



Neighbourhood and Outdoor Day Camps 2021 Registration Form

HOW TO REGISTER



Online
Visit ymcaywca.ca and follow the links to register



By Email
Complete this registration form and email to: day.camps@ymcaywca.ca



In Person
Bring this completed registration form to your closest YMCA-YWCA location

Refund policy is available online at ymcaywca.ca

CAMPER INFORMATION

FIRST NAME

LAST NAME

Gender: F M Other _____

Date of birth (MM/DD/YY): _____

My child has permission to walk home alone: Yes No (Child must be 10 years old to be released without a parent or guardian present.)

My child has attended a Y camp and/or program in the past: Yes No

CONTACT INFORMATION

MAIN CONTACT Relationship: Parent Guardian Other _____

FIRST NAME

LAST NAME

ADDRESS

CITY

PROV

POSTAL CODE

CELL PHONE

WORK PHONE

OTHER PHONE

EMAIL

SECONDARY CONTACT Relationship: Parent Guardian Other _____

FIRST NAME

LAST NAME

CELL PHONE

WORK PHONE

OTHER PHONE

EMERGENCY CONTACT Relationship: Parent Guardian Other _____

FIRST NAME

LAST NAME

CELL PHONE

WORK PHONE

OTHER PHONE

AUTHORIZED PICK-UPS

List all individuals (must be 16 years of age or older) able to pick up the child, including yourself.

1. _____ 2. _____

3. _____ 4. _____

GROUP REQUESTS

List up to 2 camper friends that your child wishes to be in the same group.

1. _____ 2. _____

CAMPER PROFILE

Does your child have: (check all that apply)

Allergies Asthma Seizures ADD/ADHD Diabetes Behavioral concerns Other: _____

If yes, please describe. Also please list any strategies that we may use to aid your child:

Does your child require any medication to be taken at camp? If yes, please describe dosage and frequency:

Eating habits:

Average Fussy Hearty Vegetarian Vegan Gluten Free Lactose Intolerant Other: _____

Camper is:

Eager to attend camp Urged by parents/guardian

Makes friends with:

Own Age Older Younger

Is there any additional information that we should know about to make your child's experience at camp more enjoyable and successful?

Please describe your child's the last swimming level completed:

Please describe your child's canoe/kayak experience: None Beginner Intermediate Experienced

CAMP PROGRAMS – For help completing this form, please see the ‘How to Register’ section on our website, ymcaywca.ca.

PLEASE NOTE:

- Extended Day Camp (EDC) is available at our Camp Otonabee site for an additional fee of \$28.50 per week for each AM and/or PM session.
- Daily bus transportation to and from Camp Otonabee is available at a cost of \$20 per child, per week. Bus schedules are available on our website, ymcaywca.ca.
- Direct drive means you will be dropping off and picking up your child at the camp location and they will not be taking our bus transportation.
- Tax is only applicable for Leadership Camps.

