DEAR YMCA CAMP FAMILY,

Whether this is your first summer here, or you have been with us for years, we want to welcome you to the YMCA Cape Cod Camp Program!

The YMCA Camp Staff are hard at work putting together a fun, safe program filled with new experiences. We want to create the BestSummerEver for every child!

As we continue to navigate the challenges of COVID-19, we want to ensure you that we are doing our best following CDC, Massachusetts Department of Public Health, and Department of Early Education and Care guidelines and regulations surrounding the health and safety of all participants at our camps. More detailed information about our policies and protocols can be found in the YMCA Cape Cod Health and Safety Plan located in the parent handbook and on our website.

Welcome to the YMCA Cape Cod Camp Family!

Sincerely,

YMCA Camp Directors

CAMP UNITS

WAY IN THE WOODS AGES 4-6
Through daily experiences and activities campers are encouraged to accept and demonstrate caring, honesty, respect, and responsibility in everything they do.

UNIT 1 - EXPLORERS AGES 7-8
Explore the YMCA’s Core Values of Honesty, Caring, Respect, and Responsibility. Each week campers will set and achieve new goals, develop confidence, and make friends along the way!

UNIT 3 - VOYAGERS AGES 11-12
Campers develop a sense of community through team building, as well as personal and team challenges. Campers have the opportunity to select special interest activities, enhancing their day at camp!

UNIT 2 - PIONEERS AGES 9-10
Campers will step outside the box and expand their comfort zones through camp activities that foster creativity and imagination! Campers will join in activities that build community and create positive, life-long memories.

TEEN CAMP AGES 13
Campers will have the opportunity to “dis-connect” and appreciate an active outdoor lifestyle. While enjoying traditional camp activities, campers will also learn what it takes to become role models at camp, at school, and in their community.

CAMP HOURS:
9AM - 4PM

THEMES

<table>
<thead>
<tr>
<th>Superhero</th>
<th>Prehistoric</th>
<th>World Cup &amp; Olympics</th>
<th>Disney</th>
<th>Spirit</th>
<th>Harry Potter</th>
<th>Pokémon</th>
<th>Star Wars</th>
<th>Holiday</th>
<th>Pirate</th>
</tr>
</thead>
</table>

Explore camp and find your superhero power

- Discover your inner cave dweller
- Compete in various sports and reach for GOLD
- Tarzan! Swinging on a rubber band
- All units compete to show off their best camp spirit
- Compete for the YMCA House Cup
- Gotta Catch Em All
- May the force be with you
- Celebrating holidays around the world
- Be the very best Captain Hook there ever was

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.

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CAMP WHOI / MBL ACTIVITIES

We offer a taste of everything at Camp WHOI/MBL. Our summer is built on camps offering a new experience each week, with focuses on STEM, marine biology and ecology, and traditional camp activities!

Today, day camp is more vital than ever. To deliver on the Y’s commitment to nurture the potential of every child and teen, day camp programs now more intentionally foster achievement, relationships, and belonging. Achievement, relationships, and belonging are essential dimensions of well-being that the Y can cultivate through day camp:

Creative Arts | Campers can express their creative side through arts and crafts, music, drama, and literacy.

Outdoor Adventure | Campers will have the opportunity to learn outdoor living skills such as fire safety, as well as age appropriate environmental education.

Sports | Campers will have many places to play and the sky is the limit. From traditional ball sports, field games, and court games.

STEM | Campers will be immersed into the world of marine biology, and given many opportunities to experience the diverse ecosystems around them.

DAILY ACTIVITIES

Each week campers will have different activities based on that week’s camp theme. However, all camps will include art, STEM, nature, sports, creative arts, and high energy games throughout the week.
**REGISTRATION FORM A**

**FINANCIAL ASSISTANCE AVAILABLE**
Contact financialassistance@ymcacapecod.org

Campers Full Name (First/Last): ____________________________

Phone: __________________________ Date of Birth: _____ / _____ / ________

**PLEASE CHECK OFF DESIRED WEEKS AT CAMP WHOI / MBL**

<table>
<thead>
<tr>
<th>2021</th>
<th>Ages</th>
<th>All fees listed are per week</th>
<th>WK 1</th>
<th>WK 2</th>
<th>WK 3</th>
<th>WK 4</th>
<th>WK 5</th>
<th>WK 6</th>
<th>WK 7</th>
<th>WK 8</th>
<th>WK 9</th>
<th>WK 10</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Way In The Woods</td>
<td>4-6 yrs</td>
<td>$330</td>
<td></td>
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<tr>
<td>Unit 1 - Explorers</td>
<td>7-8 yrs</td>
<td>$295</td>
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<tr>
<td>Unit 2 - Pioneers</td>
<td>9-10 yrs</td>
<td>$295</td>
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<tr>
<td>Unit 3 - Voyagers</td>
<td>11-12 yrs</td>
<td>$295</td>
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<tr>
<td>Teen Camp</td>
<td>13 yrs</td>
<td>$295</td>
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**EXTENDED CARE**

