



Day Camp Registration Form

Please Print

Name _____

Home # _____

Date of Birth _____

City _____

Address _____

Health Card # _____

Postal Code: _____

Custody: Mother Mother Father Father Both Guardian

Parent/Guardian One

Parent/Guardian Two

Name _____

Name _____

Home # _____

Home # _____

Work# _____

Work# _____

Cell # _____

Cell # _____

Email _____

Email _____

Alternative Emergency Contact

Who is authorized to pick up the camper? (only the names listed will be eligible for pick up)

Name _____

Address _____

City _____

Home # _____

Work # _____

Please comment or list any medication (if medication is required, a consent to administer medication form needs to be completed and staff need to be informed at drop off)

Please indicate if the camper experience or had experienced any of the following:

Condition	Yes	No	Details
Seizures			
ADHD/ADD			
Asthma			
Diabetes			
Allergies			
Aspergers/Autism			
Physical Limitations			
Dietary Restrictions			
Other Conditions			

Authorizations: in the unlikely event that the participant named above is injured or becomes seriously ill while at the YMCA, and I cannot be reached, I authorize YMCA senior staff to seek and authorize any and all hospitalizations, medical, dental and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with YMCA programs, it is agreed that the YMCA and its staff and volunteers are released from all liability for injury to the above names participants or for loss or damage to personal property. Yes No

I grant release to the YMCA the right to use photographs/video in which I and/or my child appears for the use of publicity brochures, newsletter, annual reports or any other material promotion the YMCA (which may include Twitter, Facebook, YMCA Camp blog) Yes No

Signature of Parent/Guardian _____ Date _____


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cont'd...

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Week	Dates	Camp Code	M	T	W	T	F	Extended Care	Total Amount
1	July 3-7								
2	July 10-14								
3	July 17-21								
4	July 24-28								
5	July 29-Aug 4								
6	August 8-11								
7	August 14-18								
8	August 21-25								
9	Aug 28-Sept 1								

Camp Codes: Just Starting – 4-6 years old – JST Mighty Troopers – 4-6 years old – MTP
 Outdoor Adventure – 7-12 years old – OAC Super Troopers – 7-12 years old – STP
 Junior Discovery Camp - 4-6 years - JDC Sports Camp Option- 6 -12 years old- SCO
 Senior Discovery Camp – 7-12 years old – SDC Leaders in Training – 12-16 years old – LIT

 Yes, I would love to help a child in need go to camp!
 Please add a donation to the YMCA Strong Kids Campaign
 of \$ to my bill for camp.

Total Amount: \$ _____.

Payment Options:

- Payment in full. Payment can be made in full by Visa, Amex, MasterCard, debit, or cash.
- 25 % Non-refundable deposit. Balance owing may be paid by pre-authorized chequing, Visa, Amex or MasterCard arranged by the YMCA.

Method of Payment:

Visa
 Amex
 MasterCard
 Debit
 Cash

Field Trip Permission

I hereby grant permission for my child to attend all scheduled field trips with the YMCA Summer Day Camps.
 Signature of Parent/Guardian _____ Date _____

Refund /Cancellation/ Swap Policy

Requests for refunds, credits or swaps must be made in writing at least 14 days in advance of the session start date. The form is located at the Membership Services desk. Any refund or credit request made after this time MUST be accompanied by a medical note. The 25% deposit made at the time of registration is non-refundable and is applied to any camp refund (including those with a medical note).

The Camp Supervisor makes the final decision as to who qualifies for refunds. Refunds are not granted to inclement weather or if a parent/guardian withdraws the camper early from the session. The YMCA reserves the right to withdraw a camper at any time without refund if the Guidelines for Behaviour and Policies are not followed.

I have read and understand the Refund and Cancellation Policy

Signature of Parent/Guardian _____ Date _____