



YMCA of  
Hamilton | Burlington | Brantford

YMCA Camps

## Registration Reminders

- All Cancellation requests must go directly through the YMCA of Hamilton|Burlington|Brantford for approval.
- Any refunds requested after May 15th, 2018 will be subject to a \$35 administration fee per registration, all refunds prior to May 15th will receive a full refund.
- Refunds must be handed in writing (Change of Status Form, found on YMCAHBB website). No refunds will be given if less than 5 business days notice is provided before the registered camp week.
- Refunds will not be issued for inclement weather or pool/beach front closures.
- Changes to camp preference, dates and a family account must also be made 5 business days before the registered camp week.
- Registrations will not be accepted after Thursday at 4:00pm for attendance in the following week.
- Payments that are returned as NSF will be re-processed by the YMCA within 10 business days. A \$35 service charge will be applied to all returned payments.

# 2018 Registration Form

REGISTER ONLINE AT  
[YMCAHBBDAYCAMPS.CA](http://YMCAHBBDAYCAMPS.CA)

**Please note:** If you are receiving a subsidy, please complete this registration form. A valid contract must be attached to the form with payment (if applicable) and delivered to your YMCA in Brantford, Burlington or Hamilton.

### Help another child in need receive a YMCA Day Camp Experience

A gift to our YMCA Strong Kids Campaign would be greatly appreciated.

\$25    \$50    \$75    \$100

Other \$: \_\_\_\_\_

(Please make a separate payment in support of the YMCA Strong Kids Campaign.

A tax receipt will be issued for all donations over \$20).

Visit [YMCAHBBDayCamps.ca](http://YMCAHBBDayCamps.ca) to download all forms.





# 2018 REGISTRATION FORM

All fields on this form **MUST** be completed. All incomplete forms will be sent back in the mail and children will not be registered for camp.

## CHILD AND FAMILY INFORMATION

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
year month day

Child's Address: \_\_\_\_\_

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

Home Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Resides with:  Mother  Father  Both Parents  Guardian

**Primary Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail (used to send out weekly camp information): \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Primary Contact Address (if different than camper): \_\_\_\_\_

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

**Emergency Contacts** (if primary or secondary contacts cannot be reached). An adult, 16 years of age or older, who can assume responsibility for the child.

**1) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

**2) Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

**Family Physician:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Authorized Pickup:** Name of person(s) who can pick up child (if applicable) **other than primary or secondary contacts or emergency contacts** (must be 16 years of age or older)

(1) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

(2) \_\_\_\_\_ **Relationship:** \_\_\_\_\_

### FOR OFFICE USE ONLY

Received- Time	Date	Confirmation-Given
Mailed	Inputted by:	Barcode:

## INDIVIDUAL CAMPER INFORMATION

**Indicate if camper experiences or has experienced any of the following:**

\*\*If child requires epi-pen, an "Anaphylaxis Individual Emergency Plan form" will need to be completed. More information on the back of this registration form in order to be processed.

**Allergies:**  Yes  No **Epi-Pen:**  Yes  No

If yes, indicate allergy type: \_\_\_\_\_

**Medical:** (ie. Vision/Hearing/Seizures/Diabetes/Mobility)  Yes  No

If yes indicate medical details: \_\_\_\_\_

**Asthma:**  Yes  No **Inhaler:**  Yes  No

**Currently taking medication?**  Yes  No If yes, indicate type: \_\_\_\_\_

**Will medication be given at camp?\*\*\***  Yes  No If yes indicate type and times: \_\_\_\_\_

\*\*\* If camper requires medication at camp: please fill out the "administration of medication" form (located online or from camp staff).

**Developmental/Learning:** (ie. ADD/ADHD/Autism/Delays)  Yes  No

If yes, indicate details: \_\_\_\_\_

**Does your child require any additional assistance?** (Day Camp maintains group ratios ranging from 1:8 to 1:12 as stated in the program descriptions)  Yes  No

If yes, indicate if there is anything we should know concerning school, relationships, learning abilities, etc?

**Is the child immunized?** (if no, please attach copy of exemption)  Yes  No

**Any dietary or exercise restrictions?**  Yes  No If yes, indicate restrictions: \_\_\_\_\_

**Does your child require a life jacket when swimming in the shallow end or a walk-in beach?**

(life jackets are mandatory while canoeing)  Yes  No

**To group your child with a same aged peer, please indicate their name and camp week they are attending.** \*We do our best to accommodate all requests, but this is not guaranteed.

Group With: \_\_\_\_\_ For week: \_\_\_\_\_

I understand that the YMCA may decline a child due to physical/or verbal aggression towards staff or other children or if the safety of the child and/or others is at risk.

**Signature of Primary Contact:** \_\_\_\_\_

**Signature of Secondary Contact (if applicable)** \_\_\_\_\_

## CAMP AND PAYMENT INFORMATION (Payment in full must be attached and subsidy contract if applicable)

Week	Date	Camp Name	Camp Location	Extended Care Site	Total Weekly Cost	R/W
1	July 3-6*					for office use only
2	July 9-13					
3	July 16-20					
4	July 23-27					
5	July 30-Aug 3					
6	Aug 7-10*					
7	Aug 13-17					
8	Aug 20-24					
9	Aug 27-31					
<b>Total Cost For All Weeks:</b>						

\*short week due to Civic Holiday

Bus Name (outdoor only): \_\_\_\_\_

Bus Stop Name (outdoor only): \_\_\_\_\_

**Are you receiving regional subsidy?** (if so, please attach current contract)

Yes  No If yes, is your current contract attached?  Yes  No

**Please select when you would like to be charged for camp and your corresponding payment method.**

**Payment processed at time of registration**  **Post-Dated Payments** (dates on pg 17 of Field Guide)

VISA (fill in and sign below)

VISA (fill in and sign below)

MasterCard (fill in and sign below)

MasterCard (fill in and sign below)

Cash

\*Note: We no longer accept VISA Debit, pre-paid credit card, or EFT as a form of payment

**If paying by credit card, please fill in the following information:**

Name on Account/Card (please print): \_\_\_\_\_

Signature of Account/Card Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_

CW: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

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