

# YMCADAY CAMPS

## 2010 CHANGE OF STATUS FORM

YMCA OF HAMILTON/BURLINGTON/BRANTFORD



YMCA  
We build strong kids,  
strong families, strong communities.

FOR OFFICE USE ONLY			
Date Received:	_____	Time Received:	_____
Date Processed:	_____	Initial:	_____

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name Requesting Changes (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

(contacts can only make changes if their signature was included on the original registration form)

**PLEASE INDICATE BELOW THE REGISTRATION CHANGES BEING MADE** (only fill in the portions of the form that are changing and need to be updated)

**PERSONAL INFORMATION**

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Day Time Phone Number: \_\_\_\_\_

**EMERGENCY CONTACTS** (must be 16 years of age or older)  adding this contact  removing this contact

Emergency Contact Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Day Time Phone Number: \_\_\_\_\_

**AUTHORIZED PICK UP** (must be 16 years of age or older)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**ALLERGIES/MEDICAL INFORMATION**

\* If camper requires medication at camp, an "administration of medication form" will also need to be signed – please review the medication policy on page 5 of the brochure.  
\*\* If camper now requires an epi-pen, an epi-pen information form (found on the back of the registration form) must be attached.

Please indicate below the new allergy or medical information:

\_\_\_\_\_

**GROUPING CAMPER WITH A FRIEND** (camper must be attending the same week and be similar in age)

Other Camper's Name: \_\_\_\_\_ For which week? \_\_\_\_\_

**BUS ROUTE** (the same bus must be taken to and from camp)

Bus route name: \_\_\_\_\_ Bus stop: \_\_\_\_\_ For which weeks? \_\_\_\_\_

**CANCELLING A WEEK OF CAMP** (please specify below weeks you would like to cancel)

Week	Date	Camp Name	Camp Location	Extended Care Site
1	July 5- July 9			
2	July 12 – July 16			
3	July 19 – July 23			
4	July 26 – July 30			
5	Aug 3 – Aug 6			
6	Aug 9 – Aug 13			
7	Aug 16 – Aug 20			
8	Aug 23 – Aug 27			
9	Aug 30 - Sept 3			

**ADDING A WEEK OF CAMP** (based on availability)

Week	Date	Camp Name	Camp Location	Extended Care Site
1	July 5- July 9			
2	July 12 – July 16			
3	July 19 – July 23			
4	July 26 – July 30			
5	Aug 2 – Aug 6			
6	Aug 9 – Aug 13			
7	Aug 16 – Aug 20			
8	Aug 23 – Aug 27			
9	Aug 30 - Sept 3			

**CHANGING PAYMENT METHOD, OR PROVIDING PAYMENT FOR ADDITIONAL WEEKS OF CAMP**

(new weekly registrations will only be processed with payment attached)

Please describe below what you are changing, and fill in any relevant information:

When would you like to be charged for camp?  At time of registration  Post-dated payments Total amount to be charged: \$ \_\_\_\_\_

Payment Type:  Cash  Pre-Authorized Debit (please attach void cheque; only available for post-dated payments)  Cheque (only for payment at time of registration)

I may revoke my PAD Authorization at any time, subject to providing notice of 20 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Name on Account/Card: \_\_\_\_\_ Signature of Account/Cardholder: \_\_\_\_\_

Credit Card/Account Number: \_\_\_\_\_

Post-dated PDA or credit card payments will be scheduled according to the following dates:  
 Week 1 & 2: May 31      Week 7 & 8: July 15  
 Week 3 & 4: June 15      Week 9: July 31  
 Week 5 & 6: June 30