Old Colony YMCA Summer Day Camps teach self-reliance, foster a love for nature and the outdoors, and encourage the development of attitudes and practices that build character and leadership...all amidst a fun and creative learning environment.

WHEN IS CAMP?
HOURS: 9AM–4PM
Week 1: 6/19 - 6/23
Week 2: 6/26 - 6/30
Week 3: 7/3 – 7/7
Week 4: 7/10 - 7/14
Week 5: 7/17 - 7/21
Week 6: 7/24 - 7/28
Week 7: 7/31 – 8/4
Week 8: 8/7 – 8/11
Week 9: 8/14 – 8/18
Week 10: 8/21 – 8/25

CAMP HAPPENINGS
February 20th | 9-11am
CAMP REUNION
March 11th | 10am-1pm*
OPEN HOUSE
April 22nd | 10am-1pm*
HEALTHY KIDS DAY
*At Middleboro branch*
**See additional information session dates and times online!

Are you a member of an Old Colony YMCA or want to become one?
Contact your branch for membership information and benefits!

WE OFFER A RANGE OF ACTIVITIES FOR CAMPERS AGES 5–15 INCLUDING:
Swimming • Archery • Rope Challenge Courses
Arts and Crafts • Musical Sensory Garden • Field Trips
Sports & Games • Science • Outdoor Adventure
Lasting Friendships • and so much more

BUS TRANSPORTATION IS INCLUDED!
EXTENDED CHILD CARE IS OFFERED MORNINGS FROM 7AM–9AM AND EVENINGS FROM 4PM–6PM.

OLD COLONY YMCA CAMP YOMECHAS
375 Wareham Street, Middleboro, MA 02346

TO LEARN MORE OR TO REGISTER VISIT
www.oldcolonyymca.org/camp-yomechas

Financial Assistance is available.
OLD COLONY YMCA CAMP YOMECHAS  |  375 Wareham Street, Middleboro, MA 02346
TO LEARN MORE OR TO REGISTER VISIT WWW.OLDCOLONYYMCA.ORG/CAMP-YOMECHAS
CONTACT ARIANA LALLY AT ALALLY@OLDCOLONYYMCA.ORG OR 508-947-1390

WHAT’S NEW?
Music Sensory Garden!
Many thanks for Blue Cross Blue Shield for making this happen!

ADVENTURE & SAVINGS AWAIT!

WHAT’S INCLUDED?
Every session at Camp Yomechas includes:
- Bus Transportation from surrounding towns (Except week 1)
- Reading Loft, Library, & Nature Theater
- Arts & Crafts, Sports, Team Building
- Recreational Swim Time (2 Pools & a Lake!)
- Musical Sensory Garden
- Ropes Course
- Family Nights
- BOATING!
- Camp T-shirt (Per camper)

TRADITIONAL CAMP  AGES
WAY INTO THE WOODS........ 5-6
SIOUX VILLAGE................ 7-8
COMANCHE / IROQUOIS....... 9-10
NEW HORIZONS............... 11-12
LAKOTA VILLAGE.......... 13-14

COUNSELOR IN TRAINING..... 14-15

SIBLING DISCOUNT
Save more if you have more than one child enrolled in the same week of day camp!

20% OFF CAMP RATES ENDS APRIL 30TH!
Purchase four weeks of camp (pay in full by May 1st), and receive 20% off each additional week (per child).

10% OFF CAMP RATES ENDS JUNE 6TH!

SPECIALTY CAMPS – Circle Y, Equine Apprentice, and Aquatics Exploration!
If your child likes horses, then she or he will love Circle Y camp! With three horse corrals and a minimum of eight horses, 20 boys and girls are able to experience a camp like no other. The Camp Yomechas Apprenticeship Program is a fun and challenging equine program for boys and girls ages 14-15. Each camp day will be packed with horse related activities including: horse care, training, barn management, and assisting in daily lessons with our Circle Y riders. Our Aquatic Exploration program will introduce campers to exciting skills and activities that will expand their love of the water. Activities will include kayaking, canoeing, fishing, tubing, sailing, snorkeling, and various other activities.

