



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Camp Moana/Specialty Camp Registration Form 2019

-Camp Moana Day Camp - Kahului (Ages 4-13)

Sessions: 1-5, 7-11 Fees: \$85 YMCA Members \$170 Potential Members
Sessions: 6,12-13 Fees: \$68 YMCA Members \$136 Potential Members

-Archery Camp (Ages 8-13)

Sessions: 1, 3, 5, 8, 10, 11 Fees: \$145 YMCA Members \$290 Potential Members
Sessions: 13 Fees: \$116 YMCA Members \$232 Potential Members

-“NEW” Art Camp (Ages 6-13)

Sessions: 1-5 Fees: \$145 YMCA Members \$290 Potential Members

-Basketball Camp (Ages 4-13)

Sessions: 3, 5, 8 Fees: \$105 YMCA Members \$210 Potential Members

-Cooking Camp (Ages 8-13)

Sessions: 1, 2, 4, 5, 7, 8, 10, 11 Fees: \$145 YMCA Members \$280 Potential Members
Sessions: 13 Fees: \$116 YMCA Members \$232 Potential Members

-Counselor in Training Program (Ages 14+)

Sessions: 1-5, 7-11 Fees: \$30 YMCA Members \$60 Potential Members
Sessions: 6,12-13 Fees: \$24 YMCA Members \$48 Potential Members

-Gardening Camp (Ages 4-13)

Sessions: 2-5, 7 and 8, 11 Fees: \$105 YMCA Members \$210 Potential Members
Sessions: 6 Fees: \$84 YMCA Members \$168 Potential Members

-Soccer Camp (Ages 4-13)

Sessions: 1, 2, 5, 8, 11 Fees: \$105 YMCA Members \$210 Potential Members

-Swimming Camp (Ages 4-13)

Sessions: 1-5, 7-11 Fees: \$105 YMCA Members \$210 Potential Members
Sessions: 6,12-13 Fees: \$84 YMCA Members \$168 Potential Members

Meal Program

Sessions: 1, 11 Fee: \$32 per week
Sessions: 12, 13 Fee: \$26 per week

Summer Session Dates:

Session 1 3/18/19-3/22/19
Session 2 6/3/19-6/7/19
Session 3 6/10/19-6/14/19
Session 4 6/17/19-6/21/19
Session 5 6/24/19-6/28/19
*Session 6 7/1/19-7/5/19
Session 7 7/8/19-7/12/19
Session 8 7/15/19-7/19/19
Session 9 7/22/19-7/26/19
Session 10 7/29/19-8/2/19

Fall Session Dates:

Session 11 10/7/19-10/11/19

Winter Session Dates:

*Session 12 12/23/19-12/27/19
*Session 13 12/30/19-1/3/20

Dates may change with school calendar

Campers must be picked up no later than 5:30 pm.
Campers picked up after 5:30pm will result in a late pick-up fee of a \$1 a minute.

Please check camp and session	Camp Moana	Archery Camp	Art Camp	Basketball Camp	Cooking Camp	C.I.T.	Gardening Camp	Soccer Camp	Swim Camp	Meal Program
Session 1 3/18/19-3/22/19										
Session 2 6/3/19-6/7/19										Free Lunches Provided
Session 3 6/10/19-6/14/19										
Session 4 6/17/19-6/21/19										
Session 5 6/24/19-6/28/19										
*Session 6 7/1/19-7/5/19										
Session 7 7/8/19-7/12/19										
Session 8 7/15/19-7/19/19										
Session 9 7/22/19-7/26/19										
Session 10 7/29/19-8/2/19										
Session 11 (FALL) 10/7/19-10/11/19										
Session 12 (WINTER) 12/23/19-12/27/19										
Session 13 (WINTER) 12/30/19-1/3/20										

Camps not available during that session

MAUI FAMILY YMCA MOANA/SPECIALTY CAMP REGISTRATION FORM 2019

Camper's Name _____ Gender: Female or Male Birthdate _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Parents Work Phone _____ Parents Cell _____

School child attends _____ Grade _____ Have you ever been to YMCA camp? Yes or No

Mother's Name _____ Father's Name _____

Pick-up consent: List names and **relationships** you give consent to pick up camper on this form. (besides the parents listed above)

1. _____ 2. _____ 3. _____
name relationship name relationship name relationship

Camp Shirt Sizes (**campers only receive a T-shirt during the summer sessions**): youth sizes xs sm med lg xl

CAMPER HEALTH FORM

Medical Insurance Carrier _____ Policy Number _____

Family Physician _____ Phone Number _____

Emergency Contacts (other than Parents) that staff can contact during your child's stay at camp:

Name _____ Phone _____

Name _____ Phone _____

Health History

Are all school required immunizations up to date? Yes or No Date of last Tetanus Booster _____

Has camper had any serious injury or operation? Yes or No

If yes, please give date (s) and explain _____

Current Health Information

Please list medications used or needed by camper:

Name of Medication _____ Is camper bringing this to camp? Yes or No

Dosage (please check) Use only when needed? _____ Take daily _____ Scheduled dosage _____

Please list any allergies your child may have _____

PLEASE NOTE: *All medications must be in their original containers, plainly marked with camper's name, the name of the medication and the dosage.*

Authorization: This section must be signed by the parent or legal guardian.

This Camp Health Information is correct so far as I know and the camper referred to above has my permission to engage in all camp activities, except as specified above. I hereby give permission to Maui Family YMCA to secure medical and surgical treatment and to provide routine non-surgical medical care for the camper named above, while attending Camp.

"I understand the Maui Family YMCA does not carry any health and accident insurance on campers."

Signature of parent/guardian if under 18 years of age

Date

***REMINDER: this form must be completed and returned to the YMCA by the first day of camp. Your child will not be able attend or participate in Camp Moana until this information is turned in. Thank you for taking the time to help us keep your child safe.**

PHOTO RELEASE WAIVER

I give permission and consent to the use of any photographs, videotape or other media record of my participation at the Maui Family YMCA for any lawful purpose, without compensation to me or on my behalf. If I choose not to be photographed, videotaped or in other recorded media, it is my responsibility to inform the photographer and/or remove myself from the picture. The pictures taken will be used for the YMCA's program brochures and YMCA marketing media.

Signature of participant (or parent/guardian)

Date

Information provided here is for the Maui Family YMCA use only. We do not share information with outside sources.