



YMCA

We build strong kids,
strong families, strong communities.



YMCA Summer Day Camps

PLEASE NOTE: All YMCA day camps are NUT FREE



WELCOME TO CAMP!

Welcome to the YMCA's Summer Day Camp Programs! We are very excited about the activities we have planned for this summer!

Our YMCA Core Values are Caring, Honesty, Respect, and Responsibility and our staff are committed to role modeling these values and teaching them to all our campers! We strive to provide a safe and positive environment where your children will have a summer to remember for years to come! Please feel free to approach your child's counselor if you have any questions, concerns, or feedback. As well, you can talk directly to the supervisor of your child's camp for any further information.

WHAT TO BRING TO CAMP

Please ensure your child brings the following to camp **EACH DAY:**

- Sunscreen and a hat
- A hearty lunch and lots of water
- Healthy snacks
- Bathing suit and towel

Your child's counselor will notify you on the first day of camp if any other supplies are needed. For the overnights with Outdoor Extreme and Camp Southwind, campers will be provided with a more detailed list of what to bring for those nights.

Please ensure your child leaves the following items at home:

- Money
- Weapons
- Electronic devices and valuables
- Water guns

CAMP LOCATIONS ...

Camp Southwind: 20315 16th Ave Langley (Camp McLean)

South Surrey Day Camp: Grace Point Church – 3487 King George Hwy, South Surrey

Sullivan Day Camp: Sullivan Hall - 6306 152nd Street, Surrey

Tong Louie Family YMCA: 14988 57th Ave Surrey
**Please note Golf camp, Tennis Camp and Horseback Riding Camp take place at of site camp locations. Please see our summer camp brochure for details.*

SWIMMING AND OUT TRIPS...

Just to be prepared, it is best to ensure that your camper brings their bathing suit and towel with them **every day.** You never know when we will have an opportunity to go for a swim! A Swim Test must be taken by all Campers (8 and over) who wish to swim in the 25 meter pool. If Campers do not wish to swim in the **25 meter pool** a swim test is not necessary. Any questions regarding swimming can be answered by you child's councilor or the site supervisor.

MEDICAL AND WAIVER FORMS

All YMCA Summer Day Camps require a completed Medical form **including Care Card Number** from every camper in order for them to participate in camp. **Camp Southwind campers must fill out the Scouts Canada/YMCA medical form.** All other camps must fill out the standard YMCA medical form. Some of the activities your child may be taking part in may require completed waiver forms. If your camper requires this, you will be informed by your child's counselor or the site supervisor.

OTHER INFO

Thank you for joining us at YMCA Summer Day Camps!! We look forward to seeing you soon!

Your YMCA Camp Staff ☺



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YMCA MEDICAL FORM



Program Name _____ Session Dates _____

Child's First Name _____ Last Name _____

Birthdate _____ Age _____ Grade _____ M F
year/month/day

Address _____ City _____ Postal Code _____

Parent Name _____ Home Phone _____ Work Phone _____

Parent Name _____ Home Phone _____ Work Phone _____

Emergency Contact (relationship) _____ Phone _____

Physician _____ Phone _____ Care Card # _____

(Please Check)

Custody: Mother Father Both Guardian

Swimming Ability: Non Beginner Safe Good

Allergies: _____

Any physical/behavior problems? _____

Please list any medication your child is taking: _____

Authorization:

In the unlikely event that the participant named above is injured or becomes seriously ill while with the YMCA, and I cannot be reached, I authorize the YMCA Senior Staff to seek and authorize any and all hospitalization, medical, dental, and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with the YMCA programs, it is agreed that the YMCA and its staff and volunteers are released from all liability for injury to the above named participant or for loss or damage to personal property. Please be advised that children that are picked up late will be charged an extra fee to cover the wage of the supervisor in the amount of \$5 per 15 minutes or portion thereof

Signature of Parent or Guardian: _____ Date: _____

email address: _____



Photography / Video Consent Form

The YMCA of Greater Vancouver often features participant, member and family stories in media coverage, publications and communications. These stories are used as sensitively as possible, and help us to promote and encourage support for the programs and services of the YMCA

By signing this form, you give permission to the YMCA to interview, record, videotape and/or photograph you and/or your child(ren) to create a story for publication in our newsletters, annual reports, brochures, web site or other promotional uses.

You also give permission for the articles and photographs to be broadcast, reprinted, excerpted, or translated by other publications, satellite, cable, television and radio stations and electronic media.

The recordings, articles and photos will be and will remain the property of the YMCA, and may be used or reused, without financial remuneration, for the promotional and fundraising purposes by the YMCA for one year from the date of signing. Whenever possible, the YMCA staff will contact you prior to publishing the articles, photos or using recordings.

Please note: A child older than 12 years or a child old enough to understand, may be recognized as legally competent and must sign the form her/himself.

Print name of parent/guardian: _____

Sign name of parent/guardian: _____

Print name of child: _____

Sign name of child (if over 12 years): _____

Phone: # _____ Date: _____

Mailing address: _____

Please let us know how you heard about us: (check all boxes that apply)

Community Events:

Swim Lessons

Swim Club

YMCA Basketball/Soccer Tournaments

Local Newspaper

Surrey Leisure Guide

Surrey Edcom

Langley Leisure Guides

Other: _____



CAMP SOUTHWIND MEDICAL FORM
Scouts Canada/YMCA of Greater Vancouver
Physical Fitness Certificate



NOTE: This form is to be filled out by the parent/guardian at the beginning of each Scouting/YMCA of Greater Vancouver event and kept by the leader. It is the parent's/guardian's responsibility to update the leader of any changes in the medical condition of their child/ward throughout the Scouting/YMCA of Greater Vancouver event. (This form should be filled out for adults as well.)

