

Chequessett Yacht and Country Club
Kid's Camp 2010
Enrollment Form

680 Chequessett Neck Road
P.O. Box 779
Wellfleet, MA 02667
508-349-3704 phone 508-349-6044 fax
CYCCcamp@comcast.net

Child's Name: _____
(Last) (First) (Middle)

Birth date : (Mo/Day/Year) _____ Age as of May 1st 2010 _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Date of Last Physical: _____

Male/Female _____ Grade Completed as of June 30th 2010 _____

Youth T-shirt Size: _____ (Youth Sizes unless specified)

Weeks of Enrollment: July 5 _____ July 12 _____ July 19 _____

July 26 _____ August 2 _____ August 9 _____ (check all that apply)

Payment: Payment must be made by personal or bank check: Checks should be made out to: CYCC

Fees: \$370 per week session

If Child or Grandchild of Member: \$335 per week

Parents/Grandparents current CYCC members: Name: _____

My child may use, under the supervision of CYCC staff, hazardous equipment involved in but not limited to activities such as sailing, tennis and golf. I give permission for my child to participate in all camp activities. I acknowledge and assume the risks involved in these activities, and for any damage, illness, injury or death resulting from such risks for myself and my child. There are no physical, emotional, mental problems or limitations associated with my child's participation in camp activities, except as disclosed by me in writing to CYCC. I have also read, discussed with my child and understand and agree to the terms on all pages of this application including the Child/Parent Agreement.

Parent or Guardian's Signature Date

Emergency Contact Information

Emergency Name: _____ Phone: _____

Emergency Name: _____ Phone: _____

The following people other than parent/guardian have permission to pickup my child from CYCC:

_1. _____

_2. _____

Summer Address

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Summer Phone: _____

Parent/Guardian Contact Information:

Resides with: Both (Mother & Father) Mother Father Other Legal Guardian (Circle One)

Parent/Guardian (1) Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian (2) Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Billing Address (if different from Parent's Address):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Health and Insurance Information

Known Allergies: _____

Food/Dietary Restrictions: _____

Please tell us about all medical conditions, physical disabilities, health concerns or significant medical history:

Does your child take medication on a daily basis? _____

If Yes, please list ALL medications:

Please list all medications to be administered by the CYCC Health Supervisor:

For what purpose is the medication prescribed?

Please list prescribing doctor :

Has your child been diagnosed with any learning and/or social/emotional challenges?

_____ If Yes, please list all:

Health Insurance Company & Policy Number:

Primary Health Care Provider (Name and Phone)

Dentist (Name and Phone)

CYCC Child/Parent Agreement

(Must be signed by parents and understood by child A copy of this agreement should be provided along with enrollment forms)

It is important that all campers and parents have full understanding of, and be in agreement with the overall CYCC philosophy, ideals and goals related to group activities and community involvement.

I understand that there are numerous risks associated with the participation in the CYCC Kid's Camp, including but not limited to activities such as sailing, tennis, golf and hiking. A complete listing of inherent and other risks is not possible and there may be some risks that cannot be anticipated. Risks that contribute to the unique character and desirability of the activities involved pose the possibility of severe injury, illness or death. I further understand that the activities involved will take place in an outdoor environment and upon open water where unalterable weather conditions may pose risks beyond the control of CYCC. **If a threat of dangerous weather or conditions not suitable for scheduled activities should arise, under the discretion of the camp director, camp may be postponed or cancelled.**

I understand CYCC reserves the right to determine whether or not a child is able to meet the physical and emotional rigors of the program. The parent or guardian signing below understands that CYCC relies upon the information contained in the application, medical form and other forms provided on behalf of the child. The parent or guardian below assumes all risk of loss arising from information that may not be accurate or complete and agrees to indemnify CYCC, its officers, directors, successors and assigns all claims for loss, damage or injuries sustained to the child and relating to such incomplete or inaccurate information.

I further understand that CYCC is not a therapeutic program or treatment center.

Further, it is understood by parents and children and is agreed that:

- There shall be no smoking or use of smokeless tobacco products by participants at any time.
- There shall be no drinking of alcoholic beverages by children on CYCC property.
- There shall be no use of or involvement in marijuana, narcotics, or controlled substances or accompanying drug equipment.
- Weapons and firearms are not permitted
- Cell phone use will not be allowed during the day's activities. If the child brings a cell phone, the phone will remain locked up in the CYCC camp supervisor's office until the day's activities are over.
- In the event of misconduct or other circumstances, CYCC reserves the right, in its sole discretion, to expel a child before the completion of the session in which the child is enrolled. **No refunds will be given if expelled.**

Unless otherwise stated, my signature permits CYCC to utilize photographs or video footage of my child, taken during the course of the program, for publicity of the CYCC Kid's Camp.

In the event I cannot be reached in an emergency, I hereby give permission to the

physician selected by CYCC to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child named above. I have read, discussed with my child and understand and agree to the terms on this application, including the Child/Parent Agreement.

Participants and their parents/guardians will read all materials sent and complete all forms in a timely manner required for participation.

Parent or Guardian's Signature Date

(you need only to return this signature page, please keep the previous page for reference)