SIGN UP FOR MULTIPLE SESSIONS TO SAVE MORE!
REFER A NEW CAMPER FOR 2 SESSIONS & GET $50 OFF!

Having fun is important but we also love safety!
We are licensed by the local Department of Public Health and meet the highest standards in many areas including health, safety, personnel, and training. A registered nurse is on-site and we are staffed with caring people trained in safety, CPR, First Aid, Ellis lifeguard cert., and child development.
A. Photo Waiver
It is understood and agreed that the Old Colony Y reserves the right to take and utilize pictures, likenesses, videos, and testimonials of participants for promotional purposes including, but not limited to; reports, publications, brochures, emails, our website, and other instances of online presence.

*If you do not approve, please write “DO NOT PHOTO” and attach a current photo of your child to ensure s/he does not appear in any media.

Parent/Guardian Signature: ___________________________________________________________________________________________________________________________________________________________________________

B. Sunscreen/Bug Spray
I understand the following bug spray/sunscreen policy of the Old Colony Y:

- We recommend that all campers and staff wear sunscreen with a SPF of at least 15 on all exposed skin, including lips, even on cloudy days.
- We recommend that all campers and staff use bug spray with DEET according to recommendations on product label.

Parents/Legal Guardians will be responsible for providing their child with enough sunscreen and bug spray (in sealed containers) to take with them for applications throughout the day. Please include one container of each per child, labeled with your child’s name. Camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun (due to perspiration), and/or any other times as needed. Please note, this will mean your child may have sunscreen and bug spray applied to them by the camp staff. Please explain this to your child prior to camp.

Parent/Guardian Signature: ___________________________________________________________________________________________________________________________________________________________________________

TO DISCUSS ANY QUESTIONS OR CONCERNS REGARDING THIS AGREEMENT, PLEASE CONTACT THE YMCA AT 508-947-1390

> I ACKNOWLEDGE THAT I AM OVER THE AGE OF EIGHTEEN (18) YEARS. I ACKNOWLEDGE THAT I HAVE CAREFULLY AND COMPLETELY READ AND UNDERSTAND THE TERMS CONTAINED IN THIS RELEASE AND WAIVER OF LEGAL LIABILITY. I UNDERSTAND THAT MY SIGNATURE BELOW DEMONSTRATES ACCEPTANCE OF THE ABOVE TERMS IN THEIR ENTIRETY.

*Parent/Guardian Signature: ____________________________ Date: ____________________________
### Bus Schedule

<table>
<thead>
<tr>
<th>BUS #1</th>
<th>Camper’s First Name: ____________________________________________________________________  Camper’s Last Name ___________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Town</td>
<td># Stop Location</td>
</tr>
<tr>
<td>Easton</td>
<td>A Easton Y &quot;Elm Street&quot;</td>
</tr>
<tr>
<td>Easton</td>
<td>B Washington Plaza</td>
</tr>
<tr>
<td>Brockton</td>
<td>C North Middle JR School</td>
</tr>
<tr>
<td>Brockton</td>
<td>D Angelo School</td>
</tr>
<tr>
<td>Brockton</td>
<td>E Kennedy School</td>
</tr>
<tr>
<td>Brockton</td>
<td>F Westfield Estates</td>
</tr>
<tr>
<td>Brockton</td>
<td>G Hancock School</td>
</tr>
<tr>
<td>Bridgewater</td>
<td>H The Nip parking lot</td>
</tr>
<tr>
<td><strong>BUS #2</strong></td>
<td></td>
</tr>
<tr>
<td>Stoughton</td>
<td>A Stoughton High School</td>
</tr>
<tr>
<td>Sharon</td>
<td>B Crescent Ridge</td>
</tr>
<tr>
<td>N. Easton</td>
<td>C Bay &amp; Rockland</td>
</tr>
<tr>
<td>N. Easton</td>
<td>D Bay &amp; Depot (BK)</td>
</tr>
<tr>
<td>S. Easton</td>
<td>E Holy Cross Church</td>
</tr>
<tr>
<td>W. Bridgewater</td>
<td>F Park &amp; Ride</td>
</tr>
<tr>
<td>Middleboro</td>
<td>G Lorenzo's</td>
</tr>
<tr>
<td>Middleboro</td>
<td>H Middleboro YMCA</td>
</tr>
<tr>
<td><strong>BUS #3</strong></td>
<td></td>
</tr>
<tr>
<td>Randolph</td>
<td>A Randolph High School</td>
</tr>
<tr>
<td>Avon</td>
<td>B Avon High School</td>
</tr>
<tr>
<td>Brockton</td>
<td>C Ames &amp; Sawtell</td>
</tr>
<tr>
<td>Brockton</td>
<td>D Dix &amp; N. Cary</td>
</tr>
<tr>
<td>Brockton</td>
<td>E Sully Dr. &amp; Jon Dr.</td>
</tr>
<tr>
<td>Brockton</td>
<td>F Raymond School</td>
</tr>
<tr>
<td>Brockton</td>
<td>G Warren Ave &amp; Hillberg</td>
</tr>
<tr>
<td>Brockton</td>
<td>H Huntington School</td>
</tr>
<tr>
<td>Brockton</td>
<td>I Pine Estate</td>
</tr>
</tbody>
</table>

