

YMCA SUMMER DAY CAMP REGISTRATION FORM - 2021

CAMPER'S NAME - FIRST / LAST	BIRTH DATE	mm/dd/yyyy	AGE AT START OF CAMP	GENDER
	/	/	YEARS	<input type="radio"/> MALE <input type="radio"/> FEMALE
MAILING ADDRESS	CITY		POSTAL CODE	
APT#				

EMAIL I consent to receiving Sault Ste. Marie YMCA communications regarding my account, promotions and updates. You may withdraw your consent at any time using the contact information provided here. Please refer to our Privacy Policy or contact us for more details or contact info@ssmymca.ca. Sault Ste. Marie YMCA, 235 McNabb Street, Sault Ste. Marie, ON, P6B 1Y3, 705.949.3133 _____

1ST PARENT'S NAME - FIRST / LAST	HOME PHONE #	CELL #	WORK PHONE #
	()	()	() Ext.
2ND PARENT'S NAME - FIRST / LAST	HOME PHONE #	CELL #	WORK PHONE #
	()	()	() Ext.
LEGAL CUSTODY	CAMPER RESIDES WITH		
<input type="radio"/> 1ST PARENT <input type="radio"/> 2ND PARENT <input type="radio"/> BOTH PARENTS	<input type="radio"/> 1ST PARENT <input type="radio"/> 2ND PARENT <input type="radio"/> BOTH PARENTS		
<input type="radio"/> OTHER EXPLAIN:	<input type="radio"/> OTHER EXPLAIN:		

ALTERNATE EMERGENCY CONTACT This is a person over the age of 16 who is authorized to pick up your child and can be contacted by YMCA staff when the parent/guardian cannot be reached.

ALTERNATE EMERGENCY CONTACT NAME - FIRST / LAST	PHONE #'S	RELATIONSHIP TO CAMPER	HAS CONTACT BEEN MADE AWARE THEY ARE THE EMERGENCY CONTACT?
	() OR ()		YES NO
	() OR ()		<input type="radio"/> YES NO

Photo ID must be presented to pick up campers. Please list yourself and all other persons who you authorize to sign your child in and out of camp. To allow camper(s) age 11 yrs+ to sign in/out please include their name below.

1)	2)	3)
4)	5)	6)

HEALTH HISTORY AND PERSONAL INFORMATION: The more information you can provide, the better we can meet the needs of your child. This information will be treated with confidence and respect.

Is your child under any form of treatment for an illness, condition or injury?	➤ YES NO
Does your child require 1:1 support while at school?	➤ YES NO
Does your child have any medical or behavioural conditions that we should be aware of?	➤ YES NO
Does your child need medication to be administered during the camp day?	➤ YES NO
Carries Epi-pen?	➤ YES NO
Allergies:	Food: ➤ YES NO Insects: ➤ YES NO
Other: (please explain)	

If you answered yes to any of these questions, please complete a Medical/Behavioural Form and /or a Consent to Administer medication form and submit at time of registration.

I require a consultation with the camp director regarding elements of my child's participation.

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FOR CAMPER: - First / Last

Indicate desired camp for each week; this form will remain on file throughout the camp to allow for additions / changes.

Camp	DATE	CAMP NAME	SCHEDULED PAYMENT AMOUNT	AMOUNT/ DATE PAID	STAFF INITIAL
Week 1	Jul 5 - 9				
Week 2	Jul 12 - 16				
Week 3	Jul 19 - 23				
Week 4	Jul 26 - 30				
Week 5 (4 day wk)	Aug 3 - 6				
Week 6	Aug 9 - 13				
Week 7	Aug 16 - 20				
Week 8	Aug 23 - 27				
Week 9	Aug 30 - Sep 3				

SWIM LEVEL: In order to adhere to Ontario Pool Regulations as well as YMCA National Aquatic Standards, all camp swims will be an organized lesson/activity lead primarily by YMCA Lifeguards/Swim Instructors. To help us organize the camp properly please identify your child's swimming ability.

Non-Swimmer ()

Swimmer ()

Current Swimming Lesson Level: _____

CODE OF CONDUCT and CANCELLATION/CHANGE POLICY:

The safety of each individual in camps is of the utmost importance to the YMCA. Each camper must take responsibility to learn and follow at all times the safety and other rules established by Y staff. I understand that any behaviour of my child that places him/herself or others at risk may result in immediate dismissal from camps. I have read and agree to the Standards of Behaviour, the Behaviour Guidelines and the Cancellation/Change Policies listed in the Summer Day Camp brochure and have reviewed this information with my child.

I have read and understand the Code of Conduct and Cancellation/Change Policy: Initial: _____

AUTHORIZATION:

Upon registration of my child at the Sault Ste. Marie YMCA Summer Camps, I permit my child to participate in a full range of camp activities including off-site activities. While staff will make every reasonable effort to minimize exposure to risk, I authorize Camp Managers and their appointee in the event of an accident or illness affecting the above named camper to authorize on my behalf all procedures, including admission to the hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of my child. Such action shall be taken only when immediate contact with the undersigned cannot be made. I agree not to hold the YMCA responsible for any cost arising out of an emergency situation.

I have read and understand the Authorization. Initial: _____

PHOTO AND VIDEO CONSENT:

By signing below you are consenting to the taking of photographs and/or video recordings of the above named camper by the YMCA. You are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA.

I have read and understand the Photo and Video Consent: Initial: _____

Print Name:

Signature:

Date:

By signing my name, I acknowledge that I have carefully read and understand the information requested in this registration form and in the camp brochure.

PLEASE ATTACH A RECENT PICTURE OF CAMPER TO EMAIL.
Registration will not be processed without a photo.
PLEASE SEND ALL COMPLETED FORMS TO INFO@SSMYMCA.CA

SUPPORT CONTACTLESS REGISTRATION.

Request an appointment time to complete payment. We are available Monday to Friday, 10 a.m. to 3 p.m.

How did you hear about our camp programs?

Please check all that may apply:

- sootoday.com
- local2.ca
- Sault Star
- Radio Ad
- TV Ad
- YMCA Website

- Billboard
- Word of Mouth
- YMCA Staff Member
- Other: