



## Registration Reminders

- All Cancellation requests must go directly through the YMCA of Hamilton|Burlington|Brantford for approval.
- Any refunds requested after May 15th, 2020 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 22nd, 2020.
- 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 \$10 service charge will be applied to all returned payments.

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



YMCA of  
Hamilton | Burlington | Brantford  
YMCA Camps

# 2020 Registration Form

REGISTER ONLINE AT  
[ymcahamiltonburlingtonbrantford.campbrainregistration.com](http://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).





# 2020 REGISTRATION FORM

All fields on this form **MUST** be completed. All incomplete forms will not be processed and children will not be registered until complete.

## 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 #: \_\_\_\_\_

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

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

**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:** \_\_\_\_\_

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

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

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

### FOR OFFICE USE ONLY

Received- Time	Date processed	Confirmation-Given
Received date:	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.

**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 of a pool or beach-front? All children will be required to pass a swim test at the beginning of the week regardless of preference.** (life jackets are mandatory while canoeing and kayaking)  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)** \_\_\_\_\_

**Authorization:** I have read the policies and procedures in the day camp brochure and agree to comply as specified. My child is able to participate in a full range of activities as described in the day camp brochure. I give consent that medical treatment be given in the event of an emergency and I consent that any photographs or videos taken at the YMCA may be used for promotional purposes. I understand my child is required to bring and apply their own sunscreen and bug spray (optional). I will not hold the YMCA responsible for lost or stolen items and I will not hold the YMCA, its staff or volunteers responsible for accidents which may occur. I understand the legal obligation of the staff to report any suspected abuse.

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

\*Please check camp weeks for each location as not all camps operate the full 10 weeks. Changes have been made to 2020 locations and dates.

Week	Date	Camp Name	Camp Location	Extended Care Site	Total Weekly Cost	R/W
1	June 29-July 3*					
2	July 6-10					
3	July 13-17					
4	July 20-24					
5	July 27-31					
6	Aug 4-7*					
7	Aug 10-14					
8	Aug 17-21					
9	Aug 24-28					
10	Aug 31-Sept 4					
<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?** \*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 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: \_\_\_\_\_ / \_\_\_\_\_