<table>
<thead>
<tr>
<th>Fees</th>
<th>AM</th>
<th>7:30 - 9:00</th>
<th>$31/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td>4:00 - 5:30</td>
<td>$31/week</td>
<td></td>
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<tr>
<td>AM &amp; PM Care</td>
<td>$52/week</td>
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</tbody>
</table>

**FREE LUNCH PROGRAM WITH CAMP REGISTRATION**

| REGISTRATION FEE | $25 (one time, non-refundable fee) | $25 |

**PAYMENT INFORMATION**

Make checks payable to: "YMCA Cape Cod" Charge $________ to the following credit card: _____ Mastercard ____ Visa

Card number: __________________________ Exp: ______ Print name of card holder: __________________________

Signature of card holder: __________________________

Financial aid available for families who need tuition assistance.
Contact Finance Associate at financialassistance@ymcacapecod.org or visit us online to download our form.

**BALANCE DUE AT TIME OF REGISTRATION** (One time, non-refundable $25 registration fee + $25 per week attending required): $______

The $25 weekly deposit will be applied towards weekly tuition.

**WEAKLY TuITION FEES MUST BE PAID IN FULL BY 5PM THE WEDNESDAY PRIOR TO THE WEEK OF YOUR CAMPER'S SCHEDULED ATTENDANCE.**

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REGISTRATION INSTRUCTIONS

1. Before completing the registration form, please discuss the choices available with your child. This will ensure your child has a positive camp experience.

2. Pull out respective camp reg. pages; 3-10.

3. Fill out camp registration forms completely.

4. Make sure your child’s age corresponds to the required age of each camp. Please use your child’s age as of the Monday of the week you are registering for.

5. Return your completed registration forms, registration fee and deposits, in person, or by mail to

   YMCA Cape Cod
   ATTN: Camp Registration
   2245 Iyannough Rd.
   West Barnstable, MA 02668

   Remember, these forms must be accompanied by $25 one time, non-refundable registration fee and $25 per week deposit. If you misplace a form or need extra copies, additional forms may be downloaded at www.ymcapecod.org. Please note, any incomplete registrations without required deposits will not be processed.

6. Financial aid available for families who need tuition assistance. Applications are due 30 days prior to your child starting camp. Contact at financialassistance@ymcapecod.org or download our form.

7. For registration fee, deposit, payment, cancellation and refund policies please refer to your handbook.

8. Your child will not be allowed to attend camp until all necessary forms and info have been turned into our business office, and weekly tuition is paid in full. All paperwork and payments are due by 5pm the Wednesday prior to attend camp.

REGISTRATION FORM

Camper’s Full Name (First/Last):

M/F_________ Age_______ Birth Date _______________ Do you have a YMCA Cape Cod Membership? Yes___ No___

Permanent Mailing Address_________________________________________________________ City________________ State______ Zip____

Home Phone ______________________________________________________________________ Work Phone #________________________

Summer Mailing Address___________________________________________________________ City________________ State______ Zip____

Home/Cell #____________________________________________________________________ Work Phone #________________________

Parent/Guardian’s Name___________________________________________________________ Work Phone #________________________

Home Phone #____________________________________________________________________ Cell Phone #________________________

Email Address _____________________________________________________________________

How did you hear about us?____________________________________________________________________

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MEDICAL HISTORY

All health records are securely stored and kept confidential.

Please write legibly and print all information for ease of registration.

MUST BE FILLED OUT EACH YEAR

Child’s Name ________________________________ Date of Birth ________________________________

Child’s Physician _____________________________ Physician’s Phone Number __________________

Address of Physician __________________________ __________________________ __________________

Name of Dentist ______________________________ Dentist’s Phone Number __________________

Name of Orthodontist __________________________ Orthodontist’s Phone Number __________________

Do you carry medical/hospital insurance? Yes ___ No ___ Insurance Carrier __________________________

*Make sure forms are filled out completely. If not applicable, please write N/A.

Chronic or recurring illness/medical condition ______________________________

Dietary Restrictions ______________________________

Allergies ______________________________

Current Medications ______________________________

Behavior concerns we should be aware of ______________________________

CHILD CANNOT ATTEND CAMP WITHOUT FOLLOWING DOCUMENTATION

PLEASE SUBMIT NEW DOCUMENTS REGARDLESS OF OTHER PROGRAMS CURRENTLY ENROLLED PER THE

DEPARTMENT OF PUBLIC HEALTH.

PHYSICAL FORM TO BE ATTACHED

I _______________________ understand that I must request a current (within the last two years) copy of my child’s physical from his/her physician and submit that form for this registration to be complete.

