



## 2024 Mountain Mist Day Camp Registration Form

CAMPER FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
 GENDER: **M** or **F** Grade completed as of 6/24: \_\_\_\_ **PRIMARY MEMBER CELL PHONE:** \_\_\_\_\_  
**EMAIL ADDRESS OF PRIMARY MEMBER:** \_\_\_\_\_  
 Does your child have any medical conditions, special needs, or diagnoses? Y \_ N \_\_\_\_

| Session   | Traditional  | Specialty  | Extended Day  | Transportation  |
|---|--|--|---|---|
| <b>Session 1</b><br>June 17-28<br><br>W1 _____<br><br>W2 _____                      | <input type="checkbox"/> Tee Pee<br><input type="checkbox"/> Pioneer<br><input type="checkbox"/> Discoverer<br><input type="checkbox"/> Explorer<br><input type="checkbox"/> Voyager<br><input type="checkbox"/> Adventurer<br><input type="checkbox"/> Adaptive | <input type="checkbox"/> Sports<br><input type="checkbox"/> Gymnastics<br><input type="checkbox"/> Fishing<br><input type="checkbox"/> <b>Horseback Riding</b><br><input type="checkbox"/> STEM<br><input type="checkbox"/> Art<br><input type="checkbox"/> <b>Musical Theater (Grades K-4)</b>                                  | <input type="checkbox"/> AM<br><br><input type="checkbox"/> PM<br><br><input type="checkbox"/> Both | <input type="checkbox"/> AM Parent Drop Off<br><input type="checkbox"/> AM Bus<br>Bus _____<br>Stop _____<br><input type="checkbox"/> PM Parent Pick Up<br><input type="checkbox"/> PM Bus<br>Bus _____<br>Stop _____ |
| <b>Session 2</b><br>July 1 - July 12<br>(no July 4)<br><br>W1 _____<br><br>W2 _____ | <input type="checkbox"/> Tee Pee<br><input type="checkbox"/> Pioneer<br><input type="checkbox"/> Discoverer<br><input type="checkbox"/> Explorer<br><input type="checkbox"/> Voyager<br><input type="checkbox"/> Adventurer<br><input type="checkbox"/> Adaptive | <input type="checkbox"/> Sports<br><input type="checkbox"/> Gymnastics<br><input type="checkbox"/> Fort Building<br><input type="checkbox"/> STEM<br><input type="checkbox"/> <b>Musical Theater 2 (Grades 4-7)</b><br><input type="checkbox"/> Art  | <input type="checkbox"/> AM<br><br><input type="checkbox"/> PM<br><br><input type="checkbox"/> Both | <input type="checkbox"/> AM Parent Drop Off<br><input type="checkbox"/> AM Bus<br>Bus _____<br>Stop _____<br><input type="checkbox"/> PM Parent Pick Up<br><input type="checkbox"/> PM Bus<br>Bus _____<br>Stop _____ |
| <b>Session 3</b><br>July 15 - July 26<br><br>W1 _____<br><br>W2 _____               | <input type="checkbox"/> Tee Pee<br><input type="checkbox"/> Pioneer<br><input type="checkbox"/> Discoverer<br><input type="checkbox"/> Explorer<br><input type="checkbox"/> Voyager<br><input type="checkbox"/> Adventurer<br><input type="checkbox"/> Adaptive | <input type="checkbox"/> Sports<br><input type="checkbox"/> Gymnastics<br><input type="checkbox"/> Fishing<br><input type="checkbox"/> STEM<br><input type="checkbox"/> <b>Musical Theater 3 (Grades 7-12)</b><br><input type="checkbox"/> Art   | <input type="checkbox"/> AM<br><br><input type="checkbox"/> PM<br><br><input type="checkbox"/> Both | <input type="checkbox"/> AM Parent Drop Off<br><input type="checkbox"/> AM Bus<br>Bus _____<br>Stop _____<br><input type="checkbox"/> PM Parent Pick Up<br><input type="checkbox"/> PM Bus<br>Bus _____<br>Stop _____ |
| <b>Session 4</b><br>July 29 - August 9<br><br>W1 _____<br><br>W2 _____              | <input type="checkbox"/> Tee Pee<br><input type="checkbox"/> Pioneer<br><input type="checkbox"/> Discoverer<br><input type="checkbox"/> Explorer<br><input type="checkbox"/> Voyager<br><input type="checkbox"/> Adventurer<br><input type="checkbox"/> Adaptive | <input type="checkbox"/> Sports<br><input type="checkbox"/> Gymnastics<br><input type="checkbox"/> Fort Building<br><input type="checkbox"/> STEM<br><input type="checkbox"/> <b>Musical Theater 4 (Grades 7-12)</b><br><input type="checkbox"/> Art<br><input type="checkbox"/> Cooking<br><input type="checkbox"/> Pathfinders | <input type="checkbox"/> AM<br><br><input type="checkbox"/> PM<br><br><input type="checkbox"/> Both | <input type="checkbox"/> AM Parent Drop Off<br><input type="checkbox"/> AM Bus<br>Bus _____<br>Stop _____<br><input type="checkbox"/> PM Parent Pick Up<br><input type="checkbox"/> PM Bus<br>Bus _____<br>Stop _____ |
| <b>Session 5</b><br>August 12 - 23<br><br>W1 _____<br><br>W2 _____                  | <input type="checkbox"/> Tee Pee<br><input type="checkbox"/> Pioneer<br><input type="checkbox"/> Discoverer<br><input type="checkbox"/> Explorer<br><input type="checkbox"/> Voyager<br><input type="checkbox"/> Adventurer<br><input type="checkbox"/> Adaptive | <input type="checkbox"/> Sports<br><input type="checkbox"/> Gymnastics<br><input type="checkbox"/> Fishing<br><input type="checkbox"/> STEM<br><input type="checkbox"/> <b>Dance Camp (Grades 1-12)</b><br><input type="checkbox"/> Art<br><input type="checkbox"/> Cooking  | <input type="checkbox"/> AM<br><br><input type="checkbox"/> PM<br><br><input type="checkbox"/> Both | <input type="checkbox"/> AM Parent Drop Off<br><input type="checkbox"/> AM Bus<br>Bus _____<br>Stop _____<br><input type="checkbox"/> PM Parent Pick Up<br><input type="checkbox"/> PM Bus<br>Bus _____<br>Stop _____ |

