

Day Camp Registration Form Please Print (Only one camper per form)

Camper's Given Name _____ Family Name _____

Birthdate (yy/mm/dd) _____ Male Female

Address _____

City _____ Postal Code _____ Telephone(home) _____

Parent/Guardian Name 1 _____

Home phone _____ Work Phone _____

Parent/Guardian Name 2 _____

Home phone _____ Work Phone _____

Alternative Emergency Contact _____

Home phone _____ Work phone _____

Custody: Mother Father Guardian

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

Health Card Number _____

Please list any medications (If medication is required a consent to administer medication form needs to be completed and staff need to be reminded at drop off, daily) _____

Is your child a: Swimmer Non swimmer Swimming Level _____

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

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

Authorizations: In the unlikely event that the participant named above is injured or becomes seriously ill while with the YMCA, and I cannot be reached, I authorize YMCA senior staff to seek and authorize any and all hospitalization, 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 named participant or for loss or damage to personal property.

I grant the release to the YMCA the right to use photographs and/or video tape in which I and/or my child appears for the use in publicity brochures, newsletters, annual reports or any materials and articles promoting the YMCA, its programs and membership. Yes No

Signature of parent/guardian _____ **Date** _____

Day Camp Registration Form *cntd...*

| Week | Dates | Specify Which Day Camp | Weekly (check) | M | T | W | Th | F | Extended Care (Lakefield Only) | Total Amount |
|---------|-------------------|------------------------|----------------|---|---|---|----|---|--------------------------------|--------------|
| Week 1 | June 29 - July 3 | | | | | X | | | am pm | |
| Week 2 | July 6 - July 10 | | | | | | | | am pm | |
| Week 3 | July 13 - July 17 | | | | | | | | am pm | |
| Week 4 | July 20 - July 24 | | | | | | | | am pm | |
| Week 5 | July 27 - July 31 | | | | | | | | am pm | |
| Week 6 | Aug 4 - Aug 7 | | | X | | | | | am pm | |
| Week 7 | Aug 10 - Aug 14 | | | | | | | | am pm | |
| Week 8 | Aug 17 - Aug 21 | | | | | | | | am pm | |
| Week 9 | Aug 24 - Aug 28 | | | | | | | | am pm | |
| Week 10 | Aug 31 - Sept 4 | | | | | | | | am pm | |

Please note week 1 and week 6 are holiday weeks and fees are adjusted accordingly



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, MasterCard, debit card, cash or cheque.
- 25% Non-refundable deposit. Balance owing may be paid by pre-authorized chequing, Visa or MasterCard arranged at the YMCA.
- If paying with post-dated cheques they must be dated at least 14 days prior to the camp start date.

Method of Payment

Cash Cheque Visa M/C Card #: _____
 Expiry Date: _____

Refunds and Cancellation Policy

Requests for refunds or cancellations must be made in writing by completing a cancellation form located at the Sales and Service Desk. Refunds or credits requested 14 days in advance prior to the start of the selected camp will be issued less a 25% administration fee. No refunds will be given after this time unless there are extenuating circumstances (medical or emergency family situation). A Doctor's note is required for all cancellations and refunds for medical reasons. The Camp Co-ordinator makes the final decision as to who qualifies for refunds. Refunds are not granted for inclement weather or if a parent/guardian withdraws camper from the session early. The YMCA of Peterborough reserves the right to withdraw a child at any time without refund if Guidelines for behaviour and policies are not followed.

I have read and understand the refund and cancellation policy.

Signature of Parent/Guardian _____ Date _____