

# YMCA Mitchell Camp 2020 Registration Form

Child's Name:

Age:

Phone :

WEEK	CAMP	Barcode		Price	Deposit \$30/camp	June 1 Payment		
June 29 - July 3 (4 day week) No Camp on July 1st Happy Canada Day!!	Summer Explorers	8549	Full Week	\$118.00				
		8506	Tuesday	\$36.00				
		8507	Wednesday	\$36.00				
		8508	Thursday	\$36.00				
		8509	Friday	\$36.00				
July 6 to 10	Summer Explorers	8550	Full Week	\$143.00				
		8510	Monday	\$36.00				
		8511	Tuesday	\$36.00				
		8512	Wednesday	\$36.00				
		8513	Thursday	\$36.00				
July 13 to 17	Summer Explorers	8551	Full Week	\$143.00				
		8515	Monday	\$36.00				
		8516	Tuesday	\$36.00				
		8517	Wednesday	\$36.00				
		8518	Thursday	\$36.00				
July 20 to 24	Summer Explorers	8552	Full Week	\$143.00				
		8520	Monday	\$36.00				
		8521	Tuesday	\$36.00				
		8522	Wednesday	\$36.00				
		8523	Thursday	\$36.00				
July 27 to 31	Summer Explorers	8553	Full Week	\$143.00				
		8525	Monday	\$36.00				
		8526	Tuesday	\$36.00				
		8527	Wednesday	\$36.00				
		8528	Thursday	\$36.00				
July 27 to 31	Summer Explorers	8529	Friday	\$36.00				
		WEEK	CAMP	Barcode		Price	Deposit \$30/camp	July 6 Payment
		August 4 to 7* (4 day week)	Summer Explorers	8554	Full Week	\$118.00		
				8530	Tuesday	\$36.00		
				8531	Wednesday	\$36.00		
8532	Thursday			\$36.00				
8533	Friday			\$36.00				
August 10 to 14	Summer Explorers	8555	Full Week	\$143.00				
		8534	Monday	\$36.00				
		8535	Tuesday	\$36.00				
		8536	Wednesday	\$36.00				
		8537	Thursday	\$36.00				
August 17 to 21	Summer Explorers	8556	Full Week	\$143.00				
		8539	Monday	\$36.00				
		8540	Tuesday	\$36.00				
		8541	Wednesday	\$36.00				
		8542	Thursday	\$36.00				
August 24 to 28	Summer Explorers	8557	Full Week	\$143.00				
		8544	Monday	\$36.00				
		8545	Tuesday	\$36.00				
		8546	Wednesday	\$36.00				
		8547	Thursday	\$36.00				
8548	Friday	\$36.00						

\*4 day week

PLEASE NOTE: Payment or post dated information must be given at the time of registration

Post dated payment can be from your credit card or bank account.

Payment / Deposit

Balance Due June 1

Balance Due July 6

# Camper Information Form

PLEASE PRINT CLEARLY

Child's Name \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: (Day / Month / Year): \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Parent's email: \_\_\_\_\_

## Contact Information

Parent/guardian 1: \_\_\_\_\_ Work ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/guardian 2: \_\_\_\_\_ Work ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Work ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact is same as above

## Legal Custody (if divorced / separated)

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?

Yes  No If yes, we will contact you for additional information.

## Special Dietary/Health Considerations

Does your child have any Special Dietary Needs? Yes  No  Any special Health Considerations? Yes  No

Please Explain: \_\_\_\_\_ Any Developmental Concerns? Yes  No

\_\_\_\_\_ Any Behavioural Concerns? Yes  No

## Authorization

**Risk Waiver and Consent:** In permitting my child, \_\_\_\_\_, to attend YMCA Summer 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 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.

## Swimming Information

Indicate your child's swimming ability and permission to participate in swimming activities. (Check off boxes)

Can swim less than 25 meters  Can swim between 25-50 meters  Can swim more than 50 meters

I give my child permission to participate in swimming activities.

## Photo Release

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 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. If you would like to opt out of this policy please notify [camp.sp@ymca.ca](mailto:camp.sp@ymca.ca) in writing prior to the start of your child's camp. Thank you!

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## Charitable Mission Statement

The YMCA of Stratford-Perth is a charitable association dedicated to providing opportunities for personal growth in spirit, mind and body and service to others in an environment that is open to all.

## Our Privacy Commitment

As a charitable, community-based association, the YMCA of Stratford-Perth is committed to protecting your privacy. The personal information you share with the YMCA is used to support the work of the YMCA. If you have any questions contact the YMCA at (519) 271-0480.