

2019 CYCC Kids Camp Enrollment Form

Child's Name:

Last

First

Nickname

Please check off all sessions Child will be attending:

<input type="checkbox"/> Session 1*	<input type="checkbox"/> Session 2*	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 4	<input type="checkbox"/> Session 5	<input type="checkbox"/> Session 6
July 1 9- 3	July 8 12 - 6	July 15 10 - 4	July 22 11:30 - 5:30	July 29 8 - 2	Aug 5 11 - 5
July 2 9- 3	July 9 12:30 - 6:30	July 16 10 - 4	July 23 11:30 - 5:30	July 30 8 - 2	Aug 6 12 - 6
July 3 10 - 4	July 10 12:30 - 6:30	July 17 11 - 5	July 24 12:30 - 6:30	July 31 9 - 3	Aug 7 12:30 - 6:30
July 5 10 - 4	July 11 8 - 2	July 18 11 - 5	July 25 12:30 - 6:30	Aug 1 10 - 4	Aug 8 12:30 - 6:30

*Weeks 1 and 2 special discounts: Year-round resident children of the Outer Cape: \$275, Non year-round residents: \$350

☐ **Non-Member Fee:** \$425 per session ☐ **Child or Grandchild of 2019 CYCC Member:** \$390 per session

Name of Parent or Grandparent if requesting Member Pricing: _____

Enrollment Forms that are submitted without payment in full will not be processed.

☐ Enclosed check payable to: CYCC Kids Camp

☐ Credit Card#: _____ EXP ____/____ V Code: _____ Billing ZipCode: _____

Enrollment Forms are returned to CYCC's secure P.O. Box; If you are not comfortable sending all credit card info on the enrollment form, fill in all info except the V Code. When you receive the email stating that your enrollment forms have been received, reply to that email with your V Code.

During the offseason, email is the most effective way to communicate for a prompt reply.

GENERAL CAMPER INFORMATION:

Date of Birth: _____

Gender: **Male** **Female**

Grade Completed _____
as of 7/1/19

Age as of July 1st, 2019: _____

Height: _____

Date of Last Physical Exam: _____

Weight: _____

Hair Color: _____

T-shirt Size: **Youth or Adult** **XS S M L XL**
(Circle one) (Circle one)

Eye Color: _____

Dominant Stick/Racquet Sports hand: **Left** **Right** **Not Sure**

PARENT/GUARDIAN CONTACT INFORMATION:

Parent/Guardian (1)

Full Name: _____

Home Ph: _____

Address: _____

Work Ph: _____

City State Zip

Cell Ph: _____

Email: _____

Parent/Guardian (2)

Full Name: _____

Home Ph: _____

Address: _____

Work Ph: _____

City State Zip

Cell Ph: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____

Name: _____ Phone: _____

The following people (other than parent/guardian) may pick up child from CYCC Kids Camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

***Campers must be dropped off and picked up from camp.**

HEALTH AND INSURANCE INFORMATION:

Attach a copy of the child's most recent physical. Physicals must have been performed within the last 12 months. This is required by the state.

Known Allergies:

Food/Dietary Restrictions:

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

Please list ALL medications child takes on a daily basis:

Health Insurance Company & Policy Number: _____

Primary Health Care Provider (Name and Phone): _____

Additional information that you'd like our Staff to know about the child attending camp:

Unless prior arrangements have been made with CYCC Management, A child will not be reserved a spot in CYCC Kids Camp until ALL of the following items have been received:

- _____ Completed 2019 Enrollment Form
- _____ Copy of most recent physical exam or comparable health certificate
- _____ CYCC Child/Parent Agreement
- _____ Payment in full

Please return completed forms to:

CYCC Kids Camp

P.O. Box 779 Wellfleet, MA 02667

508-349-3704 phone | 508-349-6044 fax | camp@cycc.net

CYCC Child/Parent Agreement

Must be signed by parents and understood by child. A signed copy of this agreement must be returned to CYCC along with Enrollment Form.

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 Kids 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.

Initials

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.**

Initials

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.

Initials

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, 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.**
- **If a child misses a day of camp due to illness or injury**, a make-up will be offered only if space is available and with authorization from the Camp Director. Please note make ups are not offered under normal circumstances other than the above stated.

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.

Initials

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.

If my child chooses not to participate, I understand there will be no refund or make up days.

I understand that CYCC takes photos of the camp and its campers, which may be used on the CYCC website and in CYCC advertising, without revealing any personal information. I permit CYCC to use photos for such purposes.

Initials

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.**

Initials

Parent or Guardian's Signature/ Date: _____

Parent or Guardian's Name (Please Print): _____