



# Y Neighbourhood Day Camps 2022 Registration Form

## HOW TO REGISTER



**Online**  
Visit [ymcaywca.ca](http://ymcaywca.ca) and follow the links to register



**By Email**  
Complete this registration form and email to: [day.camps@ymcaywca.ca](mailto: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](http://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. \_\_\_\_\_

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**CAMPER PROFILE**

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**Does your child have: (check all that apply)**

Allergies   Asthma   Seizures   ADD/ADHD   Diabetes   Behavioral concerns   Other: \_\_\_\_\_

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

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

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**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

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

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

**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 for an additional fee per week for each AM and/or PM session.

<b>EXAMPLE</b>	CAMP PROGRAM: <b>Y Adventurers - Sports for All Sorts</b>	LOCATION: <b>Taggart Family Y</b>	<b>CAMP FEE</b> \$ <u>217.80</u>
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30   <input checked="" type="checkbox"/> PM \$30 <b>TOTAL</b> \$ <u>247.80</u>
<b>JULY 4-8</b>	CAMP PROGRAM:	LOCATION:	<b>CAMP FEE</b> \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30   <input type="checkbox"/> PM \$30 <b>TOTAL</b> \$ _____
<b>JULY 11-15</b>	CAMP PROGRAM:	LOCATION:	<b>CAMP FEE</b> \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30   <input type="checkbox"/> PM \$30 <b>TOTAL</b> \$ _____
<b>JULY 18-22</b>	CAMP PROGRAM:	LOCATION:	<b>CAMP FEE</b> \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30   <input type="checkbox"/> PM \$30 <b>TOTAL</b> \$ _____
<b>JULY 25-29</b>	CAMP PROGRAM:	LOCATION:	<b>CAMP FEE</b> \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30   <input type="checkbox"/> PM \$30 <b>TOTAL</b> \$ _____
<b>AUG 2-5*</b>	CAMP PROGRAM:	LOCATION:	<b>CAMP FEE</b> \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30   <input type="checkbox"/> PM \$30 <b>TOTAL</b> \$ _____
<b>AUG 8-12</b>	CAMP PROGRAM:	LOCATION:	<b>CAMP FEE</b> \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30   <input type="checkbox"/> PM \$30 <b>TOTAL</b> \$ _____
<b>AUG 15-19</b>	CAMP PROGRAM:	LOCATION:	<b>CAMP FEE</b> \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30   <input type="checkbox"/> PM \$30 <b>TOTAL</b> \$ _____
<b>AUG 22-26</b>	CAMP PROGRAM:	LOCATION:	<b>CAMP FEE</b> \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30   <input type="checkbox"/> PM \$30 <b>TOTAL</b> \$ _____
<b>AUG 29 - SEP 2</b>	CAMP PROGRAM:	LOCATION:	<b>CAMP FEE</b> \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30   <input type="checkbox"/> PM \$30 <b>TOTAL</b> \$ _____

\* 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** \$

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**CODE OF CONDUCT AND WAIVER OF LIABILITY**

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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**

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**PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM**

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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**

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**COMMUNICATION CONSENT**

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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](mailto:corporate.services@ymcaywca.ca). (YMCA-YWCA of the National Capital Region, Corporate Services, 180 Argyle Avenue, Ottawa, ON, K2P 1B7).

**Yes    No**

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Do you understand the inherent risk in participating in publicly run programs during the ongoing COVID-19 pandemic?

**Yes    No**

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PARENT / GUARDIAN SIGNATURE

PRINT NAME

DATE (MM/DD/YY)