



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

# DISCOVER SUMMER

## East Village Summer Day Camp

We offer a range of activities for campers aged 8-12 including:

- **Swimming** • **High & Low Rope Challenge Courses**
- **Arts and Crafts** • **Canoeing** • **Scavenger Hunts**
- **Sports & Games** • **Theme Days**
- **Outdoor Adventure** • **Lasting Friendships**

Hosted at Old Colony YMCA—Camp Yomechas!  
375 Wareham Street Middleboro

East Village (formerly E.A.S.T. Youth Center) will hold its fifth summer of camp at the Old Colony Y's Camp Yomechas for the summer of 2019. East Village is focused on serving children with moderate and mild special needs and disabilities, but all children are welcome!

Through the fundraising efforts of Old Colony Y, East Village will be provided with a \$50 one time registration fee for the summer. Additionally, free breakfast and lunch will be served to campers daily. Bus transportation from Head Start Brockton to Camp Yomechas is included.

**Applications are due by May 31, 2019!**

Camperships will be awarded in early June by email (please provide a parent's email address in your camper's application). Because East Village is primarily a camp for children with mild to moderate special needs, scholarships will be given first to campers with disabilities, but our goal is to also be inclusive, so depending on the number of applicants, we would like to award each camper at least 1-2 weeks.



**Like us on Facebook!**  
**@OldColonyYMCA-Middleboro**

### 2019 CAMP SESSION DATES

**Week 1:** July 8th – July 12th

**Week 2:** July 15th – July 19th

**Week 3:** July 22nd – July 26th

**Week 4:** July 29th – August 2nd

**Week 5:** August 5th – August 9th

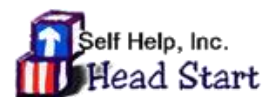
### CONTACT

Alicia Rose (Rosie), Old Colony YMCA  
Arose@oldcolonyymca.org

Julie Kennedy, Old Colony YMCA  
jkennedy@oldcolonyymca.org



### Community Partnerships:



United Way of  
Greater Plymouth County

# REGISTRATION FORM A

Please complete the entire Registration packet for each camper and return it to: Julie Kennedy, jkennedy@oldcolonymca.org or Lynne Bisnaw, lbisnaw@oldcolonymca.org. All applications need to be emailed or dropped off at the Middleboro YMCA (61 East Grove St. in Middleboro by May 31, 2019, in order to be considered for enrollment.

>PLEASE NOTE THAT OUR PRIMARY METHOD OF COMMUNICATION IS VIA EMAIL

## CAMPER AND FAMILY INFORMATION

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age (as of 9/1/19): \_\_\_\_ Grade (as of Fall 2019): \_\_\_\_ Male: \_\_\_\_ Female \_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Name/Town: \_\_\_\_\_ / \_\_\_\_\_

>Parent/Guardian 1 Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Email: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

>Parent/Guardian 2 Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Email: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

## ARRIVAL & DEPARTURE INFORMATION

**MORNING ARRIVAL:** The bus will depart from Headstart, 370 Howard St, Brockton, MA 02302, between 8:00am and 8:20am. We will arrive at Camp Yomechas at 9:00am.

**AFTERNOON DEPARTURE:** The bus will depart from Camp Yomechas at 2:15pm and will arrive back at Headstart, 370 Howard St, Brockton, MA 02302, between 3:00pm and 3:30pm.

**Please note:** A photo ID will be required by any individual who wishes to pick up or sign out your camper. Please indicate below those persons to whom your child may be released to for dismissal or in case of illness or injury. Your camper will not be released to any persons other than parents/guardians or those indicated below (unless otherwise notified in writing). In cases of emergency or illness, we will call the following contacts in the order they are listed below.

## TRANSPORTATION/EMERGENCY CONTACTS (in addition to parents/guardians)

Contact Person: \_\_\_\_\_ Preferred Phone 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Preferred Phone 2: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Preferred Phone 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Preferred Phone 2: \_\_\_\_\_

## CUSTODY INFORMATION

Is there a court order in regard to the child's custody?  Yes  No

Is there a restraining order in regard to who may have contact with the child?  Yes  No

If you answered yes to either question, a copy of the court order is needed for the child's file. Please attach it to the registration form.

Please indicate which week(s) your camper is available to attend camp, check as many weeks as possible:

Week 1: July 8th – July 12th

Week 4: July 29th – August 2nd

Week 2: July 15th – July 19th

Week 5: August 5th – August 9th

Week 3: July 22nd – July 26th

# REGISTRATION FORM B

## RELEASE AND WAIVER OF LEGAL LIABILITY

**Security Questions:** Please write in two security questions in the space provided below. You will be asked these security questions when discussing confidential information about your child over the phone or if in an emergency you need to make a change in the individual who is picking up your child.

Security Question 1: \_\_\_\_\_?

Answer to Security Question 1: \_\_\_\_\_

Security Question 2: \_\_\_\_\_?

