SUMMER CAMP – CAMP CLARK | 508-888-2290 | CAMPCLARK@OLDCOLONNYMCA.ORG

OLD COLONY YMCA | 200 Hedges Pond Rd. Plymouth, MA 02360 | WWW.OLDCOLONYYMCA.ORG

MEMBERS SAVE $20 A WEEK ON AVERAGE!
Financial assistance available, ask today!

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

additional fee
additional fee
WHEN IS CAMP?
HOURS: 9AM–4PM
Week 3: 6/29-7/3
Week 4: 7/6-7/10
Week 5: 7/13-7/17
Week 6: 7/20-7/24
Week 7: 7/27-7/31
Week 8: 8/3-8/7
Week 9: 8/10-8/14
Week 10: 8/17-8/21
Week 11: 8/24-8/28
Week 12: 8/31-9/4
Week 13: 9/7-9/11
Week 14: 9/14-9/16 (day options)
(No bus transportation)

WANT TO STAY CONNECTED?
Text the keyword “OCYSUMMER” to 55678 and opt-in to receive text alerts, news, and promotions about summer camp.
By signing up, you agree to receive automated text alerts, news, and promotions from Old Colony YMCA. Consent not required for purchase. Up to 15 messages per month. Reply STOP to cancel, reply HELP for help. Message and data rates may apply. For Terms and Conditions or Privacy Policy visit us online. www.oldcolonyymca.org/mobile-alerts

WHAT’S INCLUDED?
Library
Science
Arts & Crafts
Team Building
Recreational Swim Time
FREE Camp Lunch

TYPES OF CAMP
Camp   Age
Basic Day Camp  6-12
Leader In Training  13-14
Counselor In Training  15

For full descriptions visit us online!
There’s Nothing Quite Like Summer Camp

Welcome to Camp Clark! We want to welcome you to the #BestSummerEver, where we will build lifelong memories, and friendships all in a nurturing environment designed for our future leaders ages 4-15. With adventure around every corner and new experiences each day, Old Colony Y campers learn, develop their character, and become more confident. There’s plenty of fun to go around too, as campers take to the water and the treetops to make memories and friendships that will last a lifetime.

Kids Do Better When They Have Access to Multiple Opportunities and Resources. At the Y, we call this our integrated approach to youth development.

You’re Not Just Getting a Camp Counselor... ...You’re Getting the YMCA

Safety
- Registered nurse
- CPR and First Aid Certified staff on grounds
- Trained Staff - Minimum 5 day orientation covering a broad range of subjects including: Counseling skills, team building, programming, conflict resolution, and sensitive issues such as child abuse and neglect.
- Aquatic staff: certified lifeguards and 3 day training on camp specifics
- We conduct Criminal Offender Record Information (CORI) and Sexual Offender Registry Information (SORI) checks prior to all staffs employment
- This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. Per Massachusetts law, parents may at any time request copies of background check, health care and discipline policies as well as procedures for filing grievances by contacting our camp office.

Arrival & Departure

Drop Off / Pick-Up
Parents/guardians have the option of dropping off or picking up their child to and from YMCA Camp. No child under 12 years old is allowed to walk to/from camp or the bus stop without supervision. Children 12 years and older may walk to and from camp or the bus stop unsupervised after they have provided a signed note from a parent or guardian stating such to the Camp Director.

Early Dismissal
Please send a note with the time you will arrive to dismiss your child. We will gladly ensure that your child has left his/her activity, has gathered his/her belongings and is waiting for you at the camp office. No camper will be dismissed through the camp office between 3:15 - 4:00 PM.
**CLEARLY PLACE AN “X” IN THE APPROPRIATE BOX TO INDICATE YOUR CAMP SELECTIONS**

### CAMP ‘20

<table>
<thead>
<tr>
<th>CAMP '20</th>
<th>AGES</th>
<th>WEEK 3 6/29-7/3</th>
<th>WEEK 4 7/6-7/10</th>
<th>WEEK 5 7/13-7/17</th>
<th>WEEK 6 7/20-7/24</th>
<th>WEEK 7 7/27-8/1</th>
<th>WEEK 8 8/3-8/7</th>
<th>WEEK 9 8/10-8/14</th>
<th>WEEK 10 8/17-8/21</th>
<th>WEEK 11 8/24-8/28</th>
<th>WEEK 12 9/1-9/5</th>
<th>WEEK 13 9/8-9/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUTH DEVELOPMENT CAMPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 14: 9/14-9/16</td>
<td>Circle desired day/s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mon (14th)</td>
<td>Tues (15th)</td>
<td>Wed (16th)</td>
<td>$43 a day</td>
<td>$47 a day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chipmunk Full Day</td>
<td>4-5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Day Camp</td>
<td>6-12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leader in Training</td>
<td>13-14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselor in Training</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camp Lunch</td>
<td>4-15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SAVINGS**

**20% OFF - JUNE 1ST**
Purchase 4 weeks of camp, and receive 20% off each additional week (per child)
Ask for more details!

