

# 2018 Summer Camp Registration Form

## Camper Information

First Name	Last Name	
Birthdate (Y/M/D)	Age	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> __
Address		
City	Postal Code	
Phone Number		
Email Address		

## Parent/Guardian 1

First Name	Last Name	
Address		
City	Postal Code	
Primary Phone	Alternate Phone	
Email Address		
Work Address		

## Parent/Guardian 2

First Name	Last Name	
Address		
City	Postal Code	
Primary Phone	Alternate Phone	
Email Address		
Work Address		

## Custody

Both
  Mother
  Father
  Guardian

## Emergency Contacts

*Provide two authorized people to pick up your child and/or be contacted in an emergency.*

### Emergency Contact 1

First Name	Last Name	
Primary Phone	Alternate Phone	

### Emergency Contact 2

First Name	Last Name	
Primary Phone	Alternate Phone	

## Health and Medical Information

Doctor's Name		
Address		
City	Postal Code	
Phone Number		
Health Card #		
Allergies	<input type="checkbox"/> No	<input type="checkbox"/> Yes:
EPI Pen	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### Has/is your child:

Been immunized as required by the Education Act?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Had recent operations/illnesses/injuries/diseases?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

*If yes, please specify:*

Been diagnosed with any medical conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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*If yes, please specify:*

Currently taking medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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*If yes, please specify:*

## Program Support

Has your child been diagnosed with Special or behavioural needs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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*If yes, please specify:*

Does your child require one on one support at school?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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Please list any additional information we should be aware of:

*If you have answered yes to any of these questions, please contact Katherine Dziedzic regarding additional support at camp at [katherinedz@oakville.ymca.ca](mailto:katherinedz@oakville.ymca.ca).*

## Friend Request

*You can request that your child be placed in the same group as their friend if they are close in age. Counsellors will do their best to accommodate requests, but it is not guaranteed.*

Name(s)
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**OFFICE USE ONLY TRX:**

**MSR:**

Week	Dates	Location	Program	Bus Stop	Camp Care Location	AM/PM/Both	Total Fees
1*	July 3-6						
2	July 9-13						
3	July 16-20						
4	July 23-27						
5	July 30-Aug 3						
6*	August 7-10						
7	August 13-17						
8	August 20-24						
9	Aug 27-31						

When registering for camp, you are required to use the same bus stop for drop off and pick up.

\*All programs will be closed on Monday, July 2 for Canada Day and on Monday, August 6 for the Civic Holiday. Fees for these weeks will be prorated.

**TOTAL**

## Policies

### Cancellation and Refund Policy

Cancellation requests must be made in writing to [summercamps@oakville.ymca.ca](mailto:summercamps@oakville.ymca.ca) or by visiting the Peter Gilgan Family YMCA and completing a cancellation form. Requests received on or before May 31 will be refunded, less \$25.00/session. Requests received on or after June 1 will be refunded, less \$50.00/session. Requests received within two weeks of the first day of the camp session are not subject to a refund. A cheque will be mailed or your credit card will be refunded within 14 days. Exceptions will be made for medical reasons, for which a doctor's note is required. Program transfers are accepted pending availability. Refunds will not be issued if a participant is sent home for misconduct. Please refer to the "Program Agreement" on page 21.

### NSF Payments/Declined Credit Card

A \$20.00 service charge will be applied to all NSF pre-authorized debits and declined credit cards. Failure to make full payment of camp fees one week prior to the start of the program will automatically result in withdrawal. Please refer to the fee schedule on page 21.

### Regionally Subsidized Clients

In order to secure your spot at camp, you are required to provide a VOID cheque for pre-authorized debit or provide a credit card at the time of registration. The YMCA must have written verification from the Region of Halton. For more information on Child Care Subsidy, please contact the Region of Halton at 905-825-6000.

## YMCA Summer Camp Pre-Authorized Debit Agreement

Child's Name \_\_\_\_\_

### Payment Method

Visa  MasterCard  AMEX

Pre-Authorized Debit

Name of Bank: \_\_\_\_\_

Branch Address \_\_\_\_\_

Transit # \_\_\_\_\_ Bank # \_\_\_\_\_ Account # \_\_\_\_\_

VOID cheque attached (required)

*By signing this agreement, you have waived your right to receive pre-notification of the amount of the PAD and have agreed that you do not require advanced notice of the amount of PAD's before the debit is processed. This applies to PAD's that are returned due to insufficient funds. I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or consistent with this agreement. To obtain a copy of the reimbursement claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).*

Signature of Account Holder \_\_\_\_\_

Date \_\_\_\_\_

Signature (if joint account) \_\_\_\_\_

Date \_\_\_\_\_

**Signing this form acknowledges that you have read, understand and agree to the content outlined above and on the reverse side (page 22). Additionally, you agree to the terms and conditions outlined within the "Program Agreement & Registration Information" on page 21.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# Photo and Video Consent Assignment and Release Form

## 2018 Summer Camp and Camp Care

**PURPOSES:** For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by the YMCA in Canada and elsewhere in the world, for its own informational, promotional or advertising purposes, and by any other person authorized by YMCA (an “Authorized Third Party”) to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party’s support for, association with, or arrangements with, YMCA (collectively, the “Purposes”). For purposes of this Form, “YMCA” refers to YMCAs and YMCA-YWCAs in Canada or elsewhere in the world (as part of the World Alliance of YMCAs) and to YMCA Canada, and the World Alliance of YMCAs.

**By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, 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 and any Authorized Third Party for the Purposes.**

For valuable consideration received but without any promise of remuneration, I hereby agree to allow photographs and/or video recordings to be taken of me, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the YMCA or any Authorized Third Party in connection with the Purposes, including without limitation on YMCA Internet web sites, in YMCA printed materials, or in any other materials or medium whatsoever and wherever (the “Work Product”). I confirm that neither the YMCA nor any Authorized Third Party shall be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or other rights, and I hereby irrevocably waive in favour of YMCA and any Authorized Third Party any and all moral rights or rights of similar nature that I may have in the Work Product. I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright.

**I agree that I will not bring or consent to others bringing a claim or action against the YMCA on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. I hereby release and forever discharge each of the YMCAs, any Authorized Third Party and their respective officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.**

I confirm that I am over the age of majority in my province or territory of residence and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of majority in my province or territory of residence, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version.

**By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.**

Print Name of Participant \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_