



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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: _____

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
50 High Street
New Britain CT 06051
P 860 229 3787 **F** 860 225 8063
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
facebook.com/BerlinYMCA