



# 2025 YMCA of Greater Westfield Registration Form: Camp Shepard Day Camp

Camper's First Name	Last Name	Gender	Age at camp	Grade Fall of 2025	Date of Birth
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Address	City	State	Zipcode
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Parent/Guardian 1 First Name	Last Name	Work Phone	Cell Phone	Home Phone	Email
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Parent/Guardian 2 First Name	Last Name	Work Phone	Cell Phone	Home Phone	Email
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2025 SESSIONS	Dates	Check Box if Attending	Circle Fee Option Member / Non-member
SESSION 1 *No camp July 4th*	6/23-7/3	<input type="checkbox"/>	\$392 / \$407
AM Extended Day		<input type="checkbox"/>	\$45
PM Extended Day		<input type="checkbox"/>	\$45
SESSION 2	7/7-7/18	<input type="checkbox"/>	\$432 / \$447
AM Extended Day		<input type="checkbox"/>	\$50
PM Extended Day		<input type="checkbox"/>	\$50
SESSION 3	7/21-8/1	<input type="checkbox"/>	\$432 / \$447
AM Extended Day		<input type="checkbox"/>	\$50
PM Extended Day		<input type="checkbox"/>	\$50
SESSION 4	8/4-8/15	<input type="checkbox"/>	\$432 / \$447
AM Extended Day		<input type="checkbox"/>	\$50
PM Extended Day		<input type="checkbox"/>	\$50
TOTAL \$			



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IN ADDITION TO THE PARENT / GUARDIAN NAMES FROM PAGE 5, LIST ADDITIONAL AUTHORIZED PICK UP / EMERGENCY CONTACTS

Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell \_\_\_\_\_ Alternate # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell \_\_\_\_\_ Alternate # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell \_\_\_\_\_ Alternate # \_\_\_\_\_

## EMERGENCY CONTACTS AND AUTHORIZED PICK UPS

In addition to parents/guardians listed on page 5, ONLY those on the Authorized Pick Up / Emergency Contact list will be allowed to pick up campers from camp. In emergency situations only, parents/guardians may give written permission for an individual who is not on this list to pick up child. No child will be released without emergency written permission. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file at the program. By signing this form, you agree to the Authorized Pick Up / Emergency Contact arrangement as stated above.

## PARENTS AGREEMENT & PAYMENT POLICY: Please read carefully

- A \$75 non-refundable deposit is required for each session and must accompany each application. This deposit will hold the camper's place and will be applied to the full camp tuition. Remaining balances must be paid by the Monday prior to the beginning of the registered session. Campers may not attend any session until their balance is paid in full.
- Deposits are not transferrable session to session. We ask that you only register for the sessions you plan to attend. This helps us to ensure that we are able to provide care and a camp experience to as many families as possible.
- After the due date, any new registration requires payment in full and a completed immunization record.
- The YMCA reserves the right to dismiss a camper whose behavior is detrimental to other campers, themselves and/or camp.
- Fees will not be refunded for absence, failure to attend during the camp session, delayed attendance at camp, or dismissal. We do not pro-rate session costs due to camper absence.
- Completed registration packets are required for each camper to register. This includes all health forms. Immunization records are REQUIRED prior to a camper starting at camp. The YMCA does not retain records from previous years.
- I understand the policies and procedures on enrollment, payment and attendance for Camp Shepard. They can be found in the Parent Handbook available online.

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

YMCA of Greater Westfield – Camp Shepard requires written permission from parents/guardians in order for YMCA staff to assist with applying sunscreen and insect repellent. As parent/guardian, I give YMCA staff permission to assist my camper in applying sunscreen and insect repellent.

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

I authorize the YMCA of Greater Westfield to use my child's photo/image for marketing and promotion purposes.

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



# 2025 YMCA of Greater Westfield Waiver: Camp Shepard Day Camp

## Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE YMCA OF GREATER WESTFIELD, INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

### Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of The YMCA of Greater Westfield's facilities, services, equipment and premises ("Facilities") and any participation in The YMCA of Greater Westfield's programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that The YMCA of Greater Westfield, Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

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Minor Name (print clearly)

Date

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Parent/Guardian Signature

Parent/Guardian Name (print clearly)



# 2025 YMCA of Greater Westfield Health Form: Camp Shepard Day Camp

First Name Last Name Gender Date of Birth

Parent/Guardian Name 1 Parent/Guardian Name 2

## Immunization History

Please provide a copy of your child's immunization record from their doctor's office. **This is required for each camper PRIOR to attending camp.** The YMCA does not retain records from previous years. Children should meet the Massachusetts school immunization requirements for the grade they will enter in the school year following their camp session.

Name of Physician: Phone:

Medical/Hospital Insurance Carrier: Policy/Group #

Current Medications:

Current Medications to be Administered at Camp:

**If a camper must receive medication while at Camp Shepard, an "Authorization to Administer Medication to a Camper" form must be completed for each medication. This includes campers that use an Epi-Pen, Inhaler, OR Insulin, whether it is self-administered or assisted.** This form can be found at the front desk of the YMCA or online at [www.westfieldymca.org](http://www.westfieldymca.org), and is due one full week before the session begins. All medications must be turned in upon arrival to Camp Shepard. All medications must be in original containers.

**Immunization Exemption:** If a camper or staff member has religious or medical objections to physical examinations or immunizations, the camper or staff member shall submit a written statement, signed by a parent or legal guardian of the camper or staff member if a minor, stating that the individual is in good health and stating the general reason for such objections.



# 2025 YMCA of Greater Westfield Health Exam Form: Camp Shepard Day Camp

## Health History:

Allergies (Please List): \_\_\_\_\_

History of Anaphylaxis: \_\_\_\_\_ Epi-Pen®: Yes No

Asthma (Please Attach Action Plan): Yes No Inhaler Yes No

Diabetes (Please Attach Action Plan): Type 1 Type 2

Seizure Disorder (Please describe): \_\_\_\_\_

Any health concerns we need to be aware of: Yes No If yes, please describe: \_\_\_\_\_

## Please Check if your camper has a history of:

Frequent Ear Infections ☐

Convulsions ☐

Chicken Pox ☐

Mumps ☐

Poison Ivy ☐

Health Disease/Defect ☐

Bleeding/Clotting Disorder ☐

Measles/German Measles ☐

Hay Fever ☐

Lyme Disease ☐

## Targeted TB Skin Testing:

☐ Med-to-High Risk (exposure to TB; born, lived travel to TB endemic countries; medical risk factors)

**Result:** Positive Negative Indeterminate/Boderline Low Risk (no TB test done)

(Please Circle)

## Recommendations and restrictions while in program:

Special Diet: \_\_\_\_\_

Swimming: \_\_\_\_\_

Strenuous activity: \_\_\_\_\_

Any specific activity to be restricted: \_\_\_\_\_

## IMPORTANT: PLEASE NOTIFY THE YMCA IF THIS CHILD IS EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS PRIOR TO ATTENDANCE OR WHILE ATTENDING ANY YMCA PROGRAM.

Parents Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me and the examining physician. I give my permission for my child to be given simple first aid at the YMCA and to be transported to the hospital if "Y" personnel deem it necessary. I hereby give permission to the physician selected by the director to order x-rays, routine tests, and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injection, and/or anesthesia, and/or surgery for my child as named above.

Emergency medical treatment and transportation is authorized if I am unable to be contacted.

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