



YMCA Camp Lawrence for Boys

2018 REGISTRATION FORM

Camper's Name _____
 Address _____
 City _____ State _____
 Zip _____ Age _____ Date of Birth _____
 School _____ Grade in Fall 2018 _____

Please select your desired session(s)

- Session 1 (June 23 - July 7)
- Session 2 (July 7 - July 21)
- Session 3 (July 21 - August 4)
- Session 4 (August 4 - August 18)

One-week sessions for new Junior campers ONLY

- Session 1J (June 23 - June 30)
- Session 4J (August 4 - August 11)

Parent 1's Name _____
 Address _____
Street City State Zip
 Home Phone (_____) _____ Work Phone (_____) _____
 Employer/Business _____ Occupation _____
 E-mail _____ Cell Phone (_____) _____

Parent 2's Name _____
 Address _____
Street City State Zip
 Home Phone (_____) _____ Work Phone (_____) _____
 Employer/Business _____ Occupation _____
 E-mail _____ Cell Phone (_____) _____

With whom does the camper reside? Both Parents Parent 1 Parent 2 Guardian/Other

If you are a new camper, how did you hear about Camp Lawrence?

Do you have any family members that attended Camp Nokomis and/or Camp Lawrence?

Name(s) _____ Camp/Years _____



Making Memories that Last a Lifetime



For Office Use Only

Date Received _____

Deposit Paid _____

Please complete reverse side.

Rates and Dates 2018

(Please detach for your records)

Tuition is \$1,550 per two-week session and \$875 for sessions 1J, 4J. The deposit is \$200 per session, per child. The tuition balance is due in full by May 1, 2018. **A written payment plan must be established before March 1st with the registration office if you cannot meet the May 1st deadline.**
 (See cancellation policy on back tab)

Session 1 June 23 - July 7
 Session 2 July 7 - July 21
 Session 3 July 21 - August 4
 Session 4 August 4 - August 18

Session 1J June 23 - June 30
 Session 4J August 4 - August 11

Registration accepted for 2, 4, 6 and 8 weeks.
 Campers arriving/departing by plane must use Manchester Airport in Manchester, NH.

Camp Director's Information

(Please complete and send with registration)

Please check the session(s) for which you have applied.

1 2 3 4 1J 4J

Camper's Name _____
 Street _____
 City _____
 State _____ Zip Code _____
 Birth Date _____
 Grade in Fall 2018 _____
 Age, when at camp _____
 Religious Affiliation _____
 Number of summers at Camp Lawrence _____
 Director's Notes _____

CANCELLATION AND REFUND POLICY

The \$200 deposit per session, per camper, made during the reservation process is non-refundable and non-transferable. The balance of the tuition (\$1,350 per two week session or \$625 per one-week session) is due by May 1, 2018. Cancellations must be made in writing. After May 1st, refunds of tuition will only be made in the cases of certifiable illness or death in the immediate family. Campers enrolling after May 1st are responsible for the full tuition balance before the camper's attendance. If applicable, a written payment plan can be established. In case of late arrival, voluntary withdrawal or dismissal, there will be no refund of tuition. Payments must be made directly to the Merrimack Valley YMCA.



Please mail registration form and deposit to:
Merrimack Valley YMCA
Camping Services Branch
101 Amesbury St., 4th Floor
Lawrence, MA 01840

Phone: 978-975-1330
Fax: 978-975-7354

Parent's or Guardian's Agreement

The tuition for camp is \$1,550 per two week session and \$825 for sessions 1J, 4J. Tuition covers all camp fees and activities with the exception of bus transportation, personal spending money and laundry service. A **nonrefundable, non-transferable deposit** of \$200 per child, per session, completes the application process. Any behavior or physical problems must be noted in detail on the "Let's Get Acquainted" and/or the Physical/Medical forms. The use of tobacco, alcohol, weapons, or illegal drugs will not be permitted. Camping Services Branch YMCA reserves the right to reject applications and/or send campers home (at the camper's expense) when in the judgment of the Camp Director, it is in the best interest of the camp or the camper. Camping Services Branch YMCA cannot be responsible for or accept liability for camper's possessions. Items left behind will not be mailed.

Health and Accident Disclaimer for Parent's Attention

The Merrimack Valley YMCA does not carry any form of accident/illness insurance on any camper. In signing this registration form, I certify that my child is covered by health and accident insurance or Medicaid and that I am obliged to provide the camp with the name of the carrier and the policy number.

I hereby give permission to the physician selected by the Camp Director to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named on the other side of this form. Permission is granted for:

- A.) The applicant to participate in the regular camp program except as noted on the Physical/Medical Forms.
- B.) The applicant to participate in out-of-camp trips and activities.
- C.) The Camping Services Branch of the Merrimack Valley YMCA to have and use photographs, slides, video tapes, and DVDs of the applicant as may be needed for its records or public relations programs.

Director's Information

(Please complete)

Guardian of Custody:

Summer address during your child's camp experience.

Only if different from home address.

Summer Phone _____

Cancellation Policy

After May 1st, tuition fees are **non-refundable** for any reason except certifiable illness or death in the immediate family. Cancellations and changes must be made in writing to campinfo@mvmymca.org or 101 Amesbury Street; 4th floor, Lawrence, MA 01840. The \$200 deposit per session, per camper, is non-refundable and non-transferable.

We accept the preceding conditions

Parent or Guardian's Signature _____

Camper Agreement

I hereby agree to abide by the rules of the camp and to do my best at all times to be a good camper.

Camper Signature _____

Emergency Information

(If I/We, the guardian(s) of custody cannot be reached, please contact the person below)

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____