

# YMCA SUMMER DAY CAMP 2016 PAYMENT AND AUTHORIZATION FORM

WEEK	DATE	Name of Camp	Site Location	BUS STOP #	CAMP FEE	EXTENDED CARE FEE		TOTAL FEES
						AM	PM	
Week 1	July 4-8							
Week 2	July 11-15							
Week 3	July 18-22							
Week 4	July 25-29							
Week 5	Aug 2-5*							
Week 6	Aug 8-12							
Week 7	Aug 15-19							
Week 8	Aug 22-26							
Week 9	Aug 29-Sept 2							
<b>Help send a child to camp. Every dollar can make a difference!</b> (Suggested Dollar Amount: \$5.00)								
*Short Week: No camp on Monday August 1st								<b>TOTAL</b>

## FINANCIAL ASSISTANCE

Financial Assistance is available to provide a Day Camp experience to campers who otherwise would be unable to participate. There are a variety of different programs available to assist families, including assistance from the YMCA, Health Star and Jumpstart programs.

## PAYMENT METHOD

- Full Payment [Cash, Cheque, Visa, Mastercard]  
 \$25 deposit per camper per week with post dated pre-authorized payments.

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

**JULY CAMPS MUST BE PAID IN FULL BY JUNE 1, 2016**  
**AUGUST CAMPS MUST BE PAID IN FULL BY JULY 1, 2016**

## AUTHORIZATION - Registration will not be processed without a signature below.

In registering and permitting my child \_\_\_\_\_ to attend YMCA Camping Program, I, the undersigned parent, guardian or other duly authorized party, hereby agree as follows:

- To permit my child to participate in the full range of YMCA Camp activities, including offsite trips and authorize the YMCA Camp Staff, in the event of accident, injury, or illness affecting the above named camper, to authorize on my behalf all medical and other procedures, including admission to hospital and all other necessary treatment, as he/she may deem essential for the care and well-being of the said camper. Such action is to be taken only when immediate contact with the undersigned cannot be made. Insert any qualifications of the camp's authority as set out above or any medical limitations here: \_\_\_\_\_
- Loss/Theft:** I understand and agree that the YMCA of Simcoe/Muskoka is not responsible for any loss or theft of participants' belongings or money. Parents/guardians will be responsible for reimbursement of any willful destruction to site and/or equipment, including graffiti, incurred as a result of their child's actions.
- Program Removal:** I understand and agree that intentional participant behavior that puts the participant or others at physical or emotional risk may result immediate dismissal from the program. In addition, possession of alcohol, weapons, tobacco products and illegal or harmful substances will result in immediate dismissal from program. Any expenses incurred because of program dismissal will be the responsibility of the participant / parent / guardian. Parents / guardians or a suitable designate must be available to pick up participants should the participant be dismissed from his / her program. No refund will be given to campers leaving camp prior to the end of the session due to disciplinary action.
- Refunds and Cancellations:** I understand that all deposits are non-refundable after 1 week prior to the scheduled camp week; cancellations after this time will be granted for medical reasons only. To qualify for a full refund (less and administrative fee) a Medical Certificate must accompany written notice of cancellation. No refund of any amount will be granted for non-medical cancellations after one week within the start of the camp program. Refunds will not be issued in an instance where the participant is removed from the camp program at the choice or request of the participant or the participant's parent / guardian or due to behavioural issues. The YMCA of Simcoe/Muskoka reserves the right to cancel registration if the camper's medical information is not completed and if the authorization is not signed by the parent / guardian and returned to the YMCA Camping Office prior to the commencement of the camp session.
- Promotional Material Policy:** I understand and agree that the YMCA of Simcoe/Muskoka and its subsidiaries reserve the right and permission to publish, reproduce, distribute and /or otherwise use any still or moving photograph, for such purposes and with such frequency as it shall determine in its sole discretion without further compensation or consideration to me and without further authorization by me for, as yet, unnamed video or photographic projects (including promotion, marketing and social media) which shall constitute the sole property of YMCA of Simcoe/Muskoka. YMCA of Simcoe/Muskoka and its subsidiaries shall be released from and against any and all liability resulting from its use of the photos or related to my use of the product.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**PRIVACY STATEMENT:** "The YMCA strives to ensure that volunteers and staff conduct their relationships with each other, participants and all other Association contacts with integrity, good judgment and fairness. The YMCA respects the right of individuals to the protection of their personal information. The YMCA is committed to maintaining the confidentiality, privacy and accuracy of personal information it collects, uses and discloses about its participants, members, donors, parents/guardians, staff and volunteers"

## CAMPER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (as of Sept. 2016): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Legal Custody\*: \_\_\_\_\_

\*Please list all parent/guardians who have legal custody of this child

### PARENT/GUARDIAN 1 (Authorized pick-up and primary emergency contact)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (optional): \_\_\_\_\_

### PARENT/GUARDIAN 2 (Authorized pick-up and secondary emergency contact)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (optional): \_\_\_\_\_

Parent/Guardian birth date information is collected to enable you to access tax receipts online

Please list other adults authorized to pick up your child: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### HEALTH HISTORY

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Card # (optional): \_\_\_\_\_

**ALLERGIES**  Yes  No

Please describe reaction and treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does camper carry an EpiPen?  Yes  No

If yes, please ensure a medication administration form is completed and hand in to the camp staff on campers first day.

Does your child receive support at school?  Yes  No

### MEDICATION

Does medication need to be administered at camp?  Yes  No

(If Yes, please ensure a medication administration form is completed)

Is your camper's immunization up to date?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL CONDITIONS & PROGRAM SUPPORT

Has your child been diagnosed with special needs or behavioural considerations?  Yes  No\*

In order to meet the individual needs of your child, please list treatment/support needed at camp or anything we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\* If you answered yes to your child requiring additional support staff, please contact our office at 705-726-6421 x252, to discuss their needs and availability of support staff.