



# 2020 Mountain Mist Day Camp Registration Form

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## CAMPER INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_

GENDER: **M** or **F** Grade completed as of 6/20: \_\_\_\_\_

## MEDICAL INFO

Does your child require medication?  
Yes\_\_ No \_\_

Does your child have developmental disabilities, active IEP, 504s, and any other special needs?  
Yes\_\_ No \_\_

Does your child have any of the following:

Allergies _____	Seizures _____
Asthma _____	Diabetes _____
Behavior _____	Other _____

## PARENT/GUARDIAN INFORMATION

\_\_\_\_\_  
**FIRST PARENT/GUARDIAN NAME**

\_\_\_\_\_  
RELATIONSHIP TO CAMPER

\_\_\_\_\_  
**FIRST PARENT EMAIL ADDRESS**

\_\_\_\_\_  
**SECOND PARENT/GUARDIAN NAME**

\_\_\_\_\_  
RELATIONSHIP TO CAMPER

\_\_\_\_\_  
**SECOND PARENT EMAIL ADDRESS**

**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

**The Code Word needed to pick up my child is**  
\_\_\_\_\_

**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

<b>Session</b>	<b>Traditional Camp</b>	<b>Specialty Camp</b>	<b>Extended Day (Only for Traditional Camps)</b>
<b>Session 1</b> June 22—July 3, 2020	<input type="checkbox"/> Tee Pee <input type="checkbox"/> Pioneer <input type="checkbox"/> Discoverer <input type="checkbox"/> Explorer <input type="checkbox"/> Adventurer <input type="checkbox"/> Navigator <input type="checkbox"/> CIT <input type="checkbox"/> Adaptive	<input type="checkbox"/> Sports <input type="checkbox"/> Gymnastics <input type="checkbox"/> Skateboarding <input type="checkbox"/> Fishing <input type="checkbox"/> Horseback Riding <input type="checkbox"/> STEM NASA Astro <input type="checkbox"/> Annie Kids <input type="checkbox"/> Clay	<input type="checkbox"/> AM  <input type="checkbox"/> PM  <input type="checkbox"/> Both
<b>Session 2</b> July 6—17, 2020	<input type="checkbox"/> Tee Pee <input type="checkbox"/> Pioneer <input type="checkbox"/> Discoverer <input type="checkbox"/> Explorer <input type="checkbox"/> Adventurer <input type="checkbox"/> Navigator <input type="checkbox"/> CIT <input type="checkbox"/> Adaptive	<input type="checkbox"/> Sports <input type="checkbox"/> Gymnastics <input type="checkbox"/> Skateboarding <input type="checkbox"/> Fort Building <input type="checkbox"/> STEM Sports Science <input type="checkbox"/> School House <input type="checkbox"/> Rock Jr. <input type="checkbox"/> Clay <input type="checkbox"/> Cooking	<input type="checkbox"/> AM  <input type="checkbox"/> PM  <input type="checkbox"/> Both
<b>Session 3</b> July 20—31, 2020	<input type="checkbox"/> Tee Pee <input type="checkbox"/> Pioneer <input type="checkbox"/> Discoverer <input type="checkbox"/> Explorer <input type="checkbox"/> Adventurer <input type="checkbox"/> Navigator <input type="checkbox"/> CIT <input type="checkbox"/> Adaptive	<input type="checkbox"/> Sports <input type="checkbox"/> Gymnastics <input type="checkbox"/> Skateboarding <input type="checkbox"/> Scuba <input type="checkbox"/> Karate <input type="checkbox"/> Fishing <input type="checkbox"/> STEM Nature Science <input type="checkbox"/> Once On This Island <input type="checkbox"/> Music Camp <input type="checkbox"/> Clay <input type="checkbox"/> Cooking	<input type="checkbox"/> AM  <input type="checkbox"/> PM  <input type="checkbox"/> Both
<b>Session 4</b> August 3—14, 2020	<input type="checkbox"/> Tee Pee <input type="checkbox"/> Pioneer <input type="checkbox"/> Discoverer <input type="checkbox"/> Explorer <input type="checkbox"/> Adventurer <input type="checkbox"/> Navigator <input type="checkbox"/> CIT <input type="checkbox"/> Adaptive	<input type="checkbox"/> Sports <input type="checkbox"/> Gymnastics <input type="checkbox"/> Skateboarding <input type="checkbox"/> Fort Building <input type="checkbox"/> Horseback Riding <input type="checkbox"/> STEM Electronics & Robotics <input type="checkbox"/> Dance Camp <input type="checkbox"/> Clay	<input type="checkbox"/> AM  <input type="checkbox"/> PM  <input type="checkbox"/> Both
<b>Session 5</b> August 17—28, 2020	<input type="checkbox"/> Tee Pee <input type="checkbox"/> Pioneer <input type="checkbox"/> Discoverer <input type="checkbox"/> Explorer <input type="checkbox"/> Adventurer <input type="checkbox"/> Navigator <input type="checkbox"/> CIT <input type="checkbox"/> Adaptive	<input type="checkbox"/> Gymnastics <input type="checkbox"/> Skateboarding <input type="checkbox"/> Fishing <input type="checkbox"/> STEM Exploration <input type="checkbox"/> Clay	<input type="checkbox"/> AM  <input type="checkbox"/> PM  <input type="checkbox"/> Both

