



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2024 Camp Thundermoon Registration Form

Camper First Name _____ Camper Last Name _____
 Street Address _____ City _____ State _____ Zip Code _____
 DOB: _____ Age: _____ Gender: M or F Grade entering as of 9/2024: _____ Email Address of Primary Member: _____

Weeks	Traditional Camps/ Entering Grade as of 9/24 9:00 AM-3:00 PM Traditional Camp (K- 8) fee: Member \$175/week Non-Member \$185/week Leaders Club (9-10) fee: \$110/week	Specialty Camps 9:00 AM-3:00 PM Member \$205/week Non-Member \$215/week	Extended Camp 7:00-9:00 AM 3:00-5:30 PM AM \$35/week PM \$45/week
Week 1 June 17 – June 21	<input type="checkbox"/> Lightning (K-1) <input type="checkbox"/> Thunder (2-3) <input type="checkbox"/> Hurricanes (4-5) <input type="checkbox"/> Teen X-Treme (6-8) <input type="checkbox"/> Leaders (9-10)	<input type="checkbox"/> Basketball <input type="checkbox"/> Art	__ AM __ PM
Week 2 June 24 – June 28	<input type="checkbox"/> Lightning (K-1) <input type="checkbox"/> Thunder (2-3) <input type="checkbox"/> Hurricanes (4-5) <input type="checkbox"/> Teen X-Treme (6-8) <input type="checkbox"/> Leaders (9-10)	<input type="checkbox"/> STEAM Explorations <input type="checkbox"/> Art	__ AM __ PM
Week 3 July 1 – July 5 (Closed 7/4)	<input type="checkbox"/> Lightning (K-1) <input type="checkbox"/> Thunder (2-3) <input type="checkbox"/> Hurricanes (4-5) <input type="checkbox"/> Teen X-Treme (6-8) <input type="checkbox"/> Leaders (9-10)	<input type="checkbox"/> STEM Make & Take <input type="checkbox"/> No Bake Cooking	__ AM __ PM
Week 4 July 8 – July 12	<input type="checkbox"/> Lightning (K-1) <input type="checkbox"/> Thunder (2-3) <input type="checkbox"/> Hurricanes (4-5) <input type="checkbox"/> Teen X-Treme (6-8) <input type="checkbox"/> Leaders (9-10)	<input type="checkbox"/> Soccer <input type="checkbox"/> Art	__ AM __ PM
Week 5 July 15 – July 19	<input type="checkbox"/> Lightning (K-1) <input type="checkbox"/> Thunder (2-3) <input type="checkbox"/> Hurricanes (4-5) <input type="checkbox"/> Teen X-Treme (6-8) <input type="checkbox"/> Leaders (9-10)	<input type="checkbox"/> Flag Football <input type="checkbox"/> No Bake Cooking	__ AM __ PM
Week 6 July 22 – July 26	<input type="checkbox"/> Lightning (K-1) <input type="checkbox"/> Thunder (2-3) <input type="checkbox"/> Hurricanes (4-5) <input type="checkbox"/> Teen X-Treme (6-8) <input type="checkbox"/> Leaders (9-10)	<input type="checkbox"/> Art <input type="checkbox"/> Basketball	__ AM __ PM
Week 7 July 29– August 2	<input type="checkbox"/> Lightning (K-1) <input type="checkbox"/> Thunder (2-3) <input type="checkbox"/> Hurricanes (4-5) <input type="checkbox"/> Teen X-Treme (6-8) <input type="checkbox"/> Leaders (9-10)	<input type="checkbox"/> Soccer <input type="checkbox"/> No Bake Cooking	__ AM __ PM
Week 8 August 5 – 9	<input type="checkbox"/> Lightning (K-1) <input type="checkbox"/> Thunder (2-3) <input type="checkbox"/> Hurricanes (4-5) <input type="checkbox"/> Teen X-Treme (6-8) <input type="checkbox"/> Leaders (9-10)	<input type="checkbox"/> Art <input type="checkbox"/> Theater <input type="checkbox"/> Rocketry 101	__ AM __ PM
Week 9 August 12 – 16	<input type="checkbox"/> Lightning (K-1) <input type="checkbox"/> Thunder (2-3) <input type="checkbox"/> Hurricanes (4-5) <input type="checkbox"/> Teen X-Treme (6-8) <input type="checkbox"/> Leaders (9-10)	<input type="checkbox"/> Art <input type="checkbox"/> STEM Chemistry	__ AM __ PM

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

MERIDEN YMCA
110 West Main Street
Meriden CT 06451
203 235 6386
www.meridenymca.org

NEW BRITAIN-BERLIN YMCA
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YMCA Camp Thundermoon

New Britain-Berlin YMCA

Parent/Guardian Agreement

Camper's Name: _____

My signature below signifies that I have read and agree with all the information in the YMCA Camp Thundermoon Parent Handbook and that I will read and review the camp rules and policies with my camper.

