



Registration Reminders

- All Cancellation requests must go directly through the YMCA of Hamilton|Burlington|Brantford for approval.
- Any refunds requested after May 15th, 2019 will be subject to a \$35 administration fee per registration, all refund prior to May 15th will receive a full refund. We cannot guarantee your camper's spot if payments are declined or outstanding as of June 24th, 2019.
- 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.

Visit YMCAHBBDayCamps.ca to download all forms.



YMCA of
Hamilton | Burlington | Brantford
YMCA Camps

2019 Registration Form

REGISTER ONLINE AT
ymcahamiltonburlingtonbrantford.campbrainregistration.com

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 YMCA in Hamilton (Downtown only), Burlington or the Brantford School Age Childcare office.

**** Registrations receiving regional subsidy without a contract or form of payment will not be process and a spot will not be held ****

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).





2019 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:	Payment made:

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)

*Please check camp weeks for each location as all camps do not operate the full 9 weeks. Changes have been made to 2019 locations and dates.

Week	Date	Camp Name	Camp Location	Extended Care Site	Total Weekly Cost	R/W
1	July 2-5*					
2	July 8-12					
3	July 15-19					
4	July 22-26					
5	July 29-Aug 2					
6	Aug 6-9*					
7	Aug 12-16					
8	Aug 19-23					
9	Aug 26-30					
Total Cost For All Weeks:						

* short week due to Civic Holiday

Bus Name (outdoor only): _____

Bus Stop Name (outdoor only): _____

Are you receiving regional subsidy? *registrations without contracts or a form of payment (if applicable) will not be processed

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): _____

Card Number: _____

Billing Address: _____

Signature of Account/Card Holder: _____

Expiry Date: _____ / _____