Surname: _____ Given Name: _____ Initial: _____ Date of Birth: _____ Age: _____ Male Female
 Address: _____ City: _____
 Province: _____ Postal Code: _____ Home Phone: (604) _____
 Physician's Name: _____ Phone #: (604) _____ Scout Group Name: Camp Southwind
 Carecard #: _____ Insurance Coverage Held: _____
 Emergency Contact Name _____ Phone#: (604) _____

Emergency Medical Information:

Does the applicant have any allergies? Yes No If yes, please indicate below.

Medicine Insect Bites Toxins Food Smoke
 Plants Animals Other

Details: _____

Has had, please check (x)

Appendicitis Mumps Chicken Pox Measles Kidney Disease
 Rheumatic Fever Scarlet Fever Heart Condition Other

Is subject to any of the following, check (x) and give details:

Asthma Contact Lenses Headaches Fainting Spells Bleeding Disorders
 HIV Ear Problems Diabetes Hernia Back Problems
 Motion Sickness Cramps Convulsions Sleepwalking Nightmares
 Bed Wetting Other _____

Details: _____

Does the participant require special care, medication or diet? Yes No

Details: _____

Date of most recent physical examination (Month and Year): _____

Date of last Tetanus shot (Month and Year): _____

Swimming abilities Non Swimmer Swimmer Highest Level Achieved: _____

Has it ever been necessary to restrict the applicant's activities for medical reasons? Yes No

Details: _____

Signed, Parent/Guardian: _____ Date: _____

Updated, Parent/Guardian: _____ Date: _____

Updated, Parent/Guardian: _____ Date: _____

email address: _____

**APPLICATION FOR MEMBERSHIP
FOR PROGRAM PARTICIPANTS**

(Please print all information)



Participant Information **New** **Returning**

Last Name: _____

First Name: _____

Middle Name: _____

Nickname: _____

Gender: Male _____

Female Birthdate (DD/MM/YYYY) _____

Address: _____

City: _____ Prov: _____ Postal: _____

E-mail address: _____

Home Phone: (____) ____-_____

Care Card # _____

School Attended: _____ Grade: _____

YMCA/SCOUT Group: CAMP SOUTHWIND

ScoutsAbout Jr (5-7) ScoutsAbout Sr (8-10)

Are there any medical, family circumstances, or religious requirements of which the leader should be aware?

Yes No

If yes, please arrange a private interview with the camp supervisor.

Privacy Policy Information:

These items relate to the Scouts Canada Privacy Policy, the YMCA of Greater Vancouver Privacy Policy and what can be done with the information you provide. Please review the Privacy Policies at www.scouts.ca and www.vanymca.org before making your choices.

The YMCA of Greater Vancouver and Scouts Canada often feature participant, member and family stories in media coverage, publications and communications. These stories are used as sensitively as possible, and help us to promote and encourage support for the programs and services of the YMCA and Scouts Canada.

Unless otherwise indicated below, by signing this form, you give permission to the YMCA and/or Scouts Canada to interview, record, videotape, photograph you and/or your child(ren) to create a story for publication in our newsletters, annual reports, brochures, web site or other promotional uses.

You also give permission for the articles and photographs to be broadcast, reprinted, excerpted, or translated by other publications, satellite, cable, television and radio stations and electronic media.

The recordings, articles and photos will be and will remain the property of the YMCA and/or Scouts Canada, and may be used or reused, without financial remuneration, for the promotional and fundraising purposes by the YMCA/Scouts Canada for one year from the date of signing. Whenever possible, an effort will be made to contact you prior to publishing the articles, photos or using recordings.

Please note: A child older than 12 years or a child old enough to understand, may be recognized as legally competent and must sign the form her/himself.

I do not wish to have images used as incicated above.

Authorization: I the unlikely event that the participant named above is injured or becomes seriously ill while involved with the above noted camp, and I cannot be reached, I authorize the Camp Supervisor or senior staff to seek and authorize any and all hospitalization, medical, dental, and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with the activities/programs, it is agreed that some programs involve a certain degree of risk. After considering the risk involved I hereby grant permission for my child/ward to participate fully in the activities and programs of the camp. The YMCA of Greater Vancouver and Scouts Canada are not responsible for loss or damage to personal property.

Signature of Youth (if over 12): _____

Signature of Parent or Guardian: _____

Date: _____

Parent/Guardian Emergency Contact Information

Salutation: Mr Miss Ms Mrs Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____ Prov: _____ Postal: _____

Home Phone: (____) ____-_____ Occupation: _____

Day Phone: (____) ____-_____ Employer: _____

E-mail address: _____

Relationship to Camper: _____

Emergency Contact? Yes

Permission to pick camper up from camp. Yes

Parent/Guardian Emergency Contact Information

Salutation: Mr Miss Ms Mrs Other _____

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____ Prov: _____ Postal: _____

Home Phone: (____) ____-_____ Occupation: _____

Day Phone: (____) ____-_____ Employer: _____

E-mail address: _____

Relationship to Camper: _____

Emergency Contact? Yes

Permission to pick camper up from camp. Yes