

Erin Palmateer Community Pool

Please Print
(one camper per form)

Name _____
Date of Birth _____
Address _____

Home # _____
City _____
Postal Code _____

Parent/Guardian One

Name _____
Address _____
City _____
Home # _____
Work # _____
Cell # _____
Email _____

Parent/Guardian Two

Name _____
Address _____
City _____
Home # _____
Work # _____
Cell # _____
Email _____

Alternative Emergency Contact

Name _____
Address _____
City _____
Home # _____
Work # _____
Cell # _____

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

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 reminded at drop off.)

Please indicate if the camper experiences or has experienced any of the following:

Condition	Yes	No	Details
Seizures			
ADHD/ADD			
Asthma			
Diabetes			
Allergies: Peanuts/Tree Nuts			
Bee Stings			
Latex			
Food			
Other			
Aspergers/Autism			
Down Syndrome			
Physical Limitations			
Major Illness or Surgery			
Dietary Restrictions			
Other Conditions			

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, news-letter, social media, annual reports or any other material promoting the YMCA. Yes No

I give permission for all, walking / bus, trips off site. Yes No

Authorizations: Due to circumstances such as accident or emergency, I consent to medical treatment by a qualified individual and anaesthetic if necessary, and emergency transportation.

Signature of parent/guardian _____ Date _____

Summer Camp Registration Form (cont'd)

Week	Dates	Camp Name	Total Fee Due
1	July 3-7		
2	July 10-14		
3	July 17-21		
4	July 24-28		
5	July 31 - August 4		
6	August 8-11 (No camp August 7)		
7	August 14-18		
8	August 21-25		
9	August 28-September 1		

** short week no program on Monday, August 7, 2017, fees will be less

Payment Options

- Payment in full. Payment can be made in full by Visa, MasterCard, American Express, debit, cash or cheque. **All returned payments will be subject to a \$20.00 Fee.**
- If paying with post-dated cheques, Visa, MasterCard or American Express, a NON-REFUNDABLE 25% Deposit is required upon registering. The balance must be paid using one of the above options and dated at least 14 days prior to the of the start date of the week registering. **All returned payments will be subject to a \$20.00 Fee.**

Method of Payment

- Visa MasterCard American Express Post Dated Cheques Debit

Refund, Cancellation and Swap Policy

Requests for refunds, cancellations or swaps must be made in writing by completing a cancellation form located at the Membership Sales and Service Desk. Refunds or credits requested 14 days prior to the start date of the selected camp will be issued less a 25% administration fee. No refund will be given after this time unless there are extenuating circumstances (medical or emergency family situation). The proper documentation is required for all medical or emergency family situation refunds or cancellations.

The Camp Director 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 _____

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.

