

# YMCA –YWCA DAY CAMPS REGISTRATION 2010

<b>Northshore Daycamp:</b> (7-12YRS.) \$150 Select week(s)	Early Registration 10% discount if fees paid in full before May 15th, 2009
	<input type="checkbox"/> Jul 5 -Jul 9
	<input type="checkbox"/> July 12 - 16
	<input type="checkbox"/> July 19 - 23
	<input type="checkbox"/> July 26 - 30
	<input type="checkbox"/> Aug 3 - 6 (pro-rated)
	<input type="checkbox"/> August 9—13
	<input type="checkbox"/> August 16-20
	<input type="checkbox"/> August 23-27
	<input type="checkbox"/> August 30– Sep 3

## CAMPER INFORMATION:

First Name \_\_\_\_\_  
 Last/Family Name \_\_\_\_\_  
 Birth Date Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_  
 Age (as of Dec. 31,2010) \_\_\_\_\_  
 Male       Female  
 Email \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City/Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_

Parent 1 / Guardian 1 \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Parent 2 / Guardian 2 \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Emergency Contact Name (other than parent) \_\_\_\_\_ Day Phone \_\_\_\_\_  
 Please list names of all persons authorized to pick your children up \_\_\_\_\_  
 Who should not be contacting, visiting or picking up your child? \_\_\_\_\_

### REGISTRATION PAID IN FULL: **REGISTRATIONS WITHOUT PAYMENT WILL NOT BE PROCESSED**

Total Amount: \$ \_\_\_\_\_  Cash     Debit Card     Visa     Master Card     American Express  
 Credit Card#: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT PLAN OPTION: Total Amount \$ \_\_\_\_\_ ATTACH VOID CHEQUE / CREDIT CARD IMPRINT AT TIME OF PURCHASE

**Account Holder** - First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Transit # (5 digits): \_\_\_\_\_ Bank # (3 digits): \_\_\_\_\_ Account # (7 digits min.): \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Bank Dates:  1st     15th      Credit Card Dates:  1st     15th  
**MAX. 4 PAYMENTS:** 1<sup>st</sup> \$ \_\_\_\_\_ 2<sup>nd</sup> \$ \_\_\_\_\_ 3<sup>rd</sup> \$ \_\_\_\_\_ 4<sup>th</sup> \$ \_\_\_\_\_

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

BALANCE MUST BE PAID IN FULL TWO WEEKS PRIOR TO CAMP START DATE. NO REFUND WILL BE ISSUED FOR CANCELLATIONS WITH LESS THEN TWO WEEKS NOTICE, UNLESS FOR MEDICAL REASONS WITH A DOCTOR'S CERTIFICATE PROVIDED.

### YES, I WILL SUPPORT "DONATION DAY CAMPS" AND HELP SEND A KID TO CAMP!

Enclosed is my donation of:  \$100     \$50     Other \$ \_\_\_\_\_  
 Method of Payment:  Cheque     Visa     MasterCard  
 Credit Card#: \_\_\_\_\_  
 Expiry Date: \_\_\_\_\_ Please sign credit card authorization above.

The Kamloops Community YMCA –YWCA is committed to protecting personal information by following responsible information practices, in keeping with privacy laws. We collect, use and disclose personal data 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 - YWCA 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-YWCA programs, services and opportunities that may interest and benefit you. For more information on the YMCA - YWCA's commitment to privacy, please visit our website [www.kamloopsy.org](http://www.kamloopsy.org).

# CONFIDENTIAL HEALTH HISTORY

This form is essential for your child's safety. Children without a completed, signed Medical/Consent form will not be allowed to attend camp.

› **NAME OF CAMPER:** \_\_\_\_\_ Birth Date Y \_\_\_\_ M \_\_\_\_ D \_\_\_\_

› **CAMPER MEDICAL INFORMATION**

**CARE CARD#:** \_\_\_\_\_

Is your child subject to, or has had:  Tuberculosis  Boils  German Measles  Rheumatic Fever  
 Mumps  Measles  Chicken Pox  Headache  Hay Fever  Asthma  
 Epilepsy  Tonsillitis  Eczema  Ear Infections  Sinus Trouble  Frequent Colds  
 Athletes Foot  Bronchitis  Appendicitis  Heart Condition  Other: \_\_\_\_\_

› **FAMILY PHYSICIAN:** \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

› **IMMUNIZATIONS**

Basic immunization and most recent booster shots:

D.P.T. Series Date: \_\_\_\_\_  Polio Series Date: \_\_\_\_\_  
 Measles Series Date: \_\_\_\_\_  Rubella Date: \_\_\_\_\_

› **ALLERGIES**

My child is allergic to: \_\_\_\_\_  Mild  Moderate  Severe

The treatment for it is: \_\_\_\_\_

Comments: \_\_\_\_\_

› **MEDICATION**

Is the camper under any form of treatment/medication for illness, condition or injury?  Yes  No

If Yes, Please explain: \_\_\_\_\_

Has your child had medication for ADD/ADHD during the past year?  Yes  No

Is your child bringing medication to camp?  Prescription\*  Non-Prescription\* \*Please complete Request for Administration of Medication Form.

› **BACKGROUND INFORMATION**

Does your child have difficulties which may require some program adaptation:  Yes  No  Learning Disability  Physical Disability

Comments: \_\_\_\_\_

Please include any additional details which will help us meet the needs of your child. For any specific issue or need of confidential nature, please include a separate "Confidential" letter to the Camp Director.

In 2009, did your camper attend:  Y Daycamp  Other: \_\_\_\_\_

How many years has your child attended day camp? \_\_\_\_\_

- I agree to notify the Kamloops Community YMCA -YWCA if there are any changes to this form before my child goes to Camp.
- Permission to consult a Physician, other than your Family Physician. Camp Staff are trained in basic first aid. Occasionally, situations arise when it is considered advisable to consult a physician for advice or treatment. This is to authorize Kamloops Community YMCA -YWCA Staff to have a Physician attend to my child in the event of an emergency. The Kamloops Community YMCA -YWCA will not be responsible for medical care cost.
- To best of my knowledge my child is in good health and has not been exposed to a disease within four weeks prior to attending Camp. If my child is exposed to an infectious disease before their departure for camp, I understand the Camp supervisor must be notified before my child attends Camp.
- This Photography waiver is to confirm the Kamloops Community YMCA -YWCA has your permission to use photos or video footage of your child for the purpose of promoting and marketing the Kamloops Community YMCA -YWCA
- I agree to assume all risks involved in becoming a Y member or participating in Y programs. I agree to indemnify and save harmless the Kamloops Community YMCA -YWCA, its servants and agents, relieving them of all liability for losses to damages of all and every description I may suffer or be put to.

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

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