

2008 YMCA CAMP REGISTRATION FORM (2 SIDES)

Complete: Step # 1, 2, 3 and all required information – Incomplete registrations will not be processed.

STEP 1			STEP 2			STEP 3		
Residential Camp Section			Session Selection (see page 9)			Transportation Selection		
Camp Howdy (Sun to Fri programs) <input type="checkbox"/> Junior (6-11 yrs) <input type="checkbox"/> Senior (12-14 yrs)	Camp Elphinstone (Mon to Sat programs) <input type="checkbox"/> Chapman (7-11 yrs) <input type="checkbox"/> Dakota (12-15 yrs) <input type="checkbox"/> Sailing (11-14 yrs) <input type="checkbox"/> Desolation Sound (14-15 yrs) <input type="checkbox"/> LD1 (15-16 yrs) <input type="checkbox"/> LD2 (16-17 yrs)	Camp Deka (Mon to Fri programs) <input type="checkbox"/> Senior (12-15 yrs) <input type="checkbox"/> LD1 (15-16 yrs) <input type="checkbox"/> LD2 (16-17 yrs)	One-Week <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4 <input type="checkbox"/> Session 5 <input type="checkbox"/> Session 6 <input type="checkbox"/> Session 7 <input type="checkbox"/> Session 8	Two-Week <input type="checkbox"/> Session A <input type="checkbox"/> Session B <input type="checkbox"/> Session C <input type="checkbox"/> Session D	Four-Week <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2	Camp Howdy <input type="checkbox"/> Tong Louie Family YMCA <input type="checkbox"/> Langara Family YMCA <input type="checkbox"/> Burnaby Central Secondary <input type="checkbox"/> Port Moody Rec Centre <input type="checkbox"/> Own Transportation	Camp Elphinstone <input type="checkbox"/> Tong Louie Family YMCA <input type="checkbox"/> Langara Family YMCA of Greater Vancouver <input type="checkbox"/> Burnaby Central Secondary <input type="checkbox"/> Horseshoe Bay <input type="checkbox"/> Own Transportation	Camp Deka <input type="checkbox"/> Burnaby Central Secondary <input type="checkbox"/> Chilliwack Family YMCA (Hocking Centre) <input type="checkbox"/> Own Transportation
<input type="checkbox"/> Parents will attend the 'Family BBQ on the Last Day of Camp' (see page 10 for details)						Return (if different than above:) _____		

CAMPER INFORMATION (REQUIRED)

First Name _____ Last Family Name _____
 Birthdate (yy/mm/dd) _____ / _____ / _____ Male Female Age as of camp start date: _____
 Street Address _____ Phone _____
 City/Prov _____ Postal Code _____ Email _____
 Parent 1 / Guardian 1 _____ Evening phone _____ Day phone _____
 Parent 2 / Guardian 2 _____ Evening phone _____ Day phone _____
 Alternate Emergency Contact Name _____ Phone _____
(different than parent above)
 Custody (Mother/Father/Both/Other) _____ Who can pick up your child? _____
 Who should not be contacting, visiting or picking up your child? _____
 Cabin Mate Request _____

MEDICAL INFORMATION (REQUIRED) If additional space is needed please include a separate sheet of paper

Health Card # _____
 This camper is not covered by Canadian Health Care; International Medical Insurance will be purchased.
Policy documents MUST be sent as soon as the insurance is purchased.
 Does your child require special medical attention? Yes No (i.e. medication, program adaptations etc)
 If yes, provide details: _____
 Does your child have difficulties, which may require some program adaptations? Yes No
 If yes, provide details: _____
 I require a consultation with the camp director regarding elements of my child's participation. Yes No

Allergies:

My child is allergic to: _____
 Mild Moderate Severe Treatment & Comments: _____

Additional Information:

Is there anything we need to know to ensure a positive camp experience for your child? (i.e. Night Terrors, Sleep Walking, Bedwetting, Homesickness, ADD, etc)

DIETARY INFORMATION (REQUIRED)

Vegetarian Vegan Lactose Intolerant Specific food allergies (please explain): _____

The YMCA of Greater Vancouver is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect, use and disclose personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you. For more information on the YMCA's commitment to privacy, please visit our web site www.vanymca.org

PLEASE TURN OVER AND COMPLETE OTHER SIDE

2008 YMCA CAMP REGISTRATION FORM (2 SIDES)

Complete: Step # 1, 2, 3 and all required information – Incomplete registrations will not be processed.

PAYMENT (TAXES ARE INCLUDED IN THE FEES)

REGISTRATIONS WITHOUT PAYMENT WILL NOT BE PROCESSED

Please make cheques payable to YMCA Camping. Full payment or a \$100 deposit per child per camp and post dated payments is required. FINAL PAYMENT must be dated no later than four weeks prior to session start date. Payment can be made with cash, VISA, MasterCard, Interac or postdated cheque(s)

\$ _____ + \$ _____ = \$ _____ - \$ _____ - \$ _____ = \$ _____
Base fee Transportation Sub Total Less Deposit Family Discount Balance

1. Full payment method: Cheque VISA MasterCard Cash Interac (in person at 200-1166 Alberni St, Vancouver)

2. Payment plan: Post-dated Cheque VISA MasterCard

Credit Card #: _____ Expiry Date: _____

Name of cardholder _____ Signature of Cardholder: _____

List ALL Post Dates & the amounts to be charged: _____

AUTHORIZATION

I authorize the YMCA to process the above payment to be applied to YMCA camping programs. I have read and understand the refund policy and payment plans.

Signature _____ Date _____

YES, I WILL SUPPORT PARTNERS WITH YOUTH AND HELP SEND A KID TO CAMP!

Enclosed is my donation of: \$100 \$50 Other \$ _____

Method of Payment: Cheque VISA MasterCard

Credit Card #: _____ Expiry Date: _____

Please sign Credit Card authorization above.

CAMPER'S COMMITMENT

I want to become a camper at YMCA camp. I agree to abide by the Camp rules. I will do my best to make this a good experience for myself and my fellow camper. I understand that failure to live up to this promise might result in my dismissal from camp.

Camper's signature _____ Parent's signature _____

PARENT'S COMMITMENT

I have discussed the Camper's and Parent's Commitment with my child and confirm that this camper agrees to participate in the full program, to follow safety instructions and/or refrain from behavior that is harmful to oneself or others. I understand and support the camp policy that prohibits the possession or use of tobacco, alcohol or non-prescription drugs and understand their use as well as abusive behavior is cause for dismissal without refund of camp fees.

PHOTO RELEASE:

I authorize the YMCA to use any photos of my child obtained while engaged in YMCA Camping programs for promotional purposes.

Date: _____ Signature of Parent/Guardian: _____

AUTHORIZATION

In permitting my child to attend YMCA Camp, I, the undersigned permit my child to participate in the full range of camp activities and authorize the Camp Director or his/her appointee, in the event of accident or illness affecting this above named camper to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the camper. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the Camp is not responsible for Medical Care Cost.

Date: _____ Signature of Parent/Guardian: _____

SEND YOUR COMPLETED REGISTRATION FORM, WITH SIGNATURE AND PAYMENT TO:

YMCA CAMPS
200-1166 ALBERNI ST
VANCOUVER, BC V6E 3Z3

TEL: 604.939.9622
FAX: 604.939.9621
EMAIL: camps@vanymca.org
ONLINE: www.vanymca.org/camps

PLEASE COMPLETE A FORM FOR
EACH CAMPER. INCOMPLETE
FORMS WILL NOT BE PROCESSED.