

**FOR OFFICE USE ONLY**

Date Received: _____	Time Received: _____
Date Processed: _____	Initial: _____

Any refunds requested after May 15, 2019 will be subject to a \$35 administration fee for each registration. No refunds or cancellations will be accepted if less than 5 business days are given.

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

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

**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 16 of the brochure.

\*\* If camper now requires an epi-pen, an epi-pen information form (found at YMCAHBBdaycamps.ca) 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 2-5*			
2	July 8-12			
3	July 15-19			
4	July 22-26			
5	July 29-August 2			
6	Aug 6-9*			
7	Aug 12-16			
8	Aug 19-23			
9	Aug 26-30			

**ADDING A WEEK OF CAMP** (based on availability) \* short week due to Civic Holiday

Week	Date	Camp Name	Camp Location	Extended Care Site
1	July 2-5*			
2	July 8-12			
3	July 15-19			
4	July 22-26			
5	July 29-August 2			
6	Aug 6-9*			
7	Aug 12-16			
8	Aug 19-23			
9	Aug 26-30			

**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  Payment schedule located on page 17 of the brochure

Total amount to be charged: \$ \_\_\_\_\_

Payment Type:  Cash  Visa  Mastercard

Payment is required for all days registered including sick days and vacation. Any payments that is returned as NSF will be re-produced by the YMCA within 10 business days. A \$35 service charge will be applied to all returned payments.

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

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

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

**Credit card payment options:**

- Full at time of registration
- Full post dated to either May 15th or June 15th
- Post-dated and split between May 15th and June 15th