

Camp Jewell YMCA
A branch of the YMCA of Greater Hartford
6 Prock Hill Road
P.O. Box 8
Colebrook, CT 06021



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Spring Vacation Camp Registration

COST: \$285 per person/all medications must be labeled and checked in at registration
The program runs Sun. 4pm, through Wed. 6pm. Transportation is an additional \$35 r/t.

Transportation (please check): East Hartford YMCA Camp Mahackeno YMCA, Westport, CT West Hartford YMCA, Conard High School

Camper Name: _____ Age: _____ Attended Camp Last Summer? Yes No
Parent Name: _____ Home Phone: _____
Address: _____ City: _____ St: _____ Zip: _____
Work/Cell Phone: _____ Email: _____
Special Dietary Needs or General Requests: _____

emergency info

Name: _____
Relationship: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Email: _____

Payment Method

Enclosed is a check for \$ _____ made payable to Camp Jewell.
Please Charge \$ _____ to my credit card.
Card Type: _____ Visa _____ Mastercard _____ Discover _____
Name on Card: _____
Card Number: _____
Expiration Date: _____ Security Code: _____
Signature: _____

I approve this application, and certify that the proposed camper is capable of such an experience. I agree to submit a medical form completed by a physician within 24 months prior to the beginning of camp. I also agree to pay the balance of the camp fee upon registration. Cancellations within 30 days of a particular session are non-refundable. I hereby grant permission for the applicant to participate in all planned camp activities.

I authorize the Camp Director and Camp Nurse to seek emergency medical attention for my child in the case of an accident or illness if I cannot be reached by phone. I authorize the YMCA to have and use the name, photographs, slides, and video tape of the person named on this application in camp promotion materials.

Parent Signature: _____ Date: _____