Parent/Guardian’s Initials: ____________________________

IMMUNIZATION FORM TO BE ATTACHED

I _______________________ understand that I must request a copy of my child’s immunization record from his/her physician and submit that form for this registration to be complete.

Parent/Guardian’s Initials: ____________________________
CONTACT & EMERGENCY INFORMATION

Your child will not be released to any person other than those indicated on the sheet below. Photo I.D. is required by anyone when picking up a child.

In case of an emergency/illness, we will call the following contacts in the order listed unless otherwise noted.

EMERGENCY CONTACTS / AUTHORIZATION FOR PICK-UP
For your child’s protection and safety it is mandatory that the Camp Director have your current phone number and at least one emergency contact at all times. All changes to this information must be given directly to the Camp Director.

If early pick-up is deemed necessary by director due to illness or behavior issues, a call will be made to you the parent or your emergency contact. It is our policy that pick-up take place within the hour.

Parent/Guardian/Relationship_________________________________________ Best Phone#____________________________
Address_____________________________________________________________________________________________________
Email Address___________________________________________________________________________________________________

Parent/Guardian/Relationship_________________________________________ Best Phone #____________________________
Address_____________________________________________________________________________________________________
Email Address___________________________________________________________________________________________________

Emergency Contact_________________________________________ Day Phone #____________________________
Relationship_______________________________________________________________________________________________
Other Phone #____________________________

Emergency Contact_________________________________________ Day Phone #____________________________
Relationship_______________________________________________________________________________________________
Other Phone #____________________________

IS THERE A CURRENT RESTRAINING ORDER REGARDING WHO MAY HAVE CONTACT WITH THIS CHILD? ☐ YES ☐ NO

IS THERE A COURT ORDER IN REGARD TO THE CHILD’S CUSTODY? ☐ YES ☐ NO

IF YOUR ANSWERED YES TO EITHER OF THE QUESTIONS ABOVE, A COPY OF THE ORDER WILL BE NEEDED TO ADD TO THE CHILD’S FILE.

Signature of parent/guardian ____________________________________________

Relationship to child ______________________________ Date __________________

REGISTRATION FORM D
FINANCIAL ASSISTANCE AVAILABLE
Contact at financialassistance@ymcaapecod.org
AUTOMATIC WITHDRAWALS

WEEKLY CAMP TUITION PAYMENTS
EFT - Electronic Funds Transfer Agreement

Child's name (a separate form is required for each child): ____________________________

I, ____________________________, authorize my bank to make payment electronically on a weekly basis to the YMCA Cape Cod, to be posted to my child care account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US. law.

BANK INFORMATION

Bank Transit Routing # ____________________________ Checking Account # ____________________________
(Please attach voided check)

Full Name of Bank: ____________________________

PAYMENT DATES AND AMOUNTS

Weekly Amount of EFT = $ Total account balance __________ First Payment Date: ____________________________

1. I understand that child care and other fees change periodically. 30 days advance notice is always given. By signing below, I authorize YMCA Cape Cod to charge my account for my total outstanding balance each week including any rate increases.

2. I understand that if I wish to terminate this authorization, I must notify the YMCA Cape Cod in writing at least ten (10) days prior to the next scheduled bank draft transaction.

3. Should any draft not be honored by my bank for any reason, I understand that I am still responsible for that payment plus a service charge (currently $35) applied by the YMCA Cape Cod. This is in addition to any service fee my bank may charge me.

4. I understand that after three unpaid drafts within a year, EFT payments will stop. For the following year, I will be required to pay the amount due each week by check or money order or cash. Cash payments are only accepted at the main reception desk at the West Barnstable YMCA.

5. I understand that if my payments fall behind more than 2 weeks, the YMCA Cape Cod will begin the termination process, as stated in the parent handbook.

6. I understand that the YMCA Cape Cod will process an EFT file weekly. Ordinarily it will be on Thursday, one week in advance, but if the agency is closed or if there are unforeseen circumstances, the YMCA reserves the right to process the EFT on any other day that week. Past due amounts CAN NOT BE PAID VIA EFT. Any past due amount must be paid by check, money order, or cash.

7. I understand that clerical errors can be made and agree to hold the YMCA Cape Cod harmless for any errors made in processing my weekly EFT payments.

Signed: ____________________________ Date: __________ Print Name: ____________________________

Note: Written debit authorization must provide that the receiver may revoke only by notifying originator as specified in authorization.

