



YMCA Summer Day Camps

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

Learn more at ymcaofceo.ca/camp

YMCA Summer Camp Registration Form

Complete Form and
Bring to the YMCA
to Register

Site: ☐ Belleville/Harry J Clarke ☐ John Williams/Trent River ☐ Balsillie Branch ☐ Beavermead ☐ Lakefield ☐ Buckhorn ☐ Tweed

Name _____ Home # _____

Date of Birth _____ City _____

Address _____ Postal Code _____

School _____ Grade _____

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

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

**Photo ID will be required*

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			
Asthma			
Diabetes			
Allergies			
Autism			
Physical Limitations			
Dietary Restrictions/Food Allergies			
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 website, Twitter, Facebook). ☐ Yes ☐ No

I, _____ (Parent/Guardian), grant permission for my child, _____ (Child's Name), to participate in field trip events that require leaving YMCA Camp locations on foot. ☐ Yes ☐ No

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. YMCA staff use a values based approach to guide appropriate behaviour and seek to reward and reinforce positive behaviour. Participants are expected to follow our behaviour guidelines and to interact appropriately with their fellow participants and YMCA 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

Special Requirements/One-to-One Support

The YMCA of Central East Ontario strives to provide a fun and inclusive experience for all of our participants. **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

If yes, a Criminal Record Check must be provided to the YMCA prior to the start of camp.

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

initial

Head Lice Policy

We do regular head checks to help control the spread of head lice. It is our policy that if a child is found to have head lice, they will be permitted to return to the program only when they are nit free. You will be given information on how to best deal with head lice if your child is found to have it.

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

Date _____ Signature _____

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Child's Name: _____

Please select the week(s) of camp your child will be attending:

- ☐ Week 1: July 2-5
- ☐ Week 2: July 8-12
- ☐ Week 3: July 15-19
- ☐ Week 4: July 22-26
- ☐ Week 5: July 29 - August 2
- ☐ Week 6: August 6-9
- ☐ Week 7: August 12-16
- ☐ Week 8: August 19-23
- ☐ Week 9: August 26-30 (*available at the Balsillie Branch location only*)