Total Camp Fees: \_\_\_\_\_  
 One time Camp Improvement Fee + \$30 \_\_\_\_\_  
 Total Amount Due: \$ \_\_\_\_\_

Office Use Only <input type="checkbox"/> Complete and signed registration form <input type="checkbox"/> Auto draft set up <input type="checkbox"/> Medical form received <input type="checkbox"/> Camp start date <input type="checkbox"/> Parent/Guardian waiver signed Staff name _____ Date _____
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**YOUTH CAMP HEALTH EXAM/RECORD  
FOR CAMPERS AND STAFF**  
Physical Exams Are Valid For 3 Years  
From Date of Last Examination

- Camper
- Staff

**Please Return Completed Form to the Camp**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Guardian \_\_\_\_\_ Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
 Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**TO BE COMPLETED BY THE HEALTH CARE PROVIDER**

**Date of Exam** \_\_\_\_/\_\_\_\_/\_\_\_\_

May participate in all camp activities  YES  NO

May participate except for: \_\_\_\_\_

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp?  YES  NO

If yes, please explain \_\_\_\_\_

Are there any prescription or over the counter medication(s) this individual needs to take while at camp?  YES  NO

If yes, indicate names of medication(s): \_\_\_\_\_

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs?  YES  NO

If yes, please explain \_\_\_\_\_

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes?  YES  NO

Additional Comments:

\_\_\_\_\_  
 \_\_\_\_\_

Printed Name of Health Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Physician, PA, APRN or RN \_\_\_\_\_ Date Form Signed: \_\_\_\_\_



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**INFORMED CONSENT**

I hereby attest that I have been informed of the following pertaining to the coronavirus:

People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home.



A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in [CDC's guidance](#).<sup>1</sup> Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.

Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

Signature of Staff or Parent/Guardian: \_\_\_\_\_

Child's Name (if a parent/guardian): \_\_\_\_\_ Date \_\_\_\_\_

1 Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provide to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.

