

Bringing people together

# YMCA Summer Day Camps

**PLEASE NOTE: All YMCA day camps are NUT SAFE**



## 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 (NUT SAFE)
- 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 16<sup>th</sup> Ave Langley (Camp McLean)
- South Surrey Day Camp: Grace Point Church 3487 King George Hwy, South Surrey

- Sullivan Day Camp: Sullivan Hall - 6306 152<sup>nd</sup> Street, Surrey
- Tong Louie Family YMCA: 14988 57<sup>th</sup> Ave Surrey

*\*Please note Golf 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 get wet! A Swim Test must be taken by all Campers (8 and over) who wish to swim in the deep water. If Campers do not wish to swim in the deep water 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 campers 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.

**HOW DO I REQUEST MY CHILD TO BE GROUPED WITH A FRIEND AT CAMP SOUTHWIND?** If you have a friend request for camp southwind please email us with your request at:

[southwind.requests@vanymca.org](mailto:southwind.requests@vanymca.org)

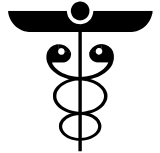
Thank you for joining us at YMCA Summer Day Camps!! We look forward to seeing you soon!  
Your YMCA Camp Staff ☺





We build strong kids, strong families, strong communities.

# 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: \_\_\_\_\_



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## 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: \_\_\_\_\_

**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: \_\_\_\_\_

**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: \_\_\_\_\_  
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 Relationship to Camper: \_\_\_\_\_  
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 Permission to pick camper up from camp. Yes



**APPLICATION FOR MEMBERSHIP  
FOR PROGRAM PARTICIPANTS**

(Please print all information)



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](http://www.scouts.ca) and [www.vanymca.org](http://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 indicated above.

**Authorization:** In 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:** \_\_\_\_\_



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