

YMCA DAY CAMP 2019

CAMPER INFORMATION										
Name:			Birthday (day/month/year):		Age at camp:					
Address:			City:		Postal	Code:	Home P	hone Number:		
Camper's Swim Level:						Camper Mate Request:				
O Non-Swimmer	O Beginner O	Average	• Above Average	ge						
PARENT 1/PRIMARY CONTACT						PARENT 2/SECONDARY CONTACT				
Name:					Name:					
Work Phone:	Cell Phone:					Work Phone: Cell Phone:				
Email:	:					Email:				
CUSTODY OF CAMPER										
Please Specify: O Mother Only O Father Only O Both O Other:										
WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (LIST ANY POSSIBLE PEOPLE TO PICK UP IN ADDITION TO PARENT 1 & 2)										
Name: (other than parent) Preferred contact number:										
Name: (other than parent)						Preferred contact number:				
CAMP PROGRAMS: CAMP PROGRAMS: ROVERS (4-5 YRS), TRAILBLAZERS (6-8 YRS), EXPLORERS (9-10 YRS), MAVERICKS (11-12 YRS) FEES: FEES: \$199 Y MEM/\$240 NON-MEM. *SHORT WK FEE: \$159 Y MEMBER/\$192 NON MEMBER LEADERSHIP 1 OR 2 (13-16 YRS OLD) AND LEADERSHIP 3 (14-16 YRS OLD) FEES: \$210 Y MEMBER/\$260 NON-MEMBER (PLUS HST) FOR LEADERSHIP										
CAMP SELECTION * All Camps are CLOSED on Monday, July 1 and Monday, August 5, 2019 - short v								19 - short week fees apply.		
WK DATES	CAMP SITE	CAMP PROG	RAM NAME	CAMP FEE		OFFICE USE ONLY BARCODE	BUS (\$20)	EXTENDED CARE (\$40) Complimentary For YMCA Members	TOTAL	
1. July 2-5* - Spirit Week										
2. July 8-12 - Earth Week										
3. July 15-19 - Back in Time										
4. July 22-26 - Carnival										
5. July 29-August 2 - Ooey Gooey										
6. August 6-9* - Animal Planet										
7. August 12-16 - Celebration										
8. August 19-23 - Hero Week										
9. August 26-30 - Y's Got Talent										
One YMCA Day Camp t-shirt is included in your registration. TSHIRT SIZE: O YS O YM O YL O S O M O L							YMCA Strong Kids Donation			
							TOTAL			
	ate desired stop number in t . Ashley Oaks 3. Lord		e. Bussing is avail 4. Sir Frederick Bar							

All registrations are due by noon on the Thursday prior to the camp session. Please complete one form per camper. Additional forms can be photocopied or downloaded at www.ymcawo.ca. Incomplete forms will result in a delay of your child's camp registration. First come first served, space is limited.



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MEDICAL INFORMATION					
Please describe any allergies, medication or medical needs your child's camp staff should know a	bout.				
Please list any medications that your child requires while at camp:					
Does your child require additional support staff due to additional needs? O Yes O N	lo				
If you answered yes to your child requiring additional support staff, please contact our office at 5 NOTE: You are also required to complete a supplementary form which can be picked up at our br					
PHOTO CONSENT					
I understand that photographs, images or recordings containing my child's picture my be used for materials such as brochures by the YMCA of Southwestern Ontario. By checking "Yes", I am granti	•	edia, including Facebook and Twitter; and promotional			
PAYMENT / AUTHORIZATION					
○ YMCA Member ○ Non-member (In order to receive the member rate, your camper must be a member of the YMCA of Southwestern Ontario at the time of registration and during camp.)	FINANCIAL ASSISTANCE: • \$15 deposit per week of camp is required. • Please allow 2-3 weeks for processing of application and calculations.				
PAYMENT OPTIONS:	FINANCIAL ASSISTANCE OPTIONS:	YMCA Strong Kids (Must apply In Person)			
 Payment in Full (includes \$50 non-refundable deposit) Extended Payment (minus non-refundable deposit) 	METHOD OF PAYMENT: O VISA	O City of London O MasterCard O Debit O Cash			
(extended option MUST include a Credit Card or Void Cheque for future payments)	Credit Card #:	Expiry Date:			
• July camps MUST be paid in full by June 1, 2019.					
August camps MUST be paid in full by July 1, 2019.	Signature:				
CANCELLATION / WITHDRAWAL POLICY					
All cancellation requests must be submitted by email directly to the Camping Branch Office at daycam Cancellation requests received prior to 5 business days before start of the affected camp session will reprior to the affected camp session or during a camp session will not qualify for a refund. A doctor's not	eceive a refund less the non-refundable depos	it. Any refund requests received less than 5 business days			
The YMCA reserves the right to cancel any program where registration numbers are not a close. Options for a refund or transfer to another site will be discussed at that time.	dequate to run an effective program. Fa	milies will be notified at the weekly registration			
AUTHORIZATION: In permitting my child to attend "day camp" programming operated by the YMCA authorize all procedures, including admission to the hospital and necessary treatment herein, as deen contact with the undersigned or other indicated authorized contacts cannot be made. I have read and The Cancellation/Withdrawal policy and Payment plans The Drop off/Pick up, Bussing and Extended Care information I agree with the Camper Behaviour expectations and will discuss it with my child I have taken care to explain to YMCA staff any special considerations for my child (ie. language) I authorize my child to participate in all programs	ned essential for the care and well being of sa I understood:	id child. Such action is to be taken only when immediate			
	 Date Signed:				

YOUR CHOICE: From time to time the YMCA of Southwestern Ontario may use my information on this form to notify the applicant of upcoming events, volunteer/donor opportunities and/or offerings from

other YMCA of Southwestern Ontario departments that may be beneficial to the applicant.

Check here if you do NOT wish the YMCA of Southwestern Ontario to contact you for any reason other than those relating to this application.