**BUS INFORMATION:** Bus Transportation is available for all campers 5 years old and up and is included with your camp fee (unless otherwise noted). YMCA Camp provides a bus monitor on each bus. Campers must be supervised by an adult at pick-up and drop-off locations. If an adult is not present, your child will be brought back to the YMCA for pick-up. Please note: Bus routes are subject to change. Bus accommodations will not be confirmed until camp payment is received in full. Please indicate your preferred stop and bus number on the registration form. Buses are not guaranteed if registration or payment is late. Bus times are approximate. Please allow 10 minutes in the morning and afternoon. Drop off is in reverse order and the departing time from camp is 4:00 pm. Bus routes depend on enrollment and are therefore subject to change. If your bus time changes, you will be notified prior to your camp session.

**BUS PICK UP LATE FEE AGREEMENT:** Buses will remain at each stop no longer than 5 minutes. I understand that if I or another person designated as a transportation contact on Form A is late picking up at a stop, I will be charged a fee of $20 per child. I also understand that if I or another transportation contact is late picking up a second time, my child(ren) will no longer be eligible for bus transportation.

**Parent/Guardian Signature:** ____________________________________________________________________________

**REGISTRATION FORM B || BUS SCHEDULE**

**ARRIVAL & DEPARTURE INFORMATION** (Please indicate only one option for each):

<table>
<thead>
<tr>
<th><strong>MORNING ARRIVAL:</strong></th>
<th><strong>AFTERNOON DEPARTURE:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>AM Extended Care</td>
<td>Parent Pick-up from Camp</td>
</tr>
<tr>
<td>□ 7:00-8:50am</td>
<td>(4:00-4:15pm)</td>
</tr>
<tr>
<td>□ Parent Drop off at Camp</td>
<td>□ PM Extended Care</td>
</tr>
<tr>
<td>(8:50-9:00am)</td>
<td>(4:00-6:00pm)</td>
</tr>
<tr>
<td>□ Arrival by Bus</td>
<td>□ Departure by Bus</td>
</tr>
<tr>
<td>Bus # ____________</td>
<td>Bus # ____________</td>
</tr>
<tr>
<td>Stop _____________________________</td>
<td>Stop _____________________________</td>
</tr>
</tbody>
</table>

**Please note:** A photo ID will be required by any individual who wishes to pick up or sign out your camper. Please indicate below those persons to whom your child may be released to for dismissal or in case of illness or injury. Your camper will not be released to any persons other than parents/guardians or those indicated below (unless otherwise notified in writing). In cases of emergency or illness, we will call the following contacts in the order they are listed below.

**TRANSPORTATION/EMERGENCY CONTACTS** (in addition to parents/guardians)

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Preferred Phone 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<td></td>
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</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td></td>
</tr>
</tbody>
</table>

**EARLY DISMISSAL:** Please send a note with the time you will arrive to dismiss your child. We will gladly ensure that your child has left his/her activity, has gathered his/her belongings and is waiting for you at the camp office. No camper will be dismissed through the camp office between 3:15 - 4:00 PM.