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WAIVER & AUTHORIZATION FORM

WAIVERS: Please carefully read, initial, complete the following 8 waivers/authorizations

1) FIELD TRIP WAIVER:
I hereby give my child permission to leave YMCA Cape Cod property, or programs site, on a bus to participate in off-site activities.
Advance notice will always be given.
Parent/Guardian's Initials: ______________

2) PHOTO/MEDIA WAIVER:
I, ______________, the parent/guardian shown on this form, wish my child to be enrolled in camping programs with the YMCA Cape Cod at one of its sites. Therby give permission for photographs and other media materials to be used for promotional display purposes and local media and news coverage.
Parent/Guardian’s Initials: ______________

3) CAPE COD YMCA, INC. RELEASE AND DISCLOSURE WAIVER:
I am signing this document for my child’s participation in various or certain programs and activities offered by Cape Cod YMCA, Inc. (YMCA Cape Cod), that certain elements of such programs or activities can be physically or emotionally demanding. The Cape Cod YMCA staff will use reasonable efforts to minimize my child’s exposure to known risks, but I recognize that not all dangers and hazards can be foreseen. Further, I am aware that certain inherent risks exist in some programs and activities that are beyond the control of the Cape Cod YMCA. I acknowledge the absolute responsibility of my child to follow safety rules, standards, guidelines and procedures established for each activity and program. Failure to follow such rules and regulations may result in my child’s dismissal from the program. I will encourage my child to ask for clarification or assistance if he/she doesn’t understand any safety instructions.

I knowingly release and hold Cape Cod YMCA, Inc., and its employees, agents, volunteers, officers and directors, harmless from and against all liability for loss or injury to my child resulting from his/her participation in any activity or program. I agree to indemnify Cape Cod YMCA, Inc., and its employees, volunteers, agents, officers and directors, for all costs and expense which it or they may incur due to claims or demands alleging such an injury, including settlement payments, court judgments, and legal defense fees. I agree that Cape Cod YMCA, Inc., in no event, shall have any liability regarding the defense and settlement of claims or suits brought against it or any of its employees, agents, volunteers, officers or directors, claiming any such injury.

Parent/Guardian’s Initials: ______________

4) AUTHORIZATION TO ADMINISTER MEDICATION FORM REQUIREMENT:
I ___________________ understand that the Authorization To Administer Medication Form must be completed prior to camp. Contact the Camp Director with any questions. This form will be available prior to and on the first day of each session of camp. Medications MUST be brought to camp by a parent/guardian. Medications MUST be in the original container with a correct and current prescription label (pharmacy will provide a separate container upon request).

Parent/Guardian’s Initials: ______________

5) AUTHORIZATION TO PROVIDE CARE:
In the event of illness or accident to my child while attending a YMCA Cape Cod Summer Camp, I hereby authorize the Director, Nurse of the Camp or the medical personnel selected by the Camp Director to administer and/or secure prompt medical treatment for my child. I also give permission to release any records necessary for insurance purposes and to provide or arrange related transportation for my child to the nearest medical facility as necessary. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for my child. I also state this health history is correct to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted.

Parent/Guardian’s Initials: ______________
WAIVER & AUTHORIZATION FORM

WAIVERS: Please carefully read and initial waivers/authorizations

6) 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 Cape Cod YMCA 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 YMCA Cape Cod, facilities, services, equipment and premises (“Facilities”) and any participation in YMCA Cape Cod 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 to Cape Cod YMCA, 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.

__________________________________________________________________________
Minor Name (Print Clearly)                                 Date

__________________________________________________________________________
Parent/Guardian Signature                                        Parent/Guardian Name (Print Clearly)

FINANCIAL ASSISTANCE AVAILABLE
Contact at financialassistance@ymcaapex.org

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FACILITY RENTALS AND RETREATS

DISCOVER THE POSSIBILITIES!
For almost 50 years, Camp Lyndon has been helping people develop life skills that prepare them for future success. Our retreat programs are built around your goals. Surrounded by 74 acres of woodland, we develop our programs to meet your needs.

Our team building participants leave with a spring board to transfer the unity, cooperation, and teamwork experienced during their visit to their lives back home. Best of all, the laughing, playing, and working together promote a sense of camaraderie and pride that lasts well beyond the stay at camp.

MEETING YOUR NEEDS
Each year our Off-Season programs ranging from colleges to special service groups. We also serve church groups, youth groups, and athletics programs.

You can choose from a wide selection of recreational and team building programs that are designed to meet YOUR needs; you can customize the program to include as much or as little programming as you need — we focus on building and strengthening communities.

Our services can include full programming and housing to just a simple facility usage.

DISCOVER THE DIFFERENCE!
No matter the needs of your group, our entire staff team is focused on ensuring that your stay at camp, no matter how short, makes memories that last a lifetime.

OFFERINGS
CAMP LYNDON HAS A VARIETY OF AMENITIES, INCLUDING:

- Archery
- Basketball
- Disc Golf
- High Ropes Course
- Low Ropes Course
- Nature Trails
- Waterfront Activities
- Cabins
- Camp Sites
- RV Sites
- Birthday Parties
- Weddings

INQUIRE TODAY ABOUT PRICING!
Contact lyndonrentals@ymcaofacod.org