



WINTER CAMP REGISTRATION FORM - FEBRUARY 19-25, 2012

Please complete both sides of this form. Registration requires a \$100 deposit at the time of registration.

<input type="checkbox"/> Camper- current 2 nd through 9 th grader \$548	<input type="checkbox"/> Leader In Training current 10 th grader \$275
<input type="checkbox"/> use Summer Leadership Application <input type="checkbox"/> send me a Leadership Application	

1.0 Family Contact Information Previous BCCYMCA Camper? Yes No

Child's Full Name: _____ Home Phone: _____

Home Address: _____
Number Street City State Zip

2.0 Child & Custody Information

Child's Gender: Male Female Child's Age : _____ Birth Date: _____ Grade: _____

	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Relationship to Camper		
Business or Daytime Phone		
Cell Phone		
E-mail		

If Parents are Separated, who has Legal Custody? _____ Physical Custody? _____

3.0 Optional day trip to Ski Butternut in Great Barrington, MA (www.skibutternut.com) for downhill skiing or snowboarding.

The charge for this day trip is \$115, which will cover lift tickets, equipment rental, a group lesson, transportation, lunch, and snacks. \$15 from the campers store account will be made available for them to purchase additional snacks or other items at Ski Butternut.

I would not like to participate in the Day Trip to Ski Butternut.

I would like to **ski** I would like to **snowboard**

I am I am

Beginner Intermediate Expert Beginner Intermediate Expert

4.0 Food Service Information:

Are you a **vegetarian**? YES NO

Are there any **food allergies** we should be aware of? YES NO

If yes, please explain: _____

6.0 Cabin Mate Request: Please list only ONE cabin mate request. Only Mutual requests will be honored (both campers request each other)

Cabin Mate Request: _____

7.0 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 Winter 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: _____

8.0 Activity Permissions

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: Cross Country Skiing, tubing, snowshoeing, ice skating, Archery (8 yrs and up), climbing tower. Please call our office at 413-623-8991 ext 110 to opt out of any activities.

Office Use Only:
 Date Rec'd _____ Deposit Amt. _____ Check # _____ Conf. Sent _____ BB: _____

