



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

CAMP-ABILITY

This program introduces individuals to the summer camp experience! Campers gain independence, relate to others and engage in activities that bring a sense of achievement. Camp Ability will be full of engaging camp activities including boating, swimming, sports, arts and crafts, and teambuilding.

Price: FREE!

Ages: 5 +

Day: Saturdays

Date: July 7th - August 18th

Time: 9a - 12p

**Location: Camp Clark
200 Hedges Pond Rd**



Camp-Ability also:

- Strives to unlock limitations and empowers participants of all abilities to achieve a healthy, happy lifestyle
- Provides opportunities to build on social skills and cognitive learning
- Offers sensory stimulation while keeping participants engaged in the activity for extended periods of time



CAMP ABILITY CONTACT

Catherine Colantuone - Camp Director

ccolantuone@oldcolonyymca.org or 508 888 2290 x204

CAMP ABILITY REGISTRATION FORM

Participant First Name: _____

Male

Female

Participant Last Name: _____

Date of Birth: _____

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Address: _____

Preferred Daytime Phone (1): _____

Preferred Daytime Phone (2): _____

Preferred Email Address: _____

EMERGENCY OR NON-EMERGENCY AUTHORIZED PERSON (LOCAL) WHO CAN PICK UP PARTICIPANT

Contact Person 1: _____ Phone: _____ Relationship: _____

Family Physician (to be contacted): _____ Phone: _____

Do you have medical insurance? Carrier: _____

Policy/Group #: _____

ALLERGIES

None Known Please list all known allergies below:

Please explain reaction and treatment for the above allergies:

If medication will be provided, please fill out the Authorization to Administer Medication

CHILD HAS A HISTORY OF

Asthma Epilepsy Diabetes Autism Hyperactivity/Behavioral Issues

Frequent Headaches Hearing Issue

Other: _____

Please comment on indicated history: _____

*Please note you may be asked to meet with staff to discuss your child's medical history

Signature of Parent/Guardian: _____

Date: _____