



YMCA Summer Day Camps

New experiences, skill building opportunities, a sense of community & long-lasting friendships.

Learn more at ymcaofceo.ca/camp

Summer Camp Registration Form

Complete Form
And Email To:
pbcamp.director@ceo.ymca.ca

Camp Location: King Edward Park Beavermead Lakefield

Name _____ Home # _____

Date of Birth _____ City _____

Address _____ Postal Code _____

Custody Mother Mother Father Father Both Guardian

Parent/Guardian One

Name _____

Home # _____

Work# _____

Cell # _____

Email _____

Cell Phone Carrier _____

(communications will be sent through email / text so providing this info is very important)

Parent/Guardian Two

Name _____

Home # _____

Work# _____

Cell # _____

Email _____

Cell Phone Carrier _____

(communications will be sent through email / text so providing this info is very important)

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 make every effort to have the same person drop off and pick up your child

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

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			
ASD			
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 hereby grant permission to the YMCA the right to use photographs and or video in which my child appears for use in publicity brochures, social media platforms, annual reports or other printed materials promoting the YMCA, its programs and memberships. Yes No

It is agreed that the YMCA and its staff and volunteers are released from all liability for loss or damage to personal property.

Signature of Parent/Guardian _____ Date _____

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Behaviour Policy

It is our goal to provide a healthy, safe and secure environment for all participants. Camp staff use a values based approach to guide appropriate behaviour and seek to reward and reinforce positive behaviour. Campers are expected to follow our behaviour guidelines and to interact appropriately with their fellow campers and camp staff.

Behaviour Guidelines

- *All campers are responsible for their actions
- *All campers will respect each other and the environment
- *All campers will care for themselves and those around them
- *All campers will be honest and true to their word
- *All campers will make healthy and safe choices

The YMCA of Central East Ontario strives to provide a fun and inclusive experience for all of our campers. **At the time of registration please make us aware of any special requirements for mobility, behavior, or other resources your child may need to participate. The more informed we are, the better service we can provide.** If your child requires special assistance at school, they will be best cared for and set up for success with 1:1 support at camp (the YMCA is not able to provide 1:1 support).

Child's Name: _____

I need extra support and/or encouragement with:

- | | |
|--|---|
| <input type="checkbox"/> communication | <input type="checkbox"/> sitting still |
| <input type="checkbox"/> trying new things | <input type="checkbox"/> listening |
| <input type="checkbox"/> feeling comfortable in new places | <input type="checkbox"/> getting to know peers |
| <input type="checkbox"/> transitions between locations or activities | <input type="checkbox"/> staying within the activity boundaries |
| <input type="checkbox"/> loud noises or places | <input type="checkbox"/> toileting |
| <input type="checkbox"/> small spaces | <input type="checkbox"/> none of these apply |

If yes to any of the above, please identify strategies we can use : _____

Additional information that we should be aware of: _____

Community services providing support: _____

Will the child be attending camp with a support worker: yes no

To the best of my knowledge the above information is accurate and true. _____
initial


I have read, understood and agree to the above noted behaviour policy/expectations.

Date _____ Signature _____

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Week	Dates	Age Group	Camp Name	Location	Fee
1	July 4-8				
2	July 11-15				
3	July 18-22				
4	July 25-29				
5	August 2-5 (no camp Aug 1)				
6	August 8-12				
7	August 15-19				
8	August 22-26				
9	August 29 - Sept 2				


 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: \$ _____ . _____

Camp Information

- Y Discovery ages 4-5yrs
- Y Explorers ages 6-8yrs
- Y Pioneers ages 9-12yrs
- Leaders in Training ('LIT's) ages 12-15 yrs

Camps run Monday – Friday from 8:00am – 5:00pm

Cost per camper, per week: \$225 Members and \$250 Non-Members
 Week of August 1 (short week): \$180 Members and \$200 Non-Members

Subsidy Information

We want to ensure children have the opportunity to attend camp. All families are encouraged to click here <https://www.peterborough.ca/en/explore-and-play/recreation-fee-subsidy.aspx#:~:text=The%20City%20of%20Peterborough%20offers,child%20is%20%24200%20per%20year> and <https://www.peterborough.ca/en/city-services/child-care-fee-subsidy.aspx#:~:text=Apply%20for%20Child%20Care%20Fee,City%20or%20County%20of%20Peterborough> and call 705-748-8830 to determine eligibility as soon as possible.

Registration Process

Complete these forms & email to: pbcamp.director@ceo.ymca.ca

Refund /Cancellation/ Swap Policy

Requests for camp refund/swap must be requested in writing at least 14 days prior to the start of the camp week. A \$25 administration fee will be charged if you request to cancel a week of camp. Camp weeks are non-refundable unless accompanied by a medical certificate. Refunds are not granted if a parent/guardian withdraws a camper early from the week. Refunds are not granted if a camper is sent home for misconduct.

I have read and understand the Refund and Cancellation Policy:

Signature of Parent/Guardian _____ Date _____

Child's Name: _____