



YMCA of Greater Saint John

191 Churchill Blvd
Saint John NB, E2K 3E2
Telephone: (506) 693-9622

2020 Registration Form

March Break Camp

March 2nd- 6th

Must Include:

- Full payment
- Immunization Record
- Completed Forms

If required:

- DAP form
- Strong Kids application and proof of income form

Before your camper can be registered, the Y must receive all parts of this registration form accompanied by full cheque or cash payment.

How did you hear about our Y Day Camps? _____

Part 1/6 - Camper and Household Information

| | | | | |
|--|-------------|--|-----------------------|---------------|
| Name: | | <input type="checkbox"/> Male <input type="checkbox"/> Female | Last Grade Completed: | DoB: dd/mm/yy |
| Mailing Address: | | City: | Province: | Postal Code: |
| Parent/Guardian's Name: | | Parent/Guardian's Name: | | |
| Cell Phone: | Home Phone: | Cell Phone: | Home Phone: | |
| Place of Work: | Work Phone: | Place of Work: | Work Phone: | |
| Email Address: | | Email Address: | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | With whom has the child lived with most of the past year? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify) _____ | | |
| What languages are spoken at home? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify) _____ | | | | |
| Emergency Contact: (different from parent/guardian) Name: _____ Relationship: _____ Home #: _____ Work #: _____ Cell #: _____ | | Emergency Contact: (different from parent/guardian) Name: _____ Relationship: _____ Home #: _____ Work #: _____ Cell #: _____ | | |
| Who has permission to pick up your child from camp: _____ _____ | | Is there anyone who does not have permission to pick up your child from camp? _____ _____ | | |
| Did your child attend a Y Afterschool Program this year? If so, which location? _____ | | | | |
| Does your child require a support worker at school? If so, please provide details. _____ | | | | |

Part 2/6 - Medical Information

| | | | | | |
|--|-----------------|------------------------------|----------------------|------------|-----------|
| Medicare #: | | Expiry Date: | | | |
| Name of Family Physician: | | Phone: | Address: | | |
| Allergies | | | | | |
| Medication Allergies: | Food Allergies: | | Other Allergies: | | |
| Medical Treatment | | | | | |
| Name of Medication: | Dosage: | Instructions: | | | |
| Name of Medication: | Dosage: | Instructions: | | | |
| Emergency Treatment | | | | | |
| Please indicate any situation where emergency treatment and/or medication(s) might be required (i.e.: Epipen/ puffers/inhalers, Benadryl). | | | | | |
| Health Care Record | | | | | |
| <u>Proof of immunization must be provided</u> for each camper for the following: | | | | | |
| Diphtheria | Rubella | Mumps | Pneumococcal | | |
| Tetanus | Varicella | Measles | Pertussis | | |
| Polio | Meningococcal | Haemophilus Influenza Type B | | | |
| Medical History and Health Status | | | | | |
| Please indicate if your child has had any of the following: | | | | | |
| Medical History | Yes | No | Health Status | Yes | No |
| Measles | | | Asthma | | |
| Rubella | | | Diabetes | | |
| Mumps | | | Eczema/Psoriasis | | |
| Chicken Pox | | | Epilepsy/Seizures | | |
| Meningitis | | | Other: | | |
| Whooping Cough | | | | | |
| Please indicate any additional medical information that you feel is important for us to be aware of in order for us to help your camper make the most of their experience. | | | | | |

Part 3/6 - Child Development

| | | |
|--|---------|------------|
| Self Help | | |
| Does your child need our help with the following self-help skills: | | |
| Dressing/Undressing: | Eating: | Toileting: |
| Handwashing: | Other: | |
| Camp Experience | | |
| Are there any hints/suggestions you could share with us to make your child's camp experience a positive one? | | |
| Tell us a few things about your camper (interests, personality...) | | |
| Is there anything else you would like to share with us about your child? | | |

Part 4/6 – Legal Waiver

The following is a legal document. Please read it carefully and acknowledge that **by signing you are giving up the right to sue** the Greater Saint John YMCA Inc., its officers, agents, employees, Board of Directors, volunteers, participants and all other persons or entities acting on their behalf (hereinafter collectively referred to as 'Camp').

AUTHORIZATION

In permitting my child to attend Camp, operated by the Saint John YMCA Inc., I, the undersigned, permit my child to participate in the full range of camp activities. I authorize the Camp Coordinator and his/her appointee in the event of an accident or illness affecting the above named camper to authorize on my behalf all procedures necessary therein, as he/she may deem essential for the care and well-being of said camper. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Coordinator to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above. I give permission to take my child on outings, excursions and activities away from the facility, either on foot or in a vehicle providing the driver of said vehicle are properly insured for the carrying of passengers. I understand I will receive advance notice of these events. I have read and understand the information and policies in the day camp brochure and children's services manual and to the best of my knowledge, the information provided on this form is accurate.

Parent or Guardian (print name): _____

Signed: _____

Date: _____

INDEMNITY

In consideration of _____ (print camper's name) (hereinafter referred to as 'Camper') being permitted by Camp to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless Camp from any and all claims, causes of action, actions or demands whatsoever which are in any way connected with such use or participation by Camper.

Parent or Guardian (print name): _____

Signed: _____ Date: _____

PUBLICATION & PRIVACY ACT

I understand that the pictures taken at Camp may be used for promotional purposes. We collect, use and disclose personal data only in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest you. We do not share this information with any other party.

Parent or Guardian (print name): _____

Signed: _____ Date: _____

Part 5/6 – Camp Selection

Highlight or circle your camp(s) of choice below.

| |
|----------------------------------|
| Millidgeville |
| Jr/Sr Adventure 5 to 12 years |
| Regional Y |
| Jr/Sr Adventure 5 to 12 years |
| ELC |
| Jr/Sr Adventure 5 to 12 years |
| St.Marks (West) |
| Jr/Sr Adventure 5 to 12 years |
| St. George |
| Jr/Sr Adventure 5-12 years |
| Irving Oil Field House |
| Jr/Sr Adventure 5 to 12 years |
| Forest Glen CC |
| Jr/Sr Adventure 5 to 12 years |
| Qplex |
| Jr/Sr Adventure 5 to 12 years |

Camp Information

Adventure Camp: Campers will explore themes and activities that will include arts & crafts, games and sports.

Camp Rates

Adventure Camp: \$146.00

Part 6/6 – Payment Options

Cheque Cash

Day Care Assistance Program

If you will be using the Day Care Assistance Program during the camp please note:

- Parents **MUST** provide valid notification from Social Development for camp weeks selected
- Children will only be registered in programs during the approved period
- If assistance is ceased during program, parents/guardians will be responsible for payment
- All top up fees must be paid before registration will be accepted.

YMCA Payment, Withdrawal & Refund Policies

NOTE: ALL FEES MUST BE PAID UPON REGISTRATION TO CONFIRM SPOT IN PROGRAM.

Registration fees can be made by cash or cheque only.

- Refunds may be requested for full weeks only if your child will not be attending.
- All refund requests must be made one week prior to the Monday before the start of camp.
- All cancellation requests are subject to a \$10.00/per week administrative fee.
- Cancellation requests are to be emailed to our Registrar at n.hooper@saintjohny.ca.
- Any returned cheques will be subject to a \$25.00 administrative fee.
- Before your child can be registered into our March Camp Program any money outstanding for other YMCA programs must be paid in full.
- Camp may be cancelled at any location if there are fewer than 15 registrants.

I have read, understand and agree to abide by the policies listed above.

Signed

Date