Answer to Security Question 2: \_\_\_\_\_

### A. Medical Liability

I understand that health and accident coverage for my child is my responsibility as parent or guardian. I will not hold Camp Yomechas, the Old Colony Y, its representatives, counselors or staff liable for any injury incurred by my child. I hereby give my approval for her/his participation in the program. In an emergency, I hereby give permission to the physician selected by the Old Colony Y to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

Parent/Guardian Signature: \_\_\_\_\_

### B. Photo Waiver

It is understood and agreed that the Old Colony Y reserves the right to take and utilize pictures, likenesses, videos, and testimonials of participants for promotional purposes including, but not limited to; reports, publications, brochures, emails, our website, and other instances of online presence.

**\*If you do not approve, please write "DO NOT PHOTO" and attach a current photo of your child to ensure s/he does not appear in any media.**

Parent/Guardian Signature: \_\_\_\_\_

### C. SUNSCREEN/BUG SPRAY

I understand the following bug spray/sunscreen policy of the Old Colony Y:

We recommend that all campers and staff wear sunscreen with a SPF of at least 15 on all exposed skin, including lips, even on cloudy days.

We recommend that all campers and staff use bug spray with DEET according to recommendations on product label.

Parents/Legal Guardians will be responsible for providing their child with enough sunscreen and bug spray (in sealed containers) to take with them for applications throughout the day. Please include one container of each per child, labeled with your child's name. Camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun (due to perspiration), and/or any other times as needed. Please note, this will mean your child may have sunscreen and bug spray applied to them by the camp staff. Please explain this to your child prior to camp.

Parent/Guardian Signature: \_\_\_\_\_

**TO DISCUSS ANY QUESTIONS OR CONCERNS REGARDING THIS AGREEMENT, PLEASE CONTACT THE YMCA AT 508-947-1390**

>I ACKNOWLEDGE THAT I AM OVER THE AGE OF EIGHTEEN (18) YEARS. I ACKNOWLEDGE THAT I HAVE CAREFULLY AND COMPLETELY READ AND UNDERSTAND THE TERMS CONTAINED IN THIS RELEASE AND WAIVER OF LEGAL LIABILITY. I UNDERSTAND THAT MY SIGNATURE BELOW DEMONSTRATES ACCEPTANCE OF THE ABOVE TERMS IN THEIR ENTIRETY.

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

### VOLUNTARY RELEASE FORM

I, the undersigned \_\_\_\_\_ (legal relationship to student, e.g., "parent," "guardian") of \_\_\_\_\_ (name of student) ("my child"), a minor, do hereby consent to my child's participation in voluntary athletic or Recreation programs of the Old Colony YMCA

I also agree to forever release the Old Colony YMCA, to all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Old Colony YMCA ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary camping, athletic, or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Old Colony YMCA's camping, athletic, or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Old Colony YMCA or recreation programs.

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

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

# REGISTRATION FORM C

**PLEASE NOTE:** You must include your child's current immunization / physical records signed by a physician.

## HEALTH INFORMATION/MEDICAL INFORMATION & WAIVERS EMERGENCY CONTACT INFORMATION

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Age (as of 9/1/19): \_\_\_\_\_ Grade (as of Fall 2019): \_\_\_\_\_ Male: \_\_\_\_ Female \_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Parent/Guardian 2 Name: \_\_\_\_\_

Preferred Daytime Phone (1): \_\_\_\_\_ Preferred Daytime Phone (1): \_\_\_\_\_

Preferred Daytime Phone (2): \_\_\_\_\_ Preferred Daytime Phone (2): \_\_\_\_\_

Camper lives with:  both parents  parent/guardian 1  parent/guardian 2

Emergency or non-emergency authorized person (local) who can pick up camper:

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Physician (to be contacted): \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_ Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

### ALLERGIES/ASTHMA

None Known Food(s) : \_\_\_\_\_ Insect bites/stings: \_\_\_\_\_  
Poison Ivy/Oak: \_\_\_\_\_ Medication(s) : \_\_\_\_\_ Other: \_\_\_\_\_

Please explain reaction and treatment for the above allergies: \_\_\_\_\_

If medication will be provided to the camp nurse, please fill out the **Authorization to Administer Medication to Camper Form**  
(found online at [www.oldcolonymca.org/camps](http://www.oldcolonymca.org/camps) or at your camp/branch)

### CAMPER HAS A HISTORY OF

Asthma  Epilepsy  Diabetes  Autism  Hyperactivity/Behavioral Issues  Frequent Headaches  Hearing trouble

Other: \_\_\_\_\_ Please comment on indicated history: \_\_\_\_\_

**Please note:** You may be asked to meet with the camp director or camp nurse to discuss your child's medical history.

### MEDICATIONS

Is your child on an IEP or 504 plan? \_\_\_\_\_

Will camper be taking medication(s) while at camp?  Yes  No (Medications include epi-pens, inhalers, prescriptions, over-the-counter, vitamins, etc.)

If marked Yes, which medications? \_\_\_\_\_

If yes, please be prepared to provide the medications (in original containers) with the Authorization to Administer Medication to Camper Form.

