

# 2017 YMCA Summer Camp Registration Form

## Camper Information

First Name \_\_\_\_\_  
 Date of Birth (Year/Month/Day) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_

Last Name \_\_\_\_\_  
 Age \_\_\_\_\_ Gender \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email Address \_\_\_\_\_

### Parent/Guardian 1

Male  Female  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_  
 Alternate Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Place of Work \_\_\_\_\_  
 Work Address \_\_\_\_\_

### Parent/Guardian 2

Male  Female  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_  
 Alternate Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Place of Work \_\_\_\_\_  
 Work Address \_\_\_\_\_

Custody  Mother  Father  Both  Guardian

*If there is a custody arrangement we should be aware of, please provide a copy of the court documents*

## Health and Medical Information

### Emergency Contacts

*Please provide two authorized persons to pick up your child and/or be contacted in the event of an emergency.*

Name \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_  
 Alternate Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_  
 Alternate Phone Number \_\_\_\_\_

### Doctor Information

Doctor's Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Health Card Number \_\_\_\_\_

Address \_\_\_\_\_  
 City \_\_\_\_\_

Allergies  Yes  No \_\_\_\_\_

EPI Pen  Yes  No

Has your child: *(please list)*

Been immunized as required by the Education Act?  Yes  No Doctor's Name \_\_\_\_\_

Had recent operations/illnesses/injuries/diseases? \_\_\_\_\_

Been diagnosed with any medical conditions? \_\_\_\_\_

Is your child currently taking medication? \_\_\_\_\_

## Program Support - help us provide the best possible experience for your child

Has your child been diagnosed with special or behavioural needs?  Yes  No *(please specify)*

Does your child receive one on one support at school?  Yes  No

Please list any additional information we should be aware of:

*To further discuss your child's needs, please contact Katherine Dziedzic, Supervisor Camp & Youth Engagement at 905-845-5597 ext 234 prior to registration.*

## Friend Request

*You can request that your child be placed in the same group as their friend if they are close in age. Counsellors will do their best to accommodate requests.*

Friend's Name \_\_\_\_\_

Week	Dates	Location	Program	Bus Stop	Camp Care	AM/PM/Both	Total Fee
1*	July 3-7						
2	July 10-14						
3	July 17-21						
4	July 24-28						
5	July 31-Aug 4						
6**	August 8-11						
7	August 14-18						
8	August 21-25						
9	Aug 28- Sept 1						

When registering for camp, you are required to use the same bus stop for drop off and pick up. Exceptions will be made on an individual basis.

\*Program changes will be made to accommodate the July 3rd school board holiday. See pg 4 for details.

\*\*All programs will be closed on Monday, August 7 for the Civic Holiday. Fees for this week will be prorated to reflect this.

**TOTAL**

## Policies

Please initial next to each policy to indicate you have read and understood.

\_\_\_ **Cancellation and Refund Policy:** Requests for refunds must be made at least 14 days prior to the program start date, and will be honoured (less the \$50.00/session non-refundable deposit). Withdrawal after this date will result in full camp fee applying. The balance of fees will be refunded with written notification of withdrawal. Exceptions will be made for medical reasons, for which a doctor's note is required. Program transfers are accepted pending availability. Refunds will not be issued if a participant is sent home for misconduct. Please refer to the "Program Agreement" on page 21. To obtain a sample cancellation form, and for information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

\_\_\_ **NSF Payments/Declined Credit Card:** A \$20 service charge will be applied to all NSF pre-authorized debits and declined credit cards. Failure to make full payment of camp fees one week prior to the start of the program will automatically result in withdrawal.

\_\_\_ **Regionally Subsidized Clients:** In order to secure your spot at camp, you are required to provide a VOID cheque for pre-authorized debit or complete the credit card section at the time of registration. The YMCA must have written verification from the Region of Halton.

**YMCA Summer Camp Pre-Authorized Debit Agreement:** Child's Name: \_\_\_\_\_

### Payment Method

Visa  MasterCard  AMEX  Pre-Authorized Debit (VOID cheque required)

Credit card payments are only available when registering online or in person at the Peter Gilgan Family YMCA

I would like to donate to the YMCA Strong Kids donation in the amount of: \$5 \$10 \$20 \$50 Other: \_\_\_\_\_

Name of Bank (attach VOID cheque) \_\_\_\_\_ Branch Address \_\_\_\_\_

Transit Number \_\_\_\_\_ Bank Number \_\_\_\_\_ Account number \_\_\_\_\_

VOID Cheque Attached (required)

By signing this agreement, you have waived your right to receive pre-notification of the amount of the PAD and have agreed that you do not require advanced notice of the amount of PAD's before the debit is processed. This applies to PAD's that are returned due to insufficient funds. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or consistent with this agreement. To obtain a copy of the reimbursement claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Account Holder (if joint account)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Signing this form acknowledges that you have read, understand and agree to the content outlined on pages 22 and 23 of this brochure. Additionally, you agree to the terms and conditions outlined within the "Program Agreement & Registration Information" on pg 21.**

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



# 2017 Summer Camp

## Photo and Video Consent, Assignment and Release Form

**PURPOSES:** For marketing, advertising, promotional 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 will be placed in the YMCA National Photo Bank and which may be used by the YMCA in Canada and elsewhere in the world, for its own informational, promotional or advertising purposes, and by any other person authorized by YMCA (an **“Authorized Third Party”**) to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party’s support for, association with, or arrangements with, YMCA (collectively, the **“Purposes”**). For purposes of this Form, “YMCA” refers to YMCAs and YMCA-YWCAs in Canada or elsewhere in the world (as part of the World Alliance of YMCAs) and to YMCA Canada, and the World Alliance of YMCAs.

**By signing this Form, 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 and any Authorized Third Party for the Purposes.**

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, **to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the YMCA or any Authorized Third Party in connection with the Purposes**, including without limitation on YMCA internet web sites, in YMCA printed materials, or in any other materials or medium whatsoever and wherever (the **“Work Product”**). I confirm that neither the YMCA nor any Authorized Third Party shall be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. **I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or other rights, and I hereby irrevocably waive in favour of YMCA and any Authorized Third Party any and all moral rights or rights of similar nature that I may have in the Work Product.** I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright.

**I agree that I will not bring or consent to others bringing a claim or action against the YMCA** on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of the YMCAs, any Authorized Third Party and their respective** officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of majority in my province or territory of residence and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of majority in my province or territory of residence, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version.

**By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.**

Date: \_\_\_\_\_

Print Name of Participant: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent or Guardian, if applicable

\_\_\_\_\_  
Print Name of Parent or Guardian, if applicable