

**FAMILY INFORMATION**

ADDRESS:	CITY:	POSTAL CODE:	HOME PHONE NUMBER:
PARENT 1/PRIMARY NAME:	WORK PHONE:	PARENT 2/PRIMARY NAME:	WORK PHONE:
EMAIL:	CELL PHONE:	EMAIL:	CELL PHONE:

**CAMPER(S) INFORMATION**

CAMPER 1 NAME:	BIRTHDAY (DAY/MTH/YR):	AGE AT CAMP:	GENDER: <input type="radio"/> MALE <input type="radio"/> FEMALE
ANY ALLERGIES, MEDICATION OR MEDICAL NEEDS? <input type="radio"/> YES <input type="radio"/> NO	ADDITIONAL SUPPORT REQUIRED DUE TO SPECIAL NEEDS? <input type="radio"/> YES <input type="radio"/> NO		
CAMPER PROGRAM:	CAMPER MATE REQUEST:		

CAMPER 2 NAME:	BIRTHDAY (DAY/MTH/YR):	AGE AT CAMP:	GENDER: <input type="radio"/> MALE <input type="radio"/> FEMALE
ANY ALLERGIES, MEDICATION OR MEDICAL NEEDS? <input type="radio"/> YES <input type="radio"/> NO	ADDITIONAL SUPPORT REQUIRED DUE TO SPECIAL NEEDS? <input type="radio"/> YES <input type="radio"/> NO		
CAMPER PROGRAM:	CAMPER MATE REQUEST:		

CAMPER 3 NAME:	BIRTHDAY (DAY/MTH/YR):	AGE AT CAMP:	GENDER: <input type="radio"/> MALE <input type="radio"/> FEMALE
ANY ALLERGIES, MEDICATION OR MEDICAL NEEDS? <input type="radio"/> YES <input type="radio"/> NO	ADDITIONAL SUPPORT REQUIRED DUE TO SPECIAL NEEDS? <input type="radio"/> YES <input type="radio"/> NO		
CAMPER PROGRAM:	CAMPER MATE REQUEST:		

**CUSTODY OF CAMPER(S):**  MOTHER ONLY  FATHER ONLY  BOTH  OTHER: \_\_\_\_\_

**PHOTO CONSENT**

I understand that photographs, images or recordings containing my child's picture may be used for promotion on the YMCA website; social media, including Facebook and Twitter; and promotional materials such as brochures by the YMCA of Western Ontario. By checking 'YES', I am granting my permission  YES  NO

**AUTHORIZED PICK UP? (LIST ANY POSSIBLE PEOPLE TO PICK UP IN ADDITION TO PARENT 1&2)**

FIRST & LAST NAME: (OTHER THAN PARENT)	PREFERRED CONTACT NUMBER:
FIRST & LAST NAME: (OTHER THAN PARENT)	PREFERRED CONTACT NUMBER:



**CAMP SELECTION**

WK	DATES	SITE LOCATION	EXTENDED CARE	CAMPER 1	CAMPER 2	CAMPER 3	TOTAL	
1	July 2-July 5*							
2	July 8-July 12							
3	July 15-July 19							
4	July 22- July 26							
5	July 29 – August 2							
6	August 6 – August 9 *							
7	August 12 – August 16							
8	August 19 – August 23							
9	August 26 – August 30							
<b>FEE PER WEEK:</b> \$157 MEMBER/\$188 NON-MEMBER *Holiday Prices WK 1/6 \$126 MEMBER/150 NON-MEMBER <b>EXTENDED CARE:</b> Free for Members/ \$40 PER WEEK NON- MEMBER 7:30am Open 5:30pm Close						<b>Y STRONG KIDS DONATION</b>		
							<b>TOTAL</b>	

**PAYMENT**

YMCA MEMBER       NON MEMBER

\*In order to receive the member rate, your camper(s) must be a member of the YMCA of Western Ontario at the time of registration and during camp

**PAYMENT OPTIONS:**

- PAYMENT IN FULL (Includes \$50 non-refundable deposit for full weeks)
- EXTENDED PAYMENT\*  
(\*MUST include a void cheque or Credit Card for future Payments)

**METHOD OF PAYMENT:**    VISA    MC    DEBIT    CASH  
 CREDIT CARD #: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_  
 NAME OF CARD HOLDER: \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

**FINANCIAL ASSISTANCE:**

\*\$15 deposit per week of camp is required  
 \*Please allow 2-3 weeks for processing of a application

**FINANCIAL ASSISTANCE OPTIONS:**

- YMCA STRONG KIDS (Must apply in Person)
- MIDDLESEX COUNTY  
Case Worker: \_\_\_\_\_

**T-SHIRT ORDERS** - Included with Camp Fee  
 Size (Youth XS,S,M,L & Adult S,M,L,XL) \_\_\_\_\_

**CANCELLATION/WITHDRAWAL POLICY**

All cancellation requests must go directly through the Middlesex Centre Child & Youth Supervisor for a approval. Cancellation requests must be received at least five (5) business days prior to the start of the affected camp session. Cancellation requests received at least five business days after the start of a camp session will require a medical certificate. For further information please contact the Middlesex Centre YMCA at 519-601-7033. The YMCA reserves the right to cancel any program where registration numbers are not adequate to run an effective program. Families will be notified at the weekly registration close, options for a refund or transfer to another site will be discussed at that time.

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**AUTHORIZATION**

In permitting my child(ren) to attend 'day camp' programming operated by the YMCA, I the undersigned, in the event of an accident or illness affecting the child(ren) indicated on this form, authorize all procedures, including a admission to the hospital and necessary treatment herein, as deemed essential for the care and well being of said child(ren). Such action is to be taken only when immediate contact with the undersigned or other indicated authorized contacts cannot be made. I have read and understood:

1. The Cancellation/Withdrawal policy and payment plans
2. The Drop off/Pick up and Extended Care information
3. I agree with the Camper Behaviour expectations and will discuss it with my child(ren)
4. I have taken care to explain to YMCA staff any special considerations for my child(ren) (ie. language barrier, special needs, special requirements, etc.)
5. I authorize my child(ren) to participate in all programs.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE SIGNED**

**YOUR CHOICE:** From time to time the YMCA of Western 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 Western Ontario departments that may be beneficial to the applicant.

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