**DROP OFF / PICK-UP:** Parents/guardians have the option of dropping off or picking up their child to and from YMCA Camp. No child under 12 years old is allowed to walk to/from camp or the bus stop without supervision. Children 12 years and older may walk to and from camp or the bus stop unsupervised as long as they have provided a signed note from a parent or guardian stating such to the Camp Director.
Please enclose the required $60 non-refundable deposit for each child per week (a deposit is not required for campership applications & vouchers.) This deposit will be credited towards your tuition balance and it cannot be transferred to other programs.

**Please note that all mini sessions are priced per day and there will be no transportation or lunch provided.**

<table>
<thead>
<tr>
<th>WEE WEEK 1 (6/19-6/23) 5-15</th>
<th>No Lunch/Transportation</th>
<th>Circle days for mini session:</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>Total No. of Weeks</th>
<th>Total AMT. Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Way in the Woods 5-6</td>
<td>$230</td>
<td>$262</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sioux Village 7-8</td>
<td>$230</td>
<td>$262</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iriquois (Girls) 9-10</td>
<td>$230</td>
<td>$262</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comanche (Boys) 9-10</td>
<td>$230</td>
<td>$262</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Horizons 11-12</td>
<td>$230</td>
<td>$262</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lakota Village 13-14</td>
<td>$230</td>
<td>$262</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselor-in-Training 14-15</td>
<td>four-week session ($430 mem/$490 non)</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circle Y (Horseback) 9-14</td>
<td>$285</td>
<td>$315</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equine Apprentice 14-15</td>
<td>$175</td>
<td>$210</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aquatics Camps 8-14</td>
<td>$260</td>
<td>$295</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BEFORE & AFTER CAMP EXTENDED CARE**

- Extended Care AM 5-15 $45
- Extended Care PM 5-15 $45
- Extended Care AM & PM 5-15 $72

**CAMP APPAREL**

<table>
<thead>
<tr>
<th>T-shirts Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large</th>
</tr>
</thead>
</table>

**PAYMENT POLICY**

Please enclose the required $60 non-refundable deposit for each child per week (a deposit is not required for campership applications & vouchers.) This deposit will be credited towards your tuition balance and it cannot be transferred to other programs.

**PAYMENT OPTIONS**

- Pay in full
- Deposit Only: ($60 per camper/week)
- Check Enclosed
- I will pay by credit card at the camp/branch (Note: Do not enter your credit card number on this form)
- Auto Charge – we will automatically charge your designated card:
  - Circle one: Weekly Bi-Weekly
- Invoice – a weekly invoice will be emailed to you

**HELP A CHILD DISCOVER SUMMER**

I WOULD LIKE TO DONATE TO SEND A CHILD TO CAMP

- Camp Donor $20-99
- Camp Benefactor $100-499
- Camp Supporter $1,000 +

**TOTAL DONATION AMOUNT: $__________**

- First & Last Name
- Signature __________________________ Date ____________

- I would like to remain anonymous

**PAYMENT METHOD**

Please enclose a separate check made payable to Old Colony YMCA.

To pay by credit card or set up a recurring donation, please contact Ariana Lally, Camp Director at (508) 947-9331 ext. 11 or Julie Kennedy, Branch Associate Executive Director, at (508) 947-1390 ext. 29.

**TOTAL BALANCE DUE: $__________**

- LESS DISCOUNTS / DEPOSITS
  - Sibling Discount $__________
  - $15/week per additional child $__________
  - Buy 4 weeks of camp, and receive 20% off additional weeks (per child; full-pay only by 5/1) $__________
  - Gift Certificate / Coupon / Other $__________

- I would like to remain anonymous

**PAYMENT METHOD**

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**TOTAL AMOUNT DUE: $__________**

- First & Last Name
- Signature __________________________ Date ____________

- I would like to remain anonymous

**PAYMENT METHOD**

Please enclose a separate check made payable to Old Colony YMCA.

To pay by credit card or set up a recurring donation, please contact Ariana Lally, Camp Director at (508) 947-9331 ext. 11 or Julie Kennedy, Branch Associate Executive Director, at (508) 947-1390 ext. 29.

**STAFF USE ONLY**

Copy of information sent to Mission Advancement Office

- Member # __________________________ Date ____________ Staff Initial _________
REGISTRATION FORM D

HEALTH INFORMATION/MEDICAL INFORMATION & WAIVERS EMERGENCY CONTACT INFORMATION

Please indicate which session(s) camper will be attending: 1 2 3 4 5 6 7 8 9 10

Camper’s First Name: ___________________________ Camper’s Last Name: ___________________________

Date of Birth: _____ / _____ / _______ Age (as of 9/1/17): ________ Grade (as of Fall 2017): ________ Male: _____ Female: _____

Parent/Guardian 1 Name: ________________________ Parent/Guardian 2 Name: ________________________

Preferred Daytime Phone (1): ___________________________ Preferred Daytime Phone (2): ___________________________

Camper lives with: both parents ☐ parent/guardian 1 ☐ parent/guardian 2 ☐

Emergency or non-emergency authorized person (local) who can pick up camper:

Contact Person: ___________________________ Phone: ___________________________ Relationship: ___________________________

Contact Person: ___________________________ Phone: ___________________________ Relationship: ___________________________

Family Physician (to be contacted): ___________________________ Phone: ___________________________

Do you have medical insurance? ______ Carrier: ___________________________ Policy/Group #: ___________________________

ALLERGIES/ASTHMA

None Known ☐ Food(s): ___________________________ Insect bites/stings: ___________________________

Poison Ivy/Oak: ___________________________ Medication(s): ___________________________ Other: ___________________________

Please explain reaction and treatment for the above allergies:

If medication will be provided to the camp nurse, please fill out the Authorization to Administer Medication to Camper Form (found online at www.oldcolonyymca.org/camps or at your camp/branch)

CAMPER HAS A HISTORY OF

Asthma ☐ Epilepsy ☐ Diabetes ☐ Autism ☐ Hyperactivity/Behavioral Issues ☐ Frequent Headaches ☐ Ear trouble ☐

Other: ___________________________ Please comment on indicated history: ___________________________

MEDICATIONS

Is your child on an IEP or 504 plan? ___________________________

Will camper be taking medication(s) while at camp? Yes ☐ No ☐ (Medications include epi-pens, inhalers, prescriptions, over-the-counter, vitamins, etc.)

If marked Yes, which medications? ___________________________

If yes, please be prepared to provide the medications (in original containers) with the Authorization to Administer Medication to Camper Form.

OTHER

Please explain any special dietary needs/restrictions: ___________________________

Please explain any limits or restrictions to physical activity while at camp: ___________________________

Any other conditions the camp directors or nurse should be aware of: ___________________________

Does your child attend a YMCA After School or Early Education program? If yes, where? ___________________________

Are there any accommodations or services that we can provide to make the summer as successful as possible? ___________________________

Please share any information that would help Summer Staff best serve your child: ___________________________

This health history is correct so far as I know, the person herein described has permission to engage in all prescribed camp activities except as noted.

EMERGENCY AUTHORIZATION: I hereby give my permission to the medical personnel selected by the Old Colony Y to order x-rays, routine tests, and treatment for my child, in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Old Colony Y to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I understand that the Old Colony Y is not responsible to provide health and accident insurance, and all charges occurred will be paid by the parent/guardian.

Signature of Parent/Guardian: ____________________________________________

Date: ____________________________________________

*If you cannot sign this due to religious reasons, the camp should be contacted for a legal waiver which must be signed for attendance.
VOLUNTARY RELEASE FORM

I, the undersigned ____________________________ (legal relationship to student, e.g., “parent,” “guardian”) of ____________________________ (name of student) (“my child”), a minor, do hereby consent to my child’s participation in voluntary athletic or Recreation programs of the Old Colony YMCA.

I also agree to forever release the Old Colony YMCA, to all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Old Colony YMCA (“the Releasees”) from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child’s participation in the Old Colony YMCA voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child’s participation in the Old Colony YMCA voluntary athletic or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child’s participation in these programs is voluntary and that my child and I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Old Colony YMCA’s athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Old Colony YMCA or recreation programs.

Sign __________________________________________________________________________________________________________________________________________________________________________________

Parent or Guardian of __________________________________________________________________________________________________________________________________________________________

Date __________________________________________________________________________________________________________________________________________________________________________________