**$15 OFF - SIBLING DISCOUNT**
Per week, per additional child. Must be the same week of camp.

**$50 OFF - REFERRAL**
Refer a new camper for 2 sessions

**PAYMENT OPTIONS**

- Pay in Full
- Deposit Only: ($60 per camper/per week, not available after 7/1)
- Check Enclosed
- I will pay by credit card at the camp (Note: Do not enter your credit card number on this form)
- Auto Charge (All payments must be received by 7/1) Choose the billing option that works for you! Pay your balance in weekly or even monthly installments you have chosen until 7/1! *First payment will be required at point of sale.

**PAYMENT POLICY**

All payments are due in full by July 1st or upon registration thereafter. Prior to July 1st, if you are not paying in full, a $60/week per child deposit is required. At that time, you will be asked to set up auto charge payments. If this is not desired, please keep in mind, the remaining balance is due on July 1st. Please note that your child will not be able to attend camp until all of the required documents and payment in full has been collected.

See parent handbook for full payment policy.

**MEMBERS SAVE $20 A WEEK ON AVERAGE. BECOME A MEMBER TODAY!**

Contact member services or visit our Welcome Center to become an Old Colony YMCA member today!

*Discount reflects membership difference. Must maintain membership throughout summer camp to qualify for discount.*
Please complete the entire Registration packet for each camper and return it with your non-refundable deposit to:
Old Colony YMCA - Plymouth Branch 200 Hedges Pond Road, Plymouth, MA 02360

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

CAMPER AND FAMILY INFORMATION

Camper’s Full Name (First, Last): __________________________________________ Date of Birth: ___ / ___ / ______

Age: ___ Male ___ Female ___ Address: _______________________ City: __________ Zip Code: __________

<PREFERRED COMMUNICATION> Phone: ___________________________ Email: _________________________________________

Parent/Guardian 1 Name: ____________________________ DOB: ___ / ___ / ___ Cell: ____________________________

Relationship to Camper: __________________________ Email: ____________________________ Work: ____________________________

Parent/Guardian 2 Name: ____________________________ DOB: ___ / ___ / ___ Cell: ____________________________

Relationship to Camper: __________________________ Email: ____________________________ Work: ____________________________

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 Attached ___

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health. Per Massachusetts law, parents may at any time request copies of background check, health care and discipline policies as well as procedures for filing grievances by contacting our camp office.

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.

FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP CHILD/REN AND ARE SUITABLE EMERGENCY CONTACTS

Contact Person: __________________________________ Relation: ____________________________ Phone: ____________________________

Contact Person: __________________________________ Relation: ____________________________ Phone: ____________________________

Contact Person: __________________________________ Relation: ____________________________ Phone: ____________________________

CONTACT
Associate Executive Director
Cristina Wilson • 508-927-3100 x102 • cwilson@oldcolonyymca.org
HEALTH INFORMATION/MEDICAL INFORMATION & EMERGENCY CONTACT INFORMATION

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

Do you have medical insurance? ______ Carrier: ___________________________ Policy/Group #: ___________________________

MEDICATION/HISTORY

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.

Asthma ☐ Epilepsy ☐ Diabetes ☐ Autism ☐ Hyperactivity/Behavioral ☐ Frequent Headaches ☐ Ear trouble ☐ Mental Health ☐

Other: ___________________________ Please comment on indicated history: ___________________________

Please note: You may request to meet with the director to discuss your child’s history to better serve your camper.

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.oldcolonyymca.org/locations/camps or at your camp/branch)

The following accommodations may be required to most effectively meet my child’s need while at camp.

_______________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________________________

OTHER

Is your child on an IEP or 504 plan? Yes ☐ No ☐ If yes, please provide a copy of the plan.

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.

Signature of Parent/Guardian: ___________________________ 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.
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 this 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 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 recreation programs.

Signature _____________________________________________ Date ____________________________ Guardian of ___________________________________________________________

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 Clark, 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.

Signature _____________________________________________ Date ____________________________ Guardian of ___________________________________________________________

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.

Signature _____________________________________________ Date ____________________________ Guardian of ___________________________________________________________

C. Sunscreen/Bug Spray

I understand the following bug spray/sunscreen policy of 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.

Signature _____________________________________________ Date ____________________________ Guardian of ___________________________________________________________

To discuss any questions or concerns regarding this agreement, please contact the YMCA at 508-927-3100

> 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 on the left demonstrates acceptance of the above terms in their entirety.

IMPORTANT FAQS

WHY THE Y

• Inclusive environment to promote healthy mind, body, and spirit
• An “unplugged” experience to promote outdoors and nature
• Friendships that last a lifetime
• Opportunity to learn new skills
• Teamwork and collaboration skill building
• Traditional camp or specialty options
• Transportation available (additional fee)
• Financial assistance available

SAFETY

• CPR and First Aid Certified staff on grounds at all times
• Registered nurse
• Trained Staff – Covering a broad range of subjects including: counseling skills, team building, programming, conflict resolution, and sensitive issues such as child abuse and neglect.
• Aquatic staff: certified lifeguards and 3 day training on camp specifics
• We conduct Criminal Offender Record Information (CORI) and Sexual Offender Registry Information (SORI) checks prior to all staffs employment

WHAT TO BRING

• Non-perishable bag lunch
• Water Bottle (with water)
• Sunscreen
• Bug Spray
• Bathing suit
• Towel