

CAMPER INFORMATION FORM

PLEASE REMEMBER:

Your child's registration is not complete without a medical form from your child's doctor! Your medical form can be uploaded via your online account.

CAMPER INFORMATION

Camper's Name: _____ Gender: ___Male ___Female ___Nonbinary

Street: _____

City / Town: _____ State: _____ Zip: _____

Home Phone: _____ Birth Date: _____ Age: _____ Grade in Fall: _____

PARENT & EMERGENCY CONTACT INFORMATION (All of the information below is required for Authorized Pickup verification.)

Parent 1 Name _____ Date of Birth _____ Authorized to Pick Up? ___Yes ___No

Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone _____

Relationship to Child _____

Parent 2 Name _____ Date of Birth _____ Authorized to Pick Up? ___Yes ___No

Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone _____

Relationship to Child _____

Name _____ Date of Birth _____ Authorized to Pick Up? ___Yes ___No

Emergency Contact Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone _____

Relationship to Child _____

Name _____ Date of Birth _____

Additional Pick-Ups (optional) Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone _____

Relationship to Child _____

Name _____ Date of Birth _____

Additional Pick-Ups (optional) Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone _____

Relationship to Child _____

YOUR CHILD'S HEALTH HISTORY: (Check – giving approximate dates)

Asthma _____

German Measles _____

Measles _____

Bleeding/Clotting _____

Hay Fever _____

Meningitis _____

Chicken Pox _____

Heart Defect/Disease _____

Mumps _____

Convulsion _____

Insect Sting Allergy _____

Other Drug Allergies _____

Diabetes _____

Poison Ivy, etc. _____

Penicillin Allergy _____

Frequent Ear Infections _____

CAMPER INFORMATION FORM

Food Allergies – Please list allergies, child’s reactions, and any related prescriptions or treatments:

Operations or serious injuries (dates): _____

Chronic or recurring illness: _____

Other diseases or details of above: _____

Name of dentist/orthodontist: _____ Phone: _____

Name of physician: _____ Phone: _____

Insurance carrier: _____ Policy/Group #: _____

Any specific activities to be restricted? _____

Will your child require any medical prescriptions to be administered while at camp? Circle one: YES NO

If yes, please contact the Camp Registrar at (508) 409-0753 for a medicine administration form at campadmin@attleboroyymca.org.

Does your child use an Epipen? Circle one: YES NO If yes, a medication form is required for all Epipens.

Important: Please notify the camp if the camper is exposed to any communicable disease within three weeks prior to camp attendance.

Is there anything else you’d like to tell us about your child in order for us to provide the best care and camp experience for him/her?

PARENT AUTHORIZATIONS

In the event of an emergency requiring medical attention beyond first aid, I hereby grant permission to a physician or hospital designated by the Attleboro Norton YMCA to provide medical attention to my child, _____, including necessary hospitalization. Any expense arising from injury or illness is the responsibility of the parental insurance coverage.

Parent/Guardian Signature

Date

I understand and agree with all of the Camp’s Policies and Procedures, Payment Policies, and COVID-19 Related Policies, outlined on pages 12 of this brochure.

Parent/Guardian Signature

Date

I understand that the Attleboro Norton YMCA at all locations or branches may take photographs and/or videos of participants, in all our programs, any time through the year, and I authorize the use of my child in photographs and/or video for archival and publicity purposes.

Parent/Guardian Signature

Date

My child, _____, has my full permission to participate in Attleboro Norton YMCA Summer Camps, attend any Attleboro Norton YMCA Summer Camp Field trips during their sessions of attendance at camp, and take part in any Ropes Course Challenges that may be part of the camp curriculum.

_____ I acknowledge and agree that any participation in the Attleboro Norton YMCA camps programs comes with inherent risks including moderate and severe personal injury, property damage, disability, death, and sickness or disease including, without limitation, contracting COVID-19. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of participation in camp. I fully understand the ease of transmission of COVID-19 and I agree that I have full knowledge of the nature and extent of all such risks.

_____ In consideration of my child’s participation in camp, I agree that the Attleboro Norton YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, or dependents. I assume all risk and responsibilities arising from participation as do myself, my heirs and personal representatives hereby hold harmless, indemnify, release and forever discharge the Attleboro Norton YMCA, its officers, agents, coaches, and employees from and against any and all claims, demands and actions or causes of action on account of property damage, physical injury or death which may occur during the period of participation.

