



<input type="checkbox"/> Preview Week June 11–15, 2018	<input type="checkbox"/> Preview Week Arrival	<input type="checkbox"/> Preview Week Departure
<input type="checkbox"/> AM Extended Hours	<input type="checkbox"/> AM Parent Drop Off	<input type="checkbox"/> PM Parent Pick Up
<input type="checkbox"/> PM Extended Hours	<input type="checkbox"/> AM Bus	<input type="checkbox"/> PM Bus

**SESSION 1** June 18–June 29, 2018

Session 1 Arrival	Session 1 Departure	Session 1 Camp
<input type="checkbox"/> AM Parent Drop Off <input type="checkbox"/> AM Extended Hours (6:30–9:00 a.m.) <input type="checkbox"/> AM Bus Bus name: _____ Bus Stop: _____	<input type="checkbox"/> PM Parent Pick Up <input type="checkbox"/> PM Extended Hours (3:00–5:30 p.m.) <input type="checkbox"/> PM Bus Bus name: _____ Bus Stop: _____	<input type="checkbox"/> Traditional Camp Village Name _____ <input type="checkbox"/> CIT Camp <input type="checkbox"/> Adaptive Camp <input type="checkbox"/> Willie Wonka <input type="checkbox"/> Fishing <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Nature Science <input type="checkbox"/> Baseball <input type="checkbox"/> Gymnastics <input type="checkbox"/> Fishing <input type="checkbox"/> Art (Clay, Drawing and More)

**SESSION 2** July 2- 13      **SESSION 3** July 16-27      **SESSION 4** Jul 30–Aug 10      **SESSION 5** Aug.13-24

Session 2 Arrival	Session 3 Arrival	Session 4 Arrival	Session 5 Arrival
<input type="checkbox"/> AM Parent Drop Off <input type="checkbox"/> AM Extended Hrs. (6:30–9:00 a.m.) <input type="checkbox"/> AM Bus Bus Name: _____ Bus Stop: _____	<input type="checkbox"/> AM Parent Drop Off <input type="checkbox"/> AM Extended Hrs. (6:30–9:00 a.m.) <input type="checkbox"/> AM Bus Bus Name: _____ Bus Stop: _____	<input type="checkbox"/> AM Parent Drop Off <input type="checkbox"/> AM Extended Hrs. (6:30–9:00 a.m.) <input type="checkbox"/> AM Bus Bus Name: _____ Bus Stop: _____	<input type="checkbox"/> AM Parent Drop Off <input type="checkbox"/> AM Extended Hrs. (6:30–9:00 a.m.) <input type="checkbox"/> AM Bus Bus Name: _____ Bus Stop: _____

Session 2 Camp	Session 3 Camp	Session 4 Camp	Session 5 Camp
<input type="checkbox"/> Traditional Camp Village name _____ <input type="checkbox"/> C.I.T. Program <input type="checkbox"/> Adaptive Camp <input type="checkbox"/> Musical Theater Camp: Dear Edwina, Jr. <input type="checkbox"/> Fort Building Camp <input type="checkbox"/> Rocketry & Flight Camp <input type="checkbox"/> Basketball Camp <input type="checkbox"/> Gymnastics <input type="checkbox"/> Art Camp	<input type="checkbox"/> Traditional Camp Village name _____ <input type="checkbox"/> C.I.T. Program <input type="checkbox"/> Adaptive Camp <input type="checkbox"/> MTC: Aladdin Jr. <input type="checkbox"/> Fishing Camp <input type="checkbox"/> STEM Maker Camp <input type="checkbox"/> Soccer Camp <input type="checkbox"/> Gymnastics Camp <input type="checkbox"/> Art Camp <input type="checkbox"/> Music Camp	<input type="checkbox"/> Traditional Camp Village name _____ <input type="checkbox"/> C.I.T. Program <input type="checkbox"/> Adaptive Camp <input type="checkbox"/> Dance Camp <input type="checkbox"/> Fort Building Camp <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Engineering Camp <input type="checkbox"/> Football Camp <input type="checkbox"/> Swimming Camp <input type="checkbox"/> Gymnastics Camp <input type="checkbox"/> Art Camp	<input type="checkbox"/> Traditional Camp Village name _____ <input type="checkbox"/> C.I.T. Program <input type="checkbox"/> Adaptive Camp <input type="checkbox"/> Backyard Broadway <input type="checkbox"/> Fishing Camp <input type="checkbox"/> Volleyball Camp <input type="checkbox"/> Lacrosse Camp <input type="checkbox"/> STEM Is All Around Us <input type="checkbox"/> Art Camp <input type="checkbox"/> Gymnastics Camp

Session 2 Departure	Session 3 Departure	Session 4 Departure	Session 5 Departure
<input type="checkbox"/> PM Parent Pick Up <input type="checkbox"/> PM Extended Hours (3:00 -5:30 p.m.) <input type="checkbox"/> PM Bus Bus Name: _____ Bus Stop: _____	<input type="checkbox"/> PM Parent Pick Up <input type="checkbox"/> PM Extended Hours (3:00 -5:30 p.m.) <input type="checkbox"/> PM Bus Bus Name: _____ Bus Stop: _____	<input type="checkbox"/> PM Parent Pick Up <input type="checkbox"/> PM Extended Hours (3:00 -5:30 p.m.) <input type="checkbox"/> PM Bus Bus Name: _____ Bus Stop: _____	<input type="checkbox"/> PM Parent Pick Up <input type="checkbox"/> PM Extended Hours (3:00 -5:30 p.m.) <input type="checkbox"/> PM Bus Bus Name: _____ Bus Stop: _____

**My camper may be dropped off at a bus stop without an adult present: YES or NO (please circle)**

My signature below signifies that I have read and agree with all information in the Camp Information Booklet. I understand that state law prohibits my child from attending camp without a medical form completed by a physician within 36 months prior to attending camp. My permission is also granted for the YMCA to take/use photographs, slides, moving pictures, or video tapes of the camper named on this application. I have enclosed a \$100 deposit per child, per session as indicated on the registration form. I have also enclosed my one-time \$25 Camp Improvement Fee, per child due at registration. I agree to pay the balance of the camp fee by the required deadlines prior to my child attending Mountain Mist Day Camp, and that the refund of these fees will be considered according to the refund policy only. I give my child permission to participate in all daily camp activities unless otherwise noted in writing. Permission is granted for the camper listed above to participate and be transported to activities, programs and out-of-town trips, understanding that YMCA leadership will be provided. I authorize the YMCA officials to secure medical/emergency attention and treatment for the camper listed above. I understand that it is my 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_