SUMMER CAMP – CAMP CHRISTINA | 781-341-2016 | CAMPCHRISTINA@OLDCOLONYYMCA.ORG

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial assistance available, ask today!

MEMBERS SAVE $50 A WEEK ON AVERAGE!

OLD COLONY YMCA | 445 Central Street, Stoughton, MA 02072 | WWW.OLDCOLONYYMCA.ORG
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)

What's Included?

Swim Lessons Included
Archery
Recreational Swim
Arts & Crafts
Dance/Drama
Reading Nook & Science Space

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

Want to Stay Connected?

Types of Camp

Camp
Little Voyagers
Pioneers
Navigators
Explorers
Pathfinders
Rangers
Adventurers
Mavericks
Trailblazers
Counselor In Training

Grade Entering
Ages 4–5
K
1st
2nd
3rd
4th
5th
6th/7th
8th/9th
Age 15

For full detail visit us online!
THERE’S NOTHING QUITE LIKE SUMMER CAMP

Whether this is your first summer here or you have been with us for year, I want to welcome you to Camp Christina! The staff and I are hard at work to put together an exciting, safe camp with new experiences for ALL CAMPERS! Summer is always a memorable time as children are out of school for a few weeks, but they are looking forward to spending time outside with their friends. Camp is a perfect opportunity to not only do these things, but to explore an endless amount of possibilities meeting new people, taking risks, and most importantly being themselves. 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 without supervision. Children 12 years and older may walk to and from camp 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

<table>
<thead>
<tr>
<th>CAMP ’20</th>
<th>Grades</th>
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<th>WEEK 13</th>
<th>MEMBER FEE PER WEEK</th>
<th>NON-MEMBER FEE PER WEEK</th>
<th>TOTAL AMT. DUE</th>
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<tr>
<td>YOUTH DEVELOPMENT CAMPS</td>
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<td>Counselor-in-Training</td>
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SAVINGS

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

- **$15 OFF - SIBLING DISCOUNT**
  per week, per additional child. Must be the same week of camp. Excludes week 1.

- **$50 OFF**
  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 $50 A WEEK ON AVERAGE. BECOME A MEMBER TODAY!

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Savings*</th>
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<tr>
<td>1</td>
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*Discount reflects membership difference. Must maintain membership throughout summer camp to qualify for discount.

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

REGISTRATION FORM B

SKIP THE LINE AND REGISTER ONLINE! VISIT WWW.OLDCOLONYYMCA.ORG/LOCATIONS/CAMPS

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.

CONTACT
Camp Registrar • 781-341-2016 • campchristina@oldcolonyymca.org
Camp Director • Adam Koufos • 781-341-2016 • akoufos@oldcolonyymca.org
REGISTRATION FORM C

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

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: ____________________________

MEETING REQUEST CONTACT

Adam Koufos
781-341-2016
akoufos@oldcolonyymca.org

*If you cannot sign this due to religious reasons, the camp should be contacted for a legal waiver which must be signed for attendance.
WAIVERS & LIABILITY 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 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 ____________________________________________________________________________________________________    Date ____________________________   Guardian of ___________________________________________________________

A. Medical Liability

Signature

I understand that health and accident coverage for my child is my responsibility as parent or guardian. I will not hold Camp Christina, 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.

B. Photo Waiver

Signature

*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.

C. Sunscreen/Bug Spray

Signature

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

TO DISCUSS ANY QUESTIONS OR CONCERNS REGARDING THIS AGREEMENT, PLEASE CONTACT THE YMCA AT 781-341-2016

Date ____________________________________________________________________________________________________    Date ____________________________   Guardian of ___________________________________________________________

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