

2017 Mountain Mist Day Camp Registration Form

TOR SOCIAL RESI ON	SIDILIT I	•	1		
CAN	MPER INFOR	MATION	СОІ	DE WORD	
FIRST NAME STREET ADDRESS		LAST NAME	to pick up your c	a word that is needed nild from camp. Choose your child and all people c up your child will remembe	
CITY	STATE	ZIP	The code	word for my child is:	
DOB		AGE			
GENDER : M or	F Grade complet	ted as of 6/17:			
	P/	ARENT/GUARD	AN INFORMATION	N	
FIRST PARENT,	/GUARDIAN NAME			one Number to call in order ircle home (H) , cell (C) or	
RELATIONSHIP	TO CAMPER		#1 choice H / C / W	#2 choice H / C / W	
EMAIL ADDRESS	S		#3 choice H / C / W	_	
SECOND PARE	NT/GUARDIAN NAN	1E	#1 choice H / C / W	#2 choice H / C / W	
RELATIONSHIP	TO CAMPER	 .	#3 choice H / C / W	-	
ЕМЕ	RGENCY CON	NTACT / AUTHO	RIZED PERSON PI	CK-UP LIST	
PLEASE DO NOT AGAIN	LIST PARENTS /			one Number to call in order rcle home (H), cell (C) or	
FIRST EMERGEN	NCY CONTACT NAM		#1 choice H / C / W		
RELATIONSHIP TO CAMPER			#3 choice H / C / W	#2 Choice In / C / W	
SECOND EMERG	GENCY CONTACT N	AME	#1 choice H / C / W	#2 choice H / C / W	
RELATIONSHIP T	O CAMPER			_	

#3 choice H / C / W

Preview Week June 12 AM Extended Hours PM Extended Hours	-16, 2017 Preview Week AM Pare AM Bus	nt Drop Off PM	eview Week Departure _ PM Parent Pick Up _ PM Bus	
SESSION 1 - June 19—June	30, 2017			
ession 1 Arrival	Session 1 Departure	Session 1 Camp		
AM Parent Drop On AM Extended Hours (6:30—9:00 a.m.) AM Bus s name:	PM Parent Pick Up PM Extended Hours (3:00–5:30 p.m.) PM Bus Bus name:	Traditional Camp Village Name CIT Camp Nature ScienceAdaptive Camp Baseball101 Dalmatians GymnasticsFishing FishingHorseback Riding Art (Clay, Drawing and More)		
SESSION 2 July 3 - 14, 2017	SESSION 3 July 17-28	SESSION 4 Jul 31—Aug.	11 SESSION 5 Aug.14-25	
	Session 3 Arrival	Session 4 Arrival	Session 5 Arrival	
AM Parent Drop Off AM Extended Hrs. (6:30—9:00 a.m.) AM Bus s Name:	AM Parent Drop Off AM Extended Hrs. (6:30—9:00 a.m.) AM Bus Bus Name: Bus Stop:	AM Parent Drop Off AM Extended Hrs. (6:30-9:00 a.m.)AM Bus	AM Parent Drop Off AM Extended Hrs.	
ssion 2 Camp	Session 3 Camp	Session 4 Camp	Session 5 Camp	
Traditional Camp	Traditional Camp Village name C.I.T. Program Adaptive Camp MTC: Seussical Jr. Fishing Camp STEM Challenges Soccer Camp Gymnastics Camp Art Camp	Traditional Camp Village name C.I.T. Program Adaptive Camp Dance Camp Fort Building Camp Horseback Riding Making Is Fun Camp Football Camp Swimming Camp Gymnastics Camp Art Camp	Traditional Camp Village name C.I.T. Program Adaptive Camp MTC Dance and Sings Fishing Camp Beach Volleyball	
ssion 2 Departure	Session 3 Departure	Session 4 Departure	Session 5 Departure	
_ PM Parent Pick Up _ PM Extended Hours (3:00 -5:30 p.m.) PM Bus s Name:	PM Parent Pick Up PM Extended Hours (3:00 -5:30 p.m.) PM Bus Bus Name: Bus Stop:	PM Parent Pick Up PM Extended Hours (3:00 -5:30 p.m.) PM Bus Bus Name: Bus Stop:	PM Parent Pick Up PM Extended Hours (3:00 -5:30 p.m.) PM Bus Bus Name:	
s Name:s Stop:	Bus Name:	Bus Name:	Bus Name: Bus Stop: Seent: YES State law prohibits my MCA to take/use pated on the registratio and deadlines prior to mon to participate in all rams and out-of-town	

responsibility to meet my child at the appropriate bus stop at the designated pick up/drop off location on time every day unless permission is granted otherwise. I have received the Mountain Mist Day Camp Information Booklet and will read and review the camp rules and policies with my camper. THE UNDERSIGNED VOLUNTARILY AGREES TO HOLD THE YMCA HARMLESS FOR INJURIES OR ACCIDENTS RESULTING IN BODILY INJURY OR PROPERTY DAMAGE DURING MY CHILD'S PARTICIPATION IN PROGRAMS AT THE MOUNTAIN MIST DAY CAMP. I FURTHER WAIVE, RELEASE, ABSOLVE, AND INDEMNIFY THE MERIDEN YMCA, MOUNTAIN MIST DAY CAMP, ITS DIRECTOR, VOLUNTEERS, OFFICERS, OR EMPLOYEES FOR THE INJURIES OR ACCIDENTS OCCURING WHILE PARTICIPATING IN THE PROGRAMS OF MOUNTAIN MIST DAY CAMP.

Parent/Guardian Name: _____ Date: _____