	Bouldering	YES/NO	Climbing (age 8+) YES/NO
Both: Transportation in Camp Vehicle (locations on camp, off-site field trips, bus service or medical trips to infirmary)						YES/NO

8.0 Emergency Contact Person – Authorized Emergency Pickup.

Authorization for BCCYMCA to contact, in the case of emergency or urgent need when a parent/guardian cannot be reached:

**This person must be available for the duration of the Day Camp session. These emergency contacts are also authorized to pickup the camper at any time, in the case of urgency.*

a. Name: _____ Phone: _____ Relationship to Camper: _____

9.0 Afternoon Pick-Up Permission

I authorize BCCYMCA to release my child to the following adults, for pick-up from Becket Day Camp:

**Your child will be released ONLY to the parent/guardian with legal custody and the adults listed below. These adults must present a photo ID, regardless of their relationship to the child. Please note that for your child's safety, this policy is strictly enforced.*

a. Name: _____ Phone: _____ Relationship to Camper: _____

b. Name: _____ Phone: _____ Relationship to Camper: _____

10.0 Cancellation Policy

All cancellations more than two weeks prior to the commencement of the Day Camp session, will receive a refund for all fees paid EXCEPT the \$40 deposit per session. All cancellations within two weeks of the commencement of the Day Camp session will NOT be refunded.

11.0 Liability Waiver

As a participant and/or parent/guardian of a participant in the Becket Day Camp program, I understand and acknowledge that the Becket-Chimney Corners YMCA (BCCYMCA) is not responsible for personal items that are lost, stolen or damaged as the result of me or my child's participation in any activity of the BCCYMCA. I recognize that the BCCYMCA will make every reasonable effort to minimize exposure to known risks associated with the program. However, all hazards associated with the program cannot be foreseen, and decisions are sometimes made that are imprecise and subject to errors in judgment. In consideration of having my minor child/ward participate in Becket Day Camp Programs, I agree to waive and release all future claims, demands or causes of action which the undersigned and/or such participant might have by reason of any loss, damage, expenses, injury or death arising out of or in any way connected with such person's participation in such program. I further agree to indemnify and hold harmless the Two State YMCA, Inc, and Becket-Chimney Corners YMCA, their agents, officers, directors, employees and volunteers from and against any such claim, demands or causes of action.

12.0 Payment Information

I would like to pay by: Check Cash (drop-off only) Credit Card (see below)

- **A \$40 Deposit must accompany this registration.** Registration is not valid without a \$40 deposit, per child, per session.
- Remaining balance must be paid in full 3 weeks prior to the commencement of the session.
- Financial Assistance may be available to families with significant financial need.
 Please send a financial aid application

Please Charge my Card for: Deposit Only
 Full Tuition Payment Other Amount: \$ _____
Type of Credit Card: VISA Mastercard Expiry: _____
Card Number: _____
Cardholder's Name: _____
Address: _____

13.0 Declaration

I hereby register my child for the above session(s) of BCCYMCA Day Camp. I declare that all information presented herein is correct and complete, and conditions outlined are accepted by me. My signature stands to that effect.

Signature

Date