_____ Sunscreen Waiver: I hereby give the Attleboro Norton YMCA/Camp Finberg staff permission to assist my child in applying sunscreen.

Parent/Guardian Signature

Date

MAIL ALL FORMS TO: ATTLEBORO NORTON YMCA | Attn: Camp Registrar | 63 N. Main Street | Attleboro, MA 02703

CAMP/PROGRAM SELECTION FORM

Child's Name: _____

Age: _____ Grade in the Fall of 2026: _____

ATTLEBORO NORTON YMCA MEMBERSHIP INFORMATION

Is your camper a member of the Attleboro Norton YMCA? ☐ Yes ☐ No

If you would like a Membership, please visit
attleboroymca.org/membership

		TRADITIONAL CAMP		SPECIALTY CAMPS: GRADES 2-5
		Full 5-Day Week Registration Check the weeks attending.	Daily Registration Circle the 2, 3 or 5 days attending. (No 4-day registrations)	Select the camps that your child will attend.
Kinder	June 1-5		M T W Th F	
Week 1	June 8-12		M T W Th F	
Week 2	June 15-19		M T W Th F	
Week 3	June 22-26		M T W Th F	
Week 4	June 29-July 3		M T W Th F	<input type="checkbox"/> Outdoor Challengers <input type="checkbox"/> Soccer Camp
Week 5	July 6-10		M T W Th F	<input type="checkbox"/> Art Camp <input type="checkbox"/> Flag Football Camp
Week 6	July 13-17		M T W Th F	<input type="checkbox"/> Theater Camp <input type="checkbox"/> Basketball Camp
Week 7	July 20-24		M T W Th F	<input type="checkbox"/> Outdoor Challengers <input type="checkbox"/> Flag Football
Week 8	July 27-31		M T W Th F	<input type="checkbox"/> Art Camp <input type="checkbox"/> Basketball Camp
Week 9	August 3-7		M T W Th F	<input type="checkbox"/> Theater Camp <input type="checkbox"/> Soccer Camp
Week 10	August 10-14		M T W Th F	<input type="checkbox"/> Art Camp <input type="checkbox"/> Basketball Camp
Week 11	August 17-21		M T W Th F	<input type="checkbox"/> Flag Football Camp
Week 12	August 24-28		M T W Th F	

Camp Rates	Weekly Registration Fees	Daily Registration Fees
Little Hawks (Ages 3&4) & Eagles (K&1)	Y Member: \$305 / Non-Member: \$365	Y Member: \$75 / Non-Member: \$85
Traditional Camps (Grades 2-7)	Y Member: \$285 / Non-Member: \$345	Y Member: \$66 / Non-Member: \$76
Specialty Camps	Y Member: \$300 / Non-Member: \$360	N/A

LEADERSHIP DEVELOPMENT PROGRAM

	SESSION I 6/22-7/3	SESSION II 7/6-7/17	SESSION III 7/20-7/31	SESSION IV 8/3-8/14
Leaders in Training				
Counselors in Training				

EXTENDED CARE

Will your child need extended care before or after camp?
☐ Yes
 ___ Before Care (7:00-8:00am)
 \$25 per week for members, \$30 per week for Non-Members
 ___ After Care (4:30-5:30pm)
 \$25 per week for members, \$30 per week for Non-Members
☐ No

TRANSPORTATION

 Please refer to bus schedule for stops.

___ Bus \$25 per week per camper

How will your child arrive at camp each day?
___ Parent Drop-Off - OR - ___ Bus - Stop # ___

How will your child leave camp each day?
___ Parent Pick-Up - OR - ___ Bus - Stop # ___

INCLUSION SUPPORT

Does your child have developmental or behavioral needs that would require extra support during the camp day?
___ Yes (No additional cost. A staff person will contact you for more information.)
___ No

CAMP PAYMENT INFORMATION

Non-Refundable \$25 with deposit per registration
Specialty Camp Deposit: \$100 per week

Please note that these deposits are non-refundable.

Finberg Summer Non-Reundable Fee (\$25) _____

specialty camps attending: _____ x \$100 = _____

Total due at registration _____

Check one: ☐ Check included ☐ Charge account below

Camp Balances: All camp balances are due **two weeks** prior to each week of camp. These will automatically be drafted from the account you list below.

___ Credit Card: _____
Exp Date: _____

___ Bank Account Routing Number: _____

Account Number: _____

SUNSCREEN WAIVER

I hereby give the Attleboro Norton YMCA/Camp Finberg staff permission to assist my child in applying sunscreen. ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____