

YMCA PA DAY CAMP REGISTRATION FORM - 2016/2017

CAMPER'S NAME - FIRST / LAST	BIRTH DATE mm/dd/yyyy	AGE AT START OF CAMP	GENDER
	/ /	YEARS	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

MAILING ADDRESS	CITY	POSTAL CODE
APT#		

EMAIL

I consent to receiving Sault Ste. Marie YMCA communications regarding my account, promotions and updates. You may withdraw your consent at any time using the contact information provided here. Please refer to our Privacy Policy or contact us for more details or contact YMCAcommunications@ssmymca.ca . Sault Ste. Marie YMCA, 235 McNabb Street, Sault Ste. Marie, ON, P6B 1Y3, 705.949.3133 _____

1ST PARENT'S NAME - FIRST / LAST	HOME PHONE #	CELL #	WORK PHONE #
	()	()	() Ext.
2ND PARENT'S NAME - FIRST / LAST	HOME PHONE #	CELL #	WORK PHONE #
	()	()	() Ext.

LEGAL CUSTODY	CAMPER RESIDES WITH
<input type="checkbox"/> 1ST PARENT <input type="checkbox"/> 2ND PARENT <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER EXPLAIN:	<input type="checkbox"/> 1ST PARENT <input type="checkbox"/> 2ND PARENT <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER EXPLAIN:

ALTERNATE EMERGENCY CONTACT—This is a person over the age of 16 who is authorized to pick up your child and can be contacted by YMCA staff when the parent/guardian cannot be reached.

ALTERNATE EMERGENCY CONTACT NAME - FIRST / LAST	PHONE #'S	RELATIONSHIP TO CAMPER	HAS CONTACT BEEN MADE AWARE THEY ARE THE EMERGENCY CONTACT?
	() OR ()		<input type="checkbox"/> YES <input type="checkbox"/> NO
	() OR ()		<input type="checkbox"/> YES <input type="checkbox"/> NO

SIGN-IN/OUT AUTHORIZATION: Campers MUST be signed in and out every day. Photo ID must be presented to pick up campers. Please list yourself and all other persons who you authorize to sign your child in and out of camp. To allow camper(s) age 11 yrs+ to sign in/out please include their name below.

1)	2)	3)
4)	5)	6)

HEALTH HISTORY AND PERSONAL INFORMATION: The more information you can provide, the better we can meet the needs of your child. This information will be treated with confidence and respect.

Is your child under any form of treatment for an illness, condition or injury?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child require 1:1 support while at school?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child have any medical or behavioural conditions that we should be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your child need medication to be administered during the camp day?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Carries Epi-pen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Allergies:	Food: <input type="checkbox"/> YES <input type="checkbox"/> NO Insects: <input type="checkbox"/> YES <input type="checkbox"/> NO
Other: (please explain)	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered yes to any of these questions, please complete a Medical/Behavioural Form and /or a Consent to Administer medication form and submit at time of registration.

I require a consultation with the camp director regarding elements of my child's participation.

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FOR CAMPER: - First / Last _____

Indicate desired camp for each week; this form will remain on file throughout the camp to allow for additions / changes.

	DATE	CAMP NAME	EXTENDED HOUR CARE	LUNCH PURCHASED Pizza/Hot Dog	AMOUNT/ DATE PAID	STAFF INITIAL
1	November 25	PA Day Camp	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> P <input type="checkbox"/> H		
2	February 3	PA Day Camp	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> P <input type="checkbox"/> H		
3	March 31	PA Day Camp	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> P <input type="checkbox"/> H		
4	April 28	PA Day Camp	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> P <input type="checkbox"/> H		
5	June 12	PA Day Camp	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> P <input type="checkbox"/> H		

SWIM LEVEL: Swim time is a life guarded swim. Some instructors/counselors are in the water to assist swimmers. Please check the safe and appropriate level for your child.

Non-Swimmer: my child will not be participating in the swim
Limited swim ability: my child will remain in the small pool (3-4 ft. depth)
Swimmer: Please choose one option: Shallow end/Big pool (4 ft depth-will not be permitted into deep water)
 Deep End/Big pool (up to 9 ft depth-must pass facility swim test, as per lifeguard on duty)

CODE OF CONDUCT:
 The safety of each individual in camps is of the utmost importance to the YMCA. Each camper must take responsibility to learn and follow at all times the safety and other rules established by Y staff. I understand that any behaviour of my child that places him/herself or others at risk may result in immediate dismissal from camps. I have read and agree to the Standards of Behaviour listed in the March Break Camp brochure and will review this information with my child.

I have read and understand the Code of Conduct: Signature: _____

AUTHORIZATION:
 Upon registration of my child at the Sault Ste. Marie YMCA March Break Camps, I permit my child to participate in a full range of camp activities including off-site activities. While staff will make every reasonable effort to minimize exposure to risk, I authorize Camp Managers and their appointee in the event of an accident or illness affecting the above named camper to authorize on my behalf all procedures, including admission to the hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of my child. Such action shall be taken only when immediate contact with the undersigned cannot be made. I agree not to hold the YMCA responsible for any cost arising out of an emergency situation.

PHOTO AND VIDEO CONSENT:
 By signing below you are consenting to the taking of photographs and/or video recordings of the above named camper by the YMCA. 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.

I have read and understand the Photo and Video Consent: Signature: _____

Print Name: _____

Signature: _____ **Date:** _____

By signing my name, I acknowledge that I have carefully read and understand the information requested in this registration form.

<p style="font-size: 24px; font-weight: bold;">ATTACH A RECENT picture of camper here</p> <p style="font-size: 18px;">Registration will not be processed without photo</p>	<p>How did you hear about our camp programs?</p> <p>Please check all that may apply:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> sootoday.com <input type="checkbox"/> local2.ca <input type="checkbox"/> Sault Star <input type="checkbox"/> Radio Ad <input type="checkbox"/> TV Ad <input type="checkbox"/> YMCA Website </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Billboard <input type="checkbox"/> Word of Mouth <input type="checkbox"/> YMCA Staff Member <input type="checkbox"/> Other: </td> </tr> </table>	<input type="checkbox"/> sootoday.com <input type="checkbox"/> local2.ca <input type="checkbox"/> Sault Star <input type="checkbox"/> Radio Ad <input type="checkbox"/> TV Ad <input type="checkbox"/> YMCA Website	<input type="checkbox"/> Billboard <input type="checkbox"/> Word of Mouth <input type="checkbox"/> YMCA Staff Member <input type="checkbox"/> Other:
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