

# THE OUTDOOR CENTER

At YMCA Camp Mataucha

## Fall Vacation Camp Days



Come and spend a fun fall day at Camp Mataucha during your vacation days! Campers, K-6, will enjoy awesome camp activities such as low ropes, group games, arts & crafts, hiking, sports, and more!

Please indicate which days you will attend:

- Tuesday, November 7th                      Election Day
- Friday, November 10th                      Veterans Day

Cost: \$50/day

How to Register: Online at [www.campmataucha.org](http://www.campmataucha.org);

Complete this form and mail with payment to Waterbury YMCA, 136 W. Main St, Waterbury, CT 06702; or Call Camp Mataucha at 860-274-4820. Camp days may be cancelled due to low enrollment.

### VACATION CAMP INFORMATION

- Location and vacation camp hours: Camp Mataucha in Watertown from 7:30am - 5:30pm
- Bring a bagged lunch and water bottle, snacks will be available for purchase at the camp store
- Children must be signed in & out by an approved parent or guardian with proper identification
- All Campers must have a Physical (within 36 months) signed by a physician and on file in our camp office
- Prescription Medication must be given directly to staff in original labeled container, with doctor's order
- Please consider weather and outdoor play when choosing clothing, please pack sneakers!

### CAMPER INFORMATION

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

### HOUSEHOLD/FAMILY INFORMATION (must include at least two contacts for emergency purposes!)

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

My signature below signifies that I agree with all information in this document. My permission is granted to the YMCA to take/use photographs, slides, or video tapes of the person named above. Permission is granted for the above to participate in all vacation camp activities, understanding that leadership will be provided. I authorize YMCA officials to secure medical/emergency attention and treatment for the youth listed above. 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 the above program. I further waive, release, absolve, and indemnify the Greater Waterbury YMCA, its Directors, Volunteers, or Employees for injuries or accidents occurring while participating in this program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_