



Register Today!

Day Camp Ages 5-12 8:00 am - 5:00 pm July 4 - Aug 25

The YMCA Day Camp is located at Unity Parc. The camp's emphasis is on outside adventure and physical activity. There will be a variety of activities offered throughout the summer such as soccer, capture the flag, relay races, art activities, scavenger hunt, mini Olympics, archery, knot tying, orienteering, hiking and daily excursions to nearby playgrounds. Children at the YMCA Day Camp will bring their own nutritious snacks and lunch each day. In addition, there will be a field trip to the YMCA in St. John's to partake in a recreational swim. A family fun day, complete with a bouncy castle, has also been planned to celebrate the end of the summer.

Cost: \$165.00/week per child. Please put an "X" in the corresponding checkbox(es) to indicate the week(s) for which you are registering your child.

Week	Date	Cost	Do you require extended camp from 5:00-5:30? \$15.00 additional charge per week <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Note: All payment methods are due at time of registration. A non-refundable deposit of \$35.00 per child, per week is required at the time of registration along with payment. A two-week notice is required to withdraw your child from camp.
<input type="checkbox"/> 1	July 4-7 *	\$		
<input type="checkbox"/> 2	July 10-14	\$		
<input type="checkbox"/> 3	July 17-21	\$		
<input type="checkbox"/> 4	July 24-28	\$		
<input type="checkbox"/> 5	July 31-Aug 4	\$		
<input type="checkbox"/> 6	Aug 7-11	\$		
<input type="checkbox"/> 7	Aug 14-18	\$		
<input type="checkbox"/> 8	Aug 21-25	\$		
Extended Camp Fees		\$		
Total Amount		\$		

Tax Receipt: The YMCA will issue a tax receipt for camp. Please print the name of the parent or guardian to appear on the receipt: _____

Banking Information: Transit # _____
 Bank ID: _____ Account # _____ Staff Initial: _____
 Method: Visa/MC/AMEX _____ Expiry Date: _____

ALL CAMP PAYMENTS WILL BE TAKEN FROM ACCOUNT OR CREDIT CARD APPROXIMATELY 14 DAYS PRIOR TO START OF CAMP.

Building healthy
communities

YMCA of Newfoundland and Labrador

www.ymcanl.com

Tel: (709) 754-2962

Fax: (709) 576-7763

CRA# 108225533RR0001

Summer Camp 2017

8:00 am - 5:00 pm

Register at any time by contacting YMCA of Newfoundland and Labrador, P.O. Box 21291, St. John's, NL A1A 5G6
Phone: 709-754-2962 Fax: 709-576-7763

(a separate form is required for each camper)

Date of Birth (month/day/year): _____

Child's Name: _____

Address: _____

Postal Code: _____

Parent 1 / Guardian: _____

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____ Private

Parent 2 / Guardian: _____

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____ Private

Age: _____ Nick name: _____

Home Telephone: _____

Emergency Contact Person: (other than parent)

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Name of person(s), other than parent to whom child may be released:

1. _____

2. _____

We will not release your child to any other person unless we receive written permission from you.

Can your child swim? Yes No

Is your child required to wear a life jacket when swimming? Yes No

I give permission for my child to participate in the full camp program and all activities unless I advise you otherwise in writing. I agree that having taken such precautions as in your discretion are deemed advisable, the YMCA shall not be held responsible for any accident or sickness to my child, or for loss or damage to his/her personal property. I understand that pictures taken at camp may be used for promotion. I have read and understand the fee schedules, registration policy and refund policy of the YMCA.

Signature: _____ Relationship to child: _____ Date: _____

Has your child had all immunizations? _____

Medical Record:

Does your child have allergies? If yes, please specify:

Is your child receiving medical treatment of any kind? (orthopedic, psychiatric, medication, etc)? If yes, please give details:

Does your child have special needs?

If yes, please give details:

Please describe the reaction and treatment:

Authorization for consent for treatment:

Should a medical emergency arise whereby staff of the YMCA were unable to contact me, I the undersigned hereby authorize the staff of the YMCA to give consent for medical examination, diagnosis and treatment of _____ (name of child) until such time as I am notified.

MCP NUMBER: _____ Relationship to child: _____

Signature: _____ Date: _____

Email Consent: By providing my email address I consent to receiving the YMCA of Newfoundland and Labrador's newsletter and other commercial messages regarding the YMCA of Newfoundland and Labrador's products and services. Consent may be withdrawn at any time using the unsubscribe link at the bottom of the newsletter or by contacting us at info@ymcanl.com. Please refer to our Privacy Statement below or contact us at 709-754-2962 for more details.

PRIVACY STATEMENT: YMCA (the "Association") is committed to protecting the privacy of the personal information of its members, employees, donors and other stakeholders by following responsible information handling practices in keeping with privacy laws, including the Personal Information Protection and Electronic Documents Act ("PIPEDA") and provincial privacy legislation. The Association values the trust of those we deal with, and of the public, and recognizes that maintaining this trust requires that we be transparent and accountable in how we treat the information that you choose to share with us.

During the course of our operations, projects and activities, the Association occasionally gathers and uses personal information. Anyone from whom we collect such information should expect that it will be carefully protected and that any use of or other dealing with this information is subject to consent. The Association's privacy practices are designed to achieve this.