



# YMCA CAMP SCHEDULE 2020/2021

CAMPER INFORMATION			
Name:	Birthday (mm/dd/yyyy):	Age at camp:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City:	Postal Code:	Home Phone Number:
Camper's Swim Level: <input type="checkbox"/> Non-Swimmer <input type="checkbox"/> Beginner <input type="checkbox"/> Average <input type="checkbox"/> Above Average			
PARENT 1/PRIMARY CONTACT		PARENT 2/SECONDARY CONTACT	
Name:		Name:	
Cell Phone:	Work Phone:	Cell Phone:	Work Phone:
Email:		Email:	
CUSTODY OF CAMPER			
Please Specify: <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Both <input type="checkbox"/> Other:			
WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (List any possible people to pick up in addition to parent 1 & 2)			
Name (other than parent):		Preferred contact number:	
Name (other than parent):		Preferred contact number:	

**PD DAY PROGRAMS:** 9 – 12 year olds

**MARCH BREAK CAMP:** 9 – 12 year olds

**FEES PD Days:** \$29M / \$32 NM

**FEES March Break:** \$145M / \$160 NM

**PROGRAM DESCRIPTIONS:** This fun Adventure Camp will have children playing active games and doing traditional camp crafts! Daily themes, science experiments and adventurous play will fill your child's day.

SESSION	DATES	REGISTER	CAMP FEE	TOTAL
PD Day #1	Friday November 6 <sup>th</sup> ,, 2020	<input type="checkbox"/>		
PD Day #2	Monday December 7 <sup>th</sup> , 2020	<input type="checkbox"/>		
Holiday Camp #1	December 21, 22, 23 <sup>rd</sup> , 2020	<input type="checkbox"/>		
Holiday Camp #2	Thursday December 24 <sup>th</sup> (8-11:30)	<input type="checkbox"/>		
Holiday Camp #3	December 28, 29, 30 <sup>th</sup> , 2020	<input type="checkbox"/>		
Holiday Camp #4	Thursday December 31 <sup>st</sup> (8-11:30)	<input type="checkbox"/>		
PD Day #3	Wednesday February 3 <sup>rd</sup> , 2021	<input type="checkbox"/>		
March Break Camp	March 15 <sup>th</sup> -19 <sup>th</sup> , 2021	<input type="checkbox"/>		
Easter Monday Camp	Monday April 5 <sup>th</sup> , 2021	<input type="checkbox"/>		
PD Day #4	Friday June 11 <sup>th</sup> , 2021	<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
YMCA Strong Kids Donation				
<b>TOTAL</b>				



**MEDICAL INFORMATION**

Please describe any allergies, medication or medical needs your child’s camp staff should know about.

Please list any medications that your child requires while at camp:

Does your child require additional support staff due to special needs?  Yes  No

If you answered yes to your child requiring additional support staff, please call Tasha Scott at 519-271-0480 to ensure availability of support.

**NOTE:** You are also required to complete a supplementary form which can be picked up at our branch or downloaded from our website [www.stratfordperthymca.com](http://www.stratfordperthymca.com)

**PHOTO CONSENT**

The YMCA may wish to use photographs, images and/or recordings containing the participant’s picture, image, voice and/or other likeness for promotional, advertising, public relations and/or informational purposes. I hereby consent to the use of these materials without further notice or compensation, in any publicity or advertisement carried out by the YMCA, including, without limitation, in YMCA brochures, newsletters, annual reports, posters, and/or on website/internet materials and further acknowledge and confirm that the materials and all photographs, images and/or recordings shall remain the property of the YMCA who shall own all copyright and other intellectual property rights therein. By checking “yes”, I am granting my permission

Yes  No

**PAYMENT / AUTHORIZATION**

**YMCA Member**  **Non-Member**

(In order to receive the member rate, your camper must be a member of the YMCA of Three Rivers at the time of registration and during camp)

**PAYMENT OPTIONS:**

Payment in full (*includes \$15 nonrefundable deposit for PD Days and \$50 nonrefundable deposit for March Break*)

Extended Payment billed the first of the month for each PD Day (*minus nonrefundable deposit*)

**Note:** Extended option must include a Credit Card or Void Cheque for future payments

**FINANCIAL ASSISTANCE:**

- Please allow 1 – 2 weeks for processing.

**OPTIONS:**

- YMCA Strong Kids (must apply in person)
- Jump Start

**METHOD OF PAYMENT:**

- Visa  MasterCard  Cash

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**CANCELATION / WITHDRAWAL POLICY**

All cancellation requests must be made in person at the Stratford YMCA branch or by email directly to [tasha.scott@sp.ymca.ca](mailto:tasha.scott@sp.ymca.ca) with subject line “Withdrawal Request” followed by your camper’s first and last name. Cancellation requests received prior to 7 business days before start of the affected camp session will receive a refund less the non-refundable deposit. Any refund requests received less than 7 business days prior to the affected camp session or during a camp session will not qualify for a refund. A doctor’s note is required for cancellations due to medical reasons other than regular cold/flu type symptoms. Refunds may take 2 to 3 weeks to process.

\*There will be no make-up days or refunds issued for illness at this time.

**The YMCA reserves the right to cancel any program where registration numbers are not adequate to run an effective program. Families will be notified at the weekly registration close. Options for a refund or transfer to another site will be discussed at that time.**

**AUTHORIZATION:** In permitting my child, \_\_\_\_\_ to attend YMCA “Day Camp” Programs, operated by the YMCA of Stratford – Perth, I the undersigned permit my child to participate in the full range of activities and authorize YMCA staff, in the event of accident or illness affecting the above – named, to authorize on my behalf all procedures, including admission to the hospital and necessary treatment therein, as deemed essential for the care and well – being of above named. Such action is to be taken only when immediate contact with the undersigned cannot be made.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date Signed

**YOUR CHOICE:** From time to time the YMCA of Stratford – Perth may use my information on this form to notify the applicant of upcoming events, volunteer/donor opportunities and/or offerings from other YMCA of Stratford – Perth departments that may be beneficial to the applicant

Check here if you do NOT wish for the YMCA of Stratford – Perth to contact you for any reason other than those relating to this application.