

All About ME!

If you would like us to know more about your child please take the time to fill out an 'ALL ABOUT ME' form. This form will provide specific information that will help us create a positive camp experience for you and your child. The information on the 'ALL ABOUT ME' form will be kept confidential. The Camp Supervisor, Camp Coordinator and Camp Counselor (caring for your child) are the only people who will have access to this information.

Hello, my name is: _____ I am registered for: _____

A few of my favourite things (hobbies, interests, toys, etc.): _____

Things I don't like to do: _____

The best way to communicate with me is: _____

I have trouble with: _____

I get upset when: _____

How to tell that I'm upset: _____

Behaviour management techniques that work for me: _____

I like it when you: _____

Recent changes in my life: _____

Additional Information: _____

Can't Wait to See You at Camp!

Day Camp Registration Form

Please Print
(one per camper)

Name _____ Home # _____
Date of Birth _____ City _____
Address _____ Postal Code _____
Custody Mother Mother Father Father Both Guardian

Parent/Guardian One

Name _____
Home # _____
Work# _____
Cell # _____
Email _____

Parent/Guardian Two

Name _____
Home # _____
Work# _____
Cell # _____
Email _____

Alternative Emergency Contact

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

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 informed 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 | | | |
| 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 named 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 by the YMCA (which may include Twitter, Facebook, YMCA Camp blog). Yes No

Signature of Parent/Guardian _____ Date _____

Day Camp Registration Form

| Week | Dates | Camp Code | Total Amount |
|------|---------------------------------|-----------|--------------|
| 1 | July 2 - 5 (no camp July 1) | | |
| 2 | July 8- 12 | | |
| 3 | July 13-19 | | |
| 4 | July 22-26 | | |
| 5 | July 29 - August 2 | | |
| 6 | August 6 - 9 (no camp August 5) | | |
| 7 | August 12 - 16 | | |
| 8 | August 19-23 | | |
| 9 | August 26-30 | | |

Camp Codes: Discovery Camp (4-5 years old) - DIS Y Ventures Camp (6-7 years old) - YVC
 Adventure Camp (8-12 years old) - ADC Leaders in Training (11-13 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, MasterCard, AMEX, debit, or cash
- 25 % Non-refundable deposit. Balance owing may be paid by pre-authorized chequing, Visa, MasterCard or AMEX arranged by the YMCA

Method of Payment:

- Visa MasterCard AMEX Debit Cash

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 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 _____