### OTHER

Please explain any special dietary needs/restrictions: \_\_\_\_\_

Please explain any limits or restrictions to physical activity while at camp: \_\_\_\_\_

Any other conditions the camp directors or nurse should be aware of: \_\_\_\_\_

Does your child attend a YMCA After School or Early Education program? If yes, where? \_\_\_\_\_

Are there any accommodations or services that we can provide to make the summer as successful as possible? \_\_\_\_\_

Please share any information that would help Summer Staff best serve your child: \_\_\_\_\_

This health history is correct so far as I know, the person herein described has permission to engage in all prescribed camp activities except as noted.

**EMERGENCY AUTHORIZATION:** I hereby give my permission to the medical personnel selected by the Old Colony Y to order x-rays, routine tests, and treatment for my child, in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Old Colony Y to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I understand that the Old Colony Y is not responsible to provide health and accident insurance, and all charges occurred will be paid by the parent/guardian.

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

\*If you cannot sign this due to religious reasons, the camp should be contacted for a legal waiver which must be signed for attendance.

# REGISTRATION FORM D

## Authorization to Administer Medication to a Camper (to be completed by parent or guardian)

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_ Age (as of 9/1/19): \_\_\_\_\_

>Parent/Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Food/Drug Allergies: \_\_\_\_\_

Diagnosis (at parent/guardian discretion): \_\_\_\_\_

Licensed Prescriber: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Dose Given at Camp: \_\_\_\_\_ Method of Administration: \_\_\_\_\_

Frequency: \_\_\_\_\_ Duration of Order: \_\_\_\_\_

Quantity of Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Special Storage Requirements: \_\_\_\_\_

Specific Directions (e.g., empty stomach with water): \_\_\_\_\_

Special Precautions: \_\_\_\_\_ Side Effects: \_\_\_\_\_

Other Medications (at parent/guardian discretion): \_\_\_\_\_

Location Where Medication will be Administered: \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to administer, to my child, \_\_\_\_\_ (name of camper) the medications listed above, in accordance with 105 CmR 430. 16D.

**105 CMR 430. 160 (A)** medication prescribed for camper shall be kept in original conditions bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements. If any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include directions for use.

**105 CMR 430. 160 (C)** medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

**105 CMR 430. 160 (D)** When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

\*Health Supervisor - A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications. Please note: All Old Colony YMCA Camps have a board certified R.N. on site at camp daily between the hours of 9am - 4pm

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

# REGISTRATION FORM E

## MANDATORY Parent Questionnaire (1)

Is your child on an IEP or 504 plan?  Yes  No If your child has an I.E.P., we ask that you please attach it to the camp application.

Has your child ever attended camp other than E.A.S.T. camp? If yes, please describe his/her experience. (parent and guardian experience is separate)

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Please describe your experience as a parent, sending your child to camp.

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What are your child's feelings about coming to camp this summer?

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Please list some of your child's favorite activities.

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How well does your child interact with children close to his/her age?  With Ease  With Some Challenge  With Difficulty

Please Explain:

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What are the situations that are particularly challenging for your child? What strategies have you found to be most effective?

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How does your child react to changes and transitions in his/her environment and/or routine?

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What special services, if any, does your child receive at school? (e.g. special education classroom, academic support, one-to-one aide, speech/language, social/emotional support)

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Does your child have any special health, hygiene, or dietary needs (including allergies)?

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What is the MOST important thing you would like us to know about your child?

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# REGISTRATION FORM F

## MANDATORY Parent Questionnaire (2)

Please select your child's t-shirt size. (Campers will receive a camp t-shirt)

YOUTH SIZES:  Youth X-Small  Youth Small  Youth Medium  Youth Large  Youth X-Large

ADULT SIZES:  X-Small  Small  Medium  Large  X-Large  XX-Large  XXX-Large

East Village is offered at little or no cost to families, which means that 100% of East Village budget is donated by foundations, corporations, and private donors. Y staff work hard all year to raise money to make each summer possible. We ask that you please answer the following question for the purpose of improving our data for grant writing.

Please check the box that best describes your family's household annual income.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> \$11,880 - \$15,444 | <input type="checkbox"/> \$16,020 - \$20,830        | <input type="checkbox"/> \$20,831 - \$26,200 |
| <input type="checkbox"/> \$26,201 - \$31,600 | <input type="checkbox"/> \$31,601 - \$37,000        | <input type="checkbox"/> \$37,001 - \$48,000 |
| <input type="checkbox"/> \$48,001 - \$53,157 | <input type="checkbox"/> Higher than amounts listed |  |

Please circle the size of your immediate family. (you, spouse, children)

1                      2                      3                      4                      5                      6                      7                      8

## CURRICULUM

East Village incorporates educational curriculum into the camper's daily schedules.

As a parent, do you like the fact that East Village provides educational activities at camp?  Yes  No

If your child attended E.A.S.T. Camp last year, do you think that the educational activities E.A.S.T. provided helped your child get ready for the upcoming school year?  Yes  No

What is your child's favorite subject in school? \_\_\_\_\_

What subject areas do you think your child needs to improve upon? \_\_\_\_\_  
\_\_\_\_\_

## DAILY COMMUNICATION SHEETS

Would you like a daily communication sheet for your child?  Yes  No