Total Camp Fees: \_\_\_\_\_  
 One time Camp Improvement Fee + \$30 \_\_\_\_\_  
  
 Total Amount Due: \$ \_\_\_\_\_  
  
 Auto Draft Amount \$ \_\_\_\_\_

**Office Use Only**  
 Complete and signed registration form  
 Auto draft set up  
 Medical form received  
 Camp start date  
 Parent/Guardian waiver signed  
 Staff name \_\_\_\_\_ Date \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Dear Parents,

Mountain Mist Day Camp works with CampDoc to better serve our participants and staff. CampDoc offers an electronic camp information record system for camps, and you can now complete your participant's camp information electronically.

The security and privacy of your participant's camp information is important to us. The CampDoc site is secure, encrypted, and password protected. You can find additional information about CampDoc privacy and security information at [www.docnetwork.org/security](http://www.docnetwork.org/security).

After signing up for your program, you will receive an "Invitation" email from CampDoc.

- Click on the green "**Accept Invite**" link within the email to create your CampDoc account.
- In the **Confirm Email** box, type your *email address* in order to confirm.
- In the **Password** box, type the password that you want to use.
- Click the **CONTINUE** button.

After you log in, select your participant's name and click on the health profile link to complete your participant's information.

Required questions will be marked with an \* and outlined in red. Upload any required documents to your CampDoc account. If you're on a phone/tablet, you can take a picture to upload the document.

Keep in mind that you can return to [app.campdoc.com](http://app.campdoc.com) at any time to make updates to your participant's health information before your program begins. You can log in using the email address and password you previously created.

We're excited to let you know that your participant's health information will save from year-to-year, so once you complete it in CampDoc this season, you won't have to start from scratch next year.

Additionally, CampDoc sends out periodic reminder emails for incomplete health information. These notifications come from [campdoc.com](http://campdoc.com), so please add this to your safe sender list to avoid accidental delivery to junk and spam folders. We don't want you to miss important notices about Mountain Mist Day Camp!

Please note that CampDoc supports the current and previous major releases of [Chrome](#), [Firefox](#), [Microsoft Edge](#), and [Safari](#) which provide improved security and performance for health information.

For additional assistance, you can navigate to [support.campdoc.com](http://support.campdoc.com) or contact our Support Team at [support@campdoc.com](mailto:support@campdoc.com) or 734-636-1000.

