



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
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# 2018 Mountain Mist Day Camp Music Camp Registration Form

## CAMPER INFORMATION

FIRST NAME

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP

DOB

AGE

GENDER : **M** or **F** Grade entering Fall 2018: \_\_\_\_\_

## CODE WORD

**The code word is a word that is needed to pick up your child from camp. Choose a word that you, your child and all people authorized to pick up your child will remember.**

The code word for my child is:

## PARENT/GUARDIAN INFORMATION

FIRST PARENT/GUARDIAN NAME

RELATIONSHIP TO CAMPER

EMAIL ADDRESS

SECOND PARENT/GUARDIAN NAME

RELATIONSHIP TO CAMPER

**Best Emergency Telephone Number to call in order of preference: Please circle home (H) , cell (C) or work (W)**

#1 choice H / C / W

#2 choice H / C / W

#3 choice H / C / W

#1 choice H / C / W

#2 choice H / C / W

#3 choice H / C / W

## EMERGENCY CONTACT / AUTHORIZED PERSON PICK-UP LIST

**PLEASE DO NOT LIST PARENTS / GUARDIANS AGAIN**

FIRST EMERGENCY CONTACT NAME

RELATIONSHIP TO CAMPER

SECOND EMERGENCY CONTACT NAME

RELATIONSHIP TO CAMPER

**Best Emergency Telephone Number to call in order of preference: Please circle home (H) , cell (C) or work (W)**

#1 choice H / C / W

#2 choice H / C / W

#3 choice H / C / W

#1 choice H / C / W

#2 choice H / C / W

#3 choice H / C / W

# Summer Music Camp

## Sessions

- AM Only
- PM Only
- Full Day (both AM and PM)
- Full Day with Advanced Chamber Group
- Advanced Chamber Group Only

**After completing this form, please complete the Augusta Summer Music Program Registration form located in the registration packet or click the link on the Music Camp page at the [meridenymca.org](http://meridenymca.org) web site. This form will tell us more about you such as what instrument you play and what ensemble you are interested in so we can ensure you have the best music camp experience possible.**

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 agree to pay the camp fee by the required deadlines prior to my child attending Music 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. I authorize the Program Director and YMCA officials to secure medical/emergency attention and treatment for the camper listed above.

I understand that it is my responsibility to pick up my child on time at the Augusta Curtis Cultural Center unless I have authorized my child to walk to/from the program. (Parent/guardian must choose one transportation option on the Augusta Summer Music Program Registration form.) 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 AND AUGUSTA SUMMER MUSIC CAMP. I FURTHER WAIVE, RELEASE, ABSOLVE, AND INDEMNIFY THE MERIDEN-NEW BRITAIN-BERLIN YMCA, MOUNTAIN MIST DAY CAMP, AUGUSTA CURTIS CULTURAL CENTER, ITS DIRECTOR, VOLUNTEERS, OFFICERS, OR EMPLOYEES FOR THE INJURIES OR ACCIDENTS OCCURING WHILE PARTICIPATING IN THE PROGRAMS OF MOUNTAIN MIST DAY CAMP MUSIC CAMP.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_