EXAMPLE	CAMP LOCATION: Camp Otonabee		CAMP PROGRAM: Young Wonders		CAMP FEE \$ 249
	BUS STOP PICK UP - AM (TO CAMP OTONABEE): Ruddy Family Y	BUS STOP DROP OFF - PM (FROM CAMP OTONABEE): Ruddy Family Y		DIRECT DRIVE: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Bus transportation \$20 EDC - <input type="checkbox"/> AM \$28.50 <input checked="" type="checkbox"/> PM \$28.50 Tax \$ N/A
	CAMP OTONABEE EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		CAMP OTONABEE EXTENDED DAY CAMP (EDC) - PM: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		TOTAL \$ 297.50
*JUN 28-JUL 2	CAMP LOCATION:		CAMP PROGRAM:		CAMP FEE \$ _____
	BUS STOP PICK UP - AM (TO CAMP OTONABEE):	BUS STOP DROP OFF - PM (FROM CAMP OTONABEE):		DIRECT DRIVE: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Bus transportation \$20 EDC - <input type="checkbox"/> AM \$28.50 <input type="checkbox"/> PM \$28.50 Tax \$ _____
	CAMP OTONABEE EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N		CAMP OTONABEE EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N		TOTAL \$ _____
JULY 5-9	CAMP LOCATION:		CAMP PROGRAM:		CAMP FEE \$ _____
	BUS STOP PICK UP - AM (TO CAMP OTONABEE):	BUS STOP DROP OFF - PM (FROM CAMP OTONABEE):		DIRECT DRIVE: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Bus transportation \$20 EDC - <input type="checkbox"/> AM \$28.50 <input type="checkbox"/> PM \$28.50 Tax \$ _____
	CAMP OTONABEE EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N		CAMP OTONABEE EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N		TOTAL \$ _____
JUL 12-16	CAMP LOCATION:		CAMP PROGRAM:		CAMP FEE \$ _____
	BUS STOP PICK UP - AM (TO CAMP OTONABEE):	BUS STOP DROP OFF - PM (FROM CAMP OTONABEE):		DIRECT DRIVE: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Bus transportation \$20 EDC - <input type="checkbox"/> AM \$28.50 <input type="checkbox"/> PM \$28.50 Tax \$ _____
	CAMP OTONABEE EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N		CAMP OTONABEE EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N		TOTAL \$ _____
JUL 19-23	CAMP LOCATION:		CAMP PROGRAM:		CAMP FEE \$ _____
	BUS STOP PICK UP - AM (TO CAMP OTONABEE):	BUS STOP DROP OFF - PM (FROM CAMP OTONABEE):		DIRECT DRIVE: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Bus transportation \$20 EDC - <input type="checkbox"/> AM \$28.50 <input type="checkbox"/> PM \$28.50 Tax \$ _____
	CAMP OTONABEE EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N		CAMP OTONABEE EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N		TOTAL \$ _____
JUL 26-30	CAMP LOCATION:		CAMP PROGRAM:		CAMP FEE \$ _____
	BUS STOP PICK UP - AM (TO CAMP OTONABEE):	BUS STOP DROP OFF - PM (FROM CAMP OTONABEE):		DIRECT DRIVE: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Bus transportation \$20 EDC - <input type="checkbox"/> AM \$28.50 <input type="checkbox"/> PM \$28.50 Tax \$ _____
	CAMP OTONABEE EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N		CAMP OTONABEE EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N		TOTAL \$ _____
*AUG 3-6	CAMP LOCATION:		CAMP PROGRAM:		CAMP FEE \$ _____
	BUS STOP PICK UP - AM (TO CAMP OTONABEE):	BUS STOP DROP OFF - PM (FROM CAMP OTONABEE):		DIRECT DRIVE: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Bus transportation \$20 EDC - <input type="checkbox"/> AM \$28.50 <input type="checkbox"/> PM \$28.50 Tax \$ _____
	CAMP OTONABEE EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N		CAMP OTONABEE EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N		TOTAL \$ _____
AUG 9-13	CAMP LOCATION:		CAMP PROGRAM:		CAMP FEE \$ _____
	BUS STOP PICK UP - AM (TO CAMP OTONABEE):	BUS STOP DROP OFF - PM (FROM CAMP OTONABEE):		DIRECT DRIVE: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Bus transportation \$20 EDC - <input type="checkbox"/> AM \$28.50 <input type="checkbox"/> PM \$28.50 Tax \$ _____
	CAMP OTONABEE EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N		CAMP OTONABEE EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N		TOTAL \$ _____
AUG 16-20	CAMP LOCATION:		CAMP PROGRAM:		CAMP FEE \$ _____
	BUS STOP PICK UP - AM (TO CAMP OTONABEE):	BUS STOP DROP OFF - PM (FROM CAMP OTONABEE):		DIRECT DRIVE: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Bus transportation \$20 EDC - <input type="checkbox"/> AM \$28.50 <input type="checkbox"/> PM \$28.50 Tax \$ _____
	CAMP OTONABEE EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N		CAMP OTONABEE EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N		TOTAL \$ _____
AUG 23-27	CAMP LOCATION:		CAMP PROGRAM:		CAMP FEE \$ _____
	BUS STOP PICK UP - AM (TO CAMP OTONABEE):	BUS STOP DROP OFF - PM (FROM CAMP OTONABEE):		DIRECT DRIVE: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Bus transportation \$20 EDC - <input type="checkbox"/> AM \$28.50 <input type="checkbox"/> PM \$28.50 Tax \$ _____
	CAMP OTONABEE EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N		CAMP OTONABEE EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N		TOTAL \$ _____

* Short week

Sub total \$ _____

Would you consider making a donation to help send a child to camp? \$ _____
 A tax receipt will be issued for all donations over 10\$. DONATION AMOUNT

TOTAL \$

CODE OF CONDUCT AND WAIVER OF LIABILITY

Developing an understanding of and responsibility for individual potential and abilities includes accepting responsibility for individual actions. While under the leadership of skilled staff the activities that your child will engage in as a participant at Y Camps involve risk – in choices made and physical activity undertaken by the participant. As a condition of being allowed to participate in a Y Camps program, you warrant the participant is in good physical and mental health and that the participant shall not consume any substances which would impair the participant's senses at any time during the program. A participant's possession or consumption of alcohol, tobacco products or illegal or harmful substances will result in immediate dismissal from the program. You agree that no refunds will be granted for participants dismissed from camp for possession or consumption of these substances. You agree that intentional participant behaviour that puts the camper or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the Camp Director responsible. Expenses incurred because of program dismissal will be the responsibility of the participant/parent/guardian.

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 agree

PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM

By signing below, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA for the Purposes.

PURPOSES: For marketing, advertising, promotional, publicity and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings. These photographs, video recordings could be placed in the YMCA National Photo Bank and which may be used by any YMCA in Canada (the "Purposes"). They might also be used by news media in promoting YMCA programs & services. For purposes of this Form, "YMCA" refers to the local YMCAs and YMCA-YWCAs in Canada and to YMCA Canada, the national association of local YMCAs and YMCA-YWCAs across Canada.

I agree **I disagree**

COMMUNICATION CONSENT

I consent to receiving the YMCA-YWCA of the National Capital Region's newsletter and other commercial messages regarding the YMCA-YWCA of the National Capital Region's products and services. You may withdraw consent at any time using the contact information provided here. Please refer to our Privacy Policy (<http://www.ymcaywca.ca/privacy>) or contact us for more details at corporate.services@ymcaywca.ca. (YMCA-YWCA of the National Capital Region, Corporate Services, 180 Argyle Avenue, Ottawa, ON, K2P 1B7).

Yes **No**

Do you understand the inherent risk in participating in publicly run programs when the COVID-19 vaccine is not widespread?

Yes **No**

PARENT / GUARDIAN SIGNATURE

PRINT NAME

DATE (MM/DD/YY)