We are excited to continually improve, building safer, more productive and more efficient systems to create the best experience for you and your family!

We can't wait to see you this summer,

Mountain Mist Staff

**MERIDEN-NEW BRITAIN-BERLIN YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.**

**MERIDEN YMCA**

110 West Main Street  
Meriden CT 06451

**P** 203 235 6386 **F** 203 634 6517

**[www.meridenymca.org](http://www.meridenymca.org)**

[facebook.com/YMCA.Meriden](https://facebook.com/YMCA.Meriden)

**NEW BRITAIN YMCA**

50 High Street  
New Britain CT 06051

**P** 860 229 3787 **F** 860 225 8063

**[www.nbbymca.org](http://www.nbbymca.org)**

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**BERLIN YMCA**

532 New Britain Road  
Kensington CT 06037

**P** 860 357 2717 **F** 860 828 7830

**[www.nbbymca.org](http://www.nbbymca.org)**

[facebook.com/BerlinYMCA](https://facebook.com/BerlinYMCA)



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## FIND YOUR FUN

MERIDEN YMCA  
MOUNTAIN MIST DAY CAMP



### 2024 Camp Lawn Sign Program

Display a Mountain Mist Day Camp sign on your lawn for a minimum of one month and save! Savings are per child, for one session.

#### Register on these dates and save:

|                       |  |
|-----------------------|--|
| February 3, 2024      | \$50 + \$50 Y Bucks towards a future program |
| February 4 - 29, 2024 | \$35   |
| March 1 -31, 2023     | \$25   |
| April 1 - 30, 2023    | \$15   |

I agree to display a Meriden YMCA Mountain Mist Day Camp sign on my lawn (or on my porch or in my window) for a minimum of one month.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

Please select one:

I picked up a sign when I registered.

Please have the Meriden YMCA will deliver it to you and install it in my yard.

Thank you for choosing Mountain Mist Day Camp.

#### MERIDEN YMCA

110 West Main Street Meriden, CT 06451

P 203 235 6386 F 203 634 6517 [www.meridenymca.org](http://www.meridenymca.org)

Become a fan on [facebook.com/YMCA.Meriden](https://facebook.com/YMCA.Meriden)



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My signature below signifies that I have read and agree with all information in the Mountain Mist Day Camp Information Booklet, and will read and review the camp rules and policies with my camper.

~ **I understand that state law prohibits my child from attending camp without the medical forms completed by a physician within 36 months prior to attending camp, and that medical forms must be online in Camp Docs the MONDAY BEFORE the beginning of a camp session.**

~ I authorize the YMCA officials to secure medical/emergency attention and treatment for the camper listed above.

~ I give my child permission to participate in all daily camp activities unless otherwise noted in writing.

~ Permission is granted for the camper listed above to participate and be transported to off-site programming with the understanding that YMCA leadership will be provided.

~ I understand that it is my responsibility to meet my child at the appropriate bus stop at the designated pick up/drop off location on time every day unless permission is granted otherwise.

~ My permission is also granted for the YMCA to take/use photographs, slides, moving pictures, or videotapes of the camper named on this application.

~ I understand there is a **\$100 deposit per child, per session, and must be paid at registration.**

~ I also understand there is a **one-time \$30 Camp Improvement Fee, per child due at registration.**

~ **I agree to pay the balance of the camp fee by one week prior to my child attending Mountain Mist Day Camp.**

~ **Should I wish to withdraw my child from the program, I agree to give two weeks written notice. Refunds will not be given once the session has begun, if written notice has not been received.**

~ I agree that it is my responsibility to notify the Meriden-New Britain-Berlin YMCA in the event that I cancel my credit/debit card. I will also notify the Y when I receive a new expiration date on my card. If for some reason a transaction will not post (i.e. account closed, account suspended, insufficient funds), I understand that I will be charged a \$25 fee.

~ I understand that if my payment isn't received prior to the start of the next session, then my child will not be able to attend Mountain Mist Day Camp that session until payment is made.

The undersigned voluntarily agrees to hold the YMCA harmless for injuries or accidents resulting in bodily injury or property damage during my child's participation in programs at the Mountain Mist Day Camp. I further waive, release, absolve, and indemnify the Meriden-New Britain-Berlin YMCA, Mountain Mist Day Camp, its directors, volunteers, officers, or employees for the injuries or accidents which occur while participating in the programs of Mountain Mist Day Camp.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

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