**MERIDEN-NEW BRITAIN-BERLIN YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.**

**MERIDEN YMCA**  
110 West Main Street  
Meriden CT 06451  
**P** 203 235 6386 **F** 203 634 6517  
[www.meridenymca.org](http://www.meridenymca.org)  
facebook.com/YMCA.Meriden

**NEW BRITAIN YMCA**  
50 High Street  
New Britain CT 06051  
**P** 860 229 3787 **F** 860 225 8063  
[www.nbbymca.org](http://www.nbbymca.org)  
facebook.com/NBBYMCA

**BERLIN YMCA**  
362 Main Street  
Berlin CT 06037  
**P** 860 357 2717 **F** 860 828 7830  
[www.nbbymca.org](http://www.nbbymca.org)  
facebook.com/BerlinYMCA



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**Mountain Mist Day Camp Parent/Guardian Agreement**

**Camper name(s)** \_\_\_\_\_

My signature below signifies that I have read and agree with all information in the Mountain Mist Day Camp Information Booklet, and will read and review the camp rules and policies with my camper. **I understand that state law prohibits my child from attending camp without the medical forms completed by a physician within 36 months prior to attending camp, and that medical forms must be brought to the YMCA and be reviewed by the camp nurse during one of the dates and times listed on the Medical Form Policy prior to my child starting camp.** I authorize the YMCA officials to secure medical/emergency attention and treatment for the camper listed above. 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 offsite programs understanding that YMCA leadership will be provided during transportation. 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. 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. I have also enclosed my one-time \$30 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 listed in the camp booklet. It will be my responsibility to notify the Meriden-New Britain-Berlin YMCA in the event that I cancel my credit/debit card. I will also notify the Y when I receive a new expiration date on my card. If for some reason a transaction will not post (i.e. account closed, account suspended, insufficient funds), I understand that I will be charged a \$20 fee. I understand that if my payment isn't received prior to the start of the next session, then my child won't be able to attend Mountain Mist Day Camp that session.

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-New Britain-Berlin YMCA, Mountain Mist Day Camp, its director, volunteers, officers, or employees for the injuries or accidents which occur while participating in the programs of Mountain Mist Day Camp.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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facebook.com/NBBYMCA

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# Authorization for the Administration of Medication by Mountain Mist Day Camp Nursing Staff

**\*\*This form only needs to be filled out by a doctor if your son/daughter will be taking any medications while at Mountain Mist Day Camp.**

In Connecticut, any licensed camp administering medications to children shall comply with all CT State statutes and regulations for administering medications. Parents/Guardians requesting medication administration to their child from the camp nursing staff shall provide Mountain Mist Day Camp with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with the child's name, the name of the medication, directions for medication's administration and the date of the prescription. All unused medication will be disposed of properly at the end each session (unless your child is attending multiple sessions).

### **Authorized Prescriber's Order** (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_

Medication Name: \_\_\_\_\_ Controlled Drug? Yes \_\_\_ No \_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Time of Administration: \_\_\_\_\_

Specific Instructions for Medication Administration: \_\_\_\_\_

Medication Administration: Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

Relevant Side Effects of Medication: \_\_\_\_\_

Plan of Management for Side Effects: \_\_\_\_\_

Known Food or Drug Allergies: Yes \_\_\_ No \_\_\_ Reactions to? Yes \_\_\_ No \_\_\_ Interactions with? Yes \_\_\_ No \_\_\_

If "Yes" to any of the above, please explain: \_\_\_\_\_

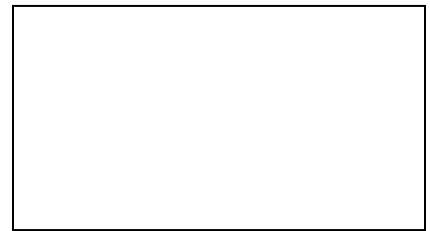
This medication is an emergency medication and NOT a controlled substance, and the camper is authorized to carry and self-administer the above prescribed medication: Yes \_\_\_ No \_\_\_

Prescriber's Name: \_\_\_\_\_

Prescriber's Address: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_



Use for Prescriber's Stamp

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### **Parent/Guardian Authorization:**

I request that medication be administered to my child by the Mountain Mist Nursing Staff as described and directed above, and agree to provide the camp with the medication according to CT Regulations described above, in a quantity appropriate for my child's camp experience.

If applicable, I authorize my child to carry and self-administer the above prescribed emergency medication Yes \_\_\_ No \_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_