



# Otonabee and Neighbourhood Day Camps Registration Form

## CAMPER INFORMATION

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

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

Birthdate (yy/mm/dd): \_\_\_\_\_ Gender  F  M

Custody Arrangement  N/A  Other, please specify below

How did you hear about us? \_\_\_\_\_

**My child has permission to walk home alone**  Yes  No

## CONTACT INFORMATION

Please note that all correspondence will take place with the main contact.

### Main Contact/Authorized Pick-up

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

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

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

Relationship  Parent  Guardian  other: \_\_\_\_\_

### Secondary Contact/Authorized Pick-up

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

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

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

Relationship  Parent  Guardian  other: \_\_\_\_\_

### Alternate Emergency Contact

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

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

Relationship  Parent  Guardian  other: \_\_\_\_\_

## HOW TO REGISTER

**By Mail:** Y Day Camps, 1620 Sixth Line Road  
RR#1, Dunrobin, ON KOA 1T0

**By Fax:** 613.832.4324

**In Person:** Visit your closest YMCA-YWCA location.

## CAMPER HEALTH HISTORY

Health card #: \_\_\_\_\_

Please describe in detail including treatment or specialized support required at camp. Detail any activities your child is restricted from participating in at camp. Please also add anything else you would like us to know to help your child have a positive camp experience. You may add an additional sheet with details.

Condition	Yes	No	Details
Allergies <input type="checkbox"/> Medications <input type="checkbox"/> Food <input type="checkbox"/> Insects <input type="checkbox"/> Other			EpiPen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma			
Seizures			
ADD/ADHD			Is your child on a medication holiday?
Diabetes			
Dietary Restrictions			
Medications			Does your child require medication at camp?
Behavioural Concerns			
Other, please specify			Does your child require additional supports?

## CAMP INFORMATION

Session	Date	Camp Location	Program	Bus Stop or Direct Drive (Y Outdoor Day Camps only)	EDC Location (Indicate am, pm, both or none)	Overnight Fee (Offered weeks 1, 2, 4, 9 only)	Program Fee	EDC Fee	Total Session Fee
E.g.	July 4-8	Otonabee	Young Wonders	Carlingwood Y	Carlingwood Y <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	\$10	\$195	\$17	\$222
1	July 4-8				<input type="checkbox"/> am <input type="checkbox"/> pm				
2	July 11-15				<input type="checkbox"/> am <input type="checkbox"/> pm				
3	July 18-22				<input type="checkbox"/> am <input type="checkbox"/> pm	X			
4	July 25-29				<input type="checkbox"/> am <input type="checkbox"/> pm				
5	Aug 2-5*				<input type="checkbox"/> am <input type="checkbox"/> pm	X			
6	Aug 8-12				<input type="checkbox"/> am <input type="checkbox"/> pm	X			
7	Aug 15-19				<input type="checkbox"/> am <input type="checkbox"/> pm	X			
8	Aug 22-26				<input type="checkbox"/> am <input type="checkbox"/> pm	X			
9	Aug 29-Sep 2				<input type="checkbox"/> am <input type="checkbox"/> pm				

**Would you consider making a donation to help send a child to camp?**  \$25  \$50  \$75

A tax receipt will be issued for all donations over \$20.  \$100  Other \$ \_\_\_\_\_

**Subtotal** \$ \_\_\_\_\_

**10% Y member discount  
(Family and Youth Members only)** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

\* Camps will not run on August 1 (Civic holiday). Fees for this weeks are pro-rated.

## PAYMENT INFORMATION

Please ask us about our extended payment plans. If you require YMCA-YWCA financial assistance, please contact your local camp coordinator for a Financial Assistance Application before completing registration.

### INITIAL PAYMENT

(minimum \$50 per camper per session)

Amount of Initial Payment \$ \_\_\_\_\_

Method of Payment

Visa  Mastercard  Amex  Cheque  Cash

Pre-authorized payment

### BALANCE DUE

(June 1, 2011 or at the time of registration if after June 1, 2011)

Amount of Balance Due \$ \_\_\_\_\_

Method of Payment

Visa  Mastercard  Amex  Cheque  Cash

Pre-authorized payment

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Name of Cardholder \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

If you would like to pay by pre-authorized bank withdrawal, please complete a Payment Form and include a void cheque.

## PARENT/GUARDIAN AUTHORIZATION

I, the undersigned, permit participation in a full range of activities and authorize the Camp Manager or his/her appointee, in the event of accident or illness, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the participant. Such action is to be taken only when immediate contact with the undersigned cannot be made. **I understand pictures/slides/ videos taken at camp may be used for Y promotion, unless the Y is advised otherwise in writing.** I have read and understand the refund/transfer policy and payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The National Capital Region YMCA-YWCA is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure the safety of our participants, for statistical purposes, to inform you about the YMCA-YWCA program or service in which you are registered, to complete payment transactions and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA-YWCA programs, services and opportunities that may interest and benefit you. We do not rent, sell or trade our mailing lists.