



2023 Mountain Mist Day Camp Registration Form

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DOB: _____ AGE: _____ GENDER: **M** or **F** Grade completed as of 6/23: _____

EMAIL ADDRESS OF PRIMARY MEMBER: _____

Session	Traditional	Specialty	Extended Day	Transportation
Session 1 June 19-30	<input type="checkbox"/> Tee Pee <input type="checkbox"/> Pioneer <input type="checkbox"/> Discoverer <input type="checkbox"/> Explorer <input type="checkbox"/> Voyager <input type="checkbox"/> Adventurer <input type="checkbox"/> Adaptive	<input type="checkbox"/> Sports <input type="checkbox"/> Gymnastics <input type="checkbox"/> Fishing <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Disc Golf <input type="checkbox"/> STEM <input type="checkbox"/> Art <input type="checkbox"/> Musical Theater (Grades K -4) <input type="checkbox"/> MTC Funshop (Grades 5-7)	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> AM Parent Drop Off <input type="checkbox"/> AM Bus Bus _____ Stop _____ <input type="checkbox"/> PM Parent Pick Up <input type="checkbox"/> PM Bus Bus _____ Stop _____
Session 2 July 3 - July 14 (no July 4)	<input type="checkbox"/> Tee Pee <input type="checkbox"/> Pioneer <input type="checkbox"/> Discoverer <input type="checkbox"/> Explorer <input type="checkbox"/> Voyager <input type="checkbox"/> Adventurer <input type="checkbox"/> Adaptive	<input type="checkbox"/> Sports <input type="checkbox"/> Gymnastics <input type="checkbox"/> Fort Building <input type="checkbox"/> Disc Golf <input type="checkbox"/> STEM <input type="checkbox"/> Musical Theater 2 (Grades 4-7) <input type="checkbox"/> MTC Funshop (Grades K-3) <input type="checkbox"/> Art	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> AM Parent Drop Off <input type="checkbox"/> AM Bus Bus _____ Stop _____ <input type="checkbox"/> PM Parent Pick Up <input type="checkbox"/> PM Bus Bus _____ Stop _____
Session 3 July 17 - July 28	<input type="checkbox"/> Tee Pee <input type="checkbox"/> Pioneer <input type="checkbox"/> Discoverer <input type="checkbox"/> Explorer <input type="checkbox"/> Voyager <input type="checkbox"/> Adventurer <input type="checkbox"/> Adaptive	<input type="checkbox"/> Sports <input type="checkbox"/> Gymnastics <input type="checkbox"/> Fishing <input type="checkbox"/> Disc Golf <input type="checkbox"/> STEM <input type="checkbox"/> Musical Theater 3 (Grades 7-12) <input type="checkbox"/> Art	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> AM Parent Drop Off <input type="checkbox"/> AM Bus Bus _____ Stop _____ <input type="checkbox"/> PM Parent Pick Up <input type="checkbox"/> PM Bus Bus _____ Stop _____
Session 4 July 31 - August 11	<input type="checkbox"/> Tee Pee <input type="checkbox"/> Pioneer <input type="checkbox"/> Discoverer <input type="checkbox"/> Explorer <input type="checkbox"/> Voyager <input type="checkbox"/> Adventurer <input type="checkbox"/> Adaptive	<input type="checkbox"/> Sports <input type="checkbox"/> Gymnastics <input type="checkbox"/> Fort Building <input type="checkbox"/> Disc Golf <input type="checkbox"/> STEM <input type="checkbox"/> Musical Theater 4 (Grades 7-12) <input type="checkbox"/> Art <input type="checkbox"/> Cooking <input type="checkbox"/> Pathfinders	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> AM Parent Drop Off <input type="checkbox"/> AM Bus Bus _____ Stop _____ <input type="checkbox"/> PM Parent Pick Up <input type="checkbox"/> PM Bus Bus _____ Stop _____
Session 5 August 14 - 25	<input type="checkbox"/> Tee Pee <input type="checkbox"/> Pioneer <input type="checkbox"/> Discoverer <input type="checkbox"/> Explorer <input type="checkbox"/> Voyager <input type="checkbox"/> Adventurer <input type="checkbox"/> Adaptive	<input type="checkbox"/> Sports <input type="checkbox"/> Gymnastics <input type="checkbox"/> Skateboarding <input type="checkbox"/> Fishing <input type="checkbox"/> Disc Golf <input type="checkbox"/> STEM <input type="checkbox"/> Dance Camp (Grades 1-12) <input type="checkbox"/> Art <input type="checkbox"/> Cooking	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> AM Parent Drop Off <input type="checkbox"/> AM Bus Bus _____ Stop _____ <input type="checkbox"/> PM Parent Pick Up <input type="checkbox"/> PM Bus Bus _____ Stop _____

Total Camp Fees: _____
 One time Camp Improvement Fee + \$30 _____

Total Amount Due: \$ _____

Auto Draft Amount \$ _____

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 _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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 online in Camp Docs the MONDAY BEFORE the beginning of a camp session.**

~ 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 programming with the understanding that YMCA leadership will be provided.