I also understand and agree to the following:

- If full auto-draft payment is NOT made prior to the start of the next session/week, then the child will not be able to attend camp that session.
- Should your auto-draft payment be returned for any reason it will then be sent to our ECASH system for collection. Upon collection from the ECASH system, you will be charged a \$25 return fee. I will be responsible for payment of any collection fees incurred by me should my account become delinquent.
- A \$25 INSF Fee will be charged to all returned personal checks.
- Requests for changes in camp sessions will be honored as space permits and the request is submitted with **at least one week notice**. There is a **fee of \$20** to change sessions.
- **A one (1) week notice is required for all cancellations.** Upon cancellations, a system credit (minus the camp fun fee) will be given for any camp fees paid. The credit can be used towards any future YMCA programs.
- Full refunds (minus the Camp Fun Fee) are given for medical reasons only (must provide a note from the child's physician) and are at the discretion of the Camp Director.
- Fees will not be refunded for absence, failure to attend during the term of enrollment, delayed attendance at camp or dismissal from camp.
- I give permission for photographs and videotapes of my camper to be used in marketing and camp publicity. If not, I will notify the YMCA Camp Office in writing.
- I authorize YMCA officials to secure medical/emergency treatment and transportation for my camper.
- I give permission for my camper to participate in all camp activities.
- The YMCA reserves the right to dismiss a camper whose presence or behavior is threatening/unsafe to camp, other campers, or himself/herself.
- **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 received at least 1 week prior to the child attending camp.**

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 YMCA Camp Thundermoon. I further waive, release, absolve, and indemnify the Meriden-New Britain-Berlin YMCA, YMCA Camp Thundermoon, its director, volunteers, officers, or employees for the injuries or accidents which occur while participating in the programs of YMCA Camp Thundermoon.

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____



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Dear Parents,

This summer, Camp Thundermoon is partnering with CampDoc to better serve our participants and staff. CampDoc offers an electronic health record system for camps, and you can now complete your participant's health information electronically.

The security and privacy of your participant's health 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.

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 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, 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 Camp Thundermoon!

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 or contact our Support Team at 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,

Camp Thundermoon Staff

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

MERIDEN YMCA

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

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BERLIN YMCA

532 New Britain Road
Kensington CT 06037

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facebook.com/BerlinYMCA



**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
Physical Exams Are Valid For 3 Years
From Date of Last Examination

- Camper Please return completed form at least one week prior to start of camp to the Berlin or New Britain YMCA
 Staff or fax it to the Berlin office at 860-828-7830.

Name _____ Date of Birth _____ Phone _____
 Guardian _____ Address _____
 Emergency Contact _____ Telephone _____
 Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Date of Exam ____/____/____

May participate in all camp activities YES NO

May participate except for: _____

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? YES NO

If yes, please explain _____

Are there any prescription or over the counter medication(s) this individual needs to take while at camp? YES NO

If yes, indicate names of medication(s): _____

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs? YES NO

If yes, please explain _____

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes? YES NO

Additional Comments:

Printed Name of Health Care Provider: _____

Address: _____ Phone: _____

Signature of Physician, PA, APRN or RN _____ Date Form Signed: _____



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YMCA Camp Thundermoon

New Britain-Berlin YMCA

Sunscreen & Bug Repellant Application Authorization

(Recommended for campers in Grade 5 and below)

I hereby request that the following topical product(s) be applied to my child by the First Aid Director or Unit Director(s) of YMCA Camp Thundermoon. I understand that I must supply the product in the original container, labeled with the child's name.

Camper's Name: _____ **DOB:** _____

Address: _____

This authorization applies to the following product(s), which should be applied on the schedule indicated below:

Sunscreen:

Name of Product: _____

Please apply at this time of day: _____

Bug Repellant (optional):

Name of Product: _____

Please apply at this time of day: _____

I have applied the product(s) listed above at least once without adverse side effects to my child.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Phone #: _____

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ____/____/____ Today's Date ____/____/____

Address of Child/Student _____ Town _____

Medication Name/Generic Name of Drug _____ Controlled Drug? YES NO

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration _____

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, frequency _____

Medication shall be administered: Start Date: ____/____/____ End Date: ____/____/____

Relevant Side Effects of Medication _____ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs _____

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date ____/____/____

School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ____/____/____

Parent /Guardian's Address _____ Town _____ State _____

Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: YES NO _____
Signature Date

Parent/Guardian authorization for self-administration: YES NO _____
Signature Date

School nurse, if applicable, approval for self-administration: YES NO _____
Signature Date

Today's Date _____ Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

Medication Administration Record (MAR)

Name of Child/Student _____ Date of Birth ____ / ____ / ____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

- | | |
|--|--|
| <input type="checkbox"/> Authorization form is complete | <input type="checkbox"/> Medication is appropriately labeled |
| <input type="checkbox"/> Medication is in original container | <input type="checkbox"/> Date on label is current |

Person Accepting Medication (print name) _____ Date ____ / ____ / ____



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FIND YOUR FUN

Camp Thundermoon

2024 Camp Lawn Sign Program

Display a Camp Thundermoon 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:

April 1, 2024	\$30
April 2 – 30, 2024	\$25
May 1 - 31, 2024	\$20
June 1 – 9, 2024	\$15

I agree to display a New Britain YMCA Camp Thundermoon sign on my lawn (or on my porch or in my window) for a minimum of one month.

Name _____

Address _____

Phone Number _____

Email _____

Date _____

The New Britain YMCA will deliver it to you and install it in your yard.

Thank you for choosing Camp Thundermoon.

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2024 Camp Thundermoon Bus Registration Form

Camper First Name _____

Camper Last Name _____

Campers in grades 5 or lower must have a parent/guardian or older sibling meet them at the drop off at the end of the day.

AM Bus Choose your bus stop

____ Pulaski 8:00 a.m.

____ Jefferson 8:10 a.m.

____ Lincoln 8:25 a.m.

____ NB YMCA 8:35 a.m

PM Bus Choose your bus stop

____ Pulaski 3:50 p.m.

____ Jefferson 3:40 p.m.

____ Lincoln 3:25 p.m.

____ NB YMCA 3:15 p.m.

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