~ 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 videotapes of the camper named on this application.

~ I understand there is a **\$100 deposit per child, per session, and must be paid at registration.**

~ I also understand there is a **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 online parent handbook.**

~ I agree that it is 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 will not be able to attend Mountain Mist Day Camp that session until payment is made.

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 directors, volunteers, officers, or employees for the injuries or accidents which occur while participating in the programs of Mountain Mist Day Camp.

Date

Parent/Guardian Name (print)

Parent/Guardian Signature

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
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
facebook.com/NBBYMCA

BERLIN YMCA

532 New Britain Road
Kensington CT 06037
P 860 357 2717 **F** 860 828 7830
www.nbbymca.org
facebook.com/BerlinYMCA



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parents,

Mountain Mist Day Camp works with CampDoc to better serve our participants and staff. CampDoc offers an electronic camp information record system for camps, and you can now complete your participant's camp information electronically.

The security and privacy of your participant's camp information is important to us. The CampDoc site is secure, encrypted, and password protected. You can find additional information about CampDoc privacy and security information at www.docnetwork.org/security.

After signing up for your program, you will receive an "Invitation" email from CampDoc.

- Click on the green "**Accept Invite**" link within the email to create your CampDoc account.
- In the **Confirm Email** box, type your *email address* in order to confirm.
- In the **Password** box, type the password that you want to use.
- Click the **CONTINUE** button.

After you log in, select your participant's name and click on the health profile link to complete your participant's information.

Required questions will be marked with an * and outlined in red. Upload any required documents to your CampDoc account. If you're on a phone/tablet, you can take a picture to upload the document.

Keep in mind that you can return to app.campdoc.com at any time to make updates to your participant's health information before your program begins. You can log in using the email address and password you previously created.

We're excited to let you know that your participant's health information will save from year-to-year, so once you complete it in CampDoc this season, you won't have to start from scratch next year.

Additionally, CampDoc sends out periodic reminder emails for incomplete health information. These notifications come from campdoc.com, so please add this to your safe sender list to avoid accidental delivery to junk and spam folders. We don't want you to miss important notices about Mountain Mist Day Camp!

Please note that CampDoc supports the current and previous major releases of [Chrome](#), [Firefox](#), [Microsoft Edge](#), and [Safari](#) which provide improved security and performance for health information.

For additional assistance, you can navigate to support.campdoc.com or contact our Support Team at support@campdoc.com or 734-636-1000.

We are excited to continually improve, building safer, more productive and more efficient systems to create the best experience for you and your family!

We can't wait to see you this summer,

Mountain Mist Staff

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

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

facebook.com/NBBYMCA

BERLIN YMCA

532 New Britain Road
Kensington CT 06037

P 860 357 2717 **F** 860 828 7830

www.nbbymca.org

facebook.com/BerlinYMCA



**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPER 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: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FIND YOUR FUN

MERIDEN YMCA
MOUNTAIN MIST DAY CAMP



2023 Camp Lawn Sign Program

Display a Mountain Mist Day Camp sign on your lawn for a minimum of one month and save! Savings are per child, for one session.

Register on these dates and save:

February 4, 2023	\$30 (Promo code Camp2023-30)
February 5 - 28, 2023	\$25 (Promo code Camp2023-25)
March 1 -31, 2023	\$20 (Promo code Camp2023-20)
April 1 - 30, 2023	\$15 (Promo code Camp2023-15)

I agree to display a Meriden YMCA Mountain Mist Day Camp sign on my lawn (or on my porch or in my window) for a minimum of one month.

Name _____

Address _____

Phone Number _____

Email _____

Date _____

The Meriden YMCA will deliver it to you and install it in your yard.

Thank you for choosing Mountain Mist Day Camp.

MERIDEN YMCA

110 West Main Street Meriden, CT 06451

P 203 235 6386 F 203 634 6517 www.meridenymca.org

Become a fan on [facebook.com/YMCA.Meriden](https://www.facebook.com/YMCA.Meriden)