

2019 Blackstrap Summer Day Camp Registration Form

(Please fill out **completely**)

- Week 1: July 2-5*
 Week 3: July 15-19
 Week 5: July 29- Aug 2
 Week 7: Aug. 12-16
 CIT July 29- Aug 9
 Week 2: July 8-12
 Week 4: July 22-26
 Week 6: Aug. 6-9*
 Week 8: Aug. 19-23 *Short week fee applies

Camper Information

First Name: _____
 Last Name: _____
 Camper Birth Date: _____
 Age (as of July 1, 2018) _____ Male Female
 Legal Custodian: _____

Contact Information

Primary Contact

First Name: _____
 Last Name: _____
 Birth Date: _____
 Relationship to camper: _____
 Mailing address: _____
 City and Postal Code: _____
 Day phone: _____ Evening phone: _____
 Alternate phone: _____
 Email address: _____

Secondary Contact

First Name: _____
 Last Name: _____
 Birth Date: _____
 Relationship to camper: _____
 Day phone: _____ Evening phone: _____
 Alternate phone: _____
 Alternate Authorized Pick-up/Drop Off Individual(s): _____

Authorization

Upon registering my child for camp at the YMCA, I permit my child to participate in the full range of camp activities, including off-site activities, and authorize the Camp Director and/or his/her appointee in the event of an accident or illness affecting the above 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 wellbeing of said camper. Such action is to be taken only when immediate contact with the undersigned cannot be made. I understand that photographs and video recordings taken at camp will be used for promotional purposes. I authorize the YMCA camp staff to apply sunscreen and insect repellent if needed to my camper. I understand that I am to provide both of those supplies, labeled with my camper's full name. I have read and understand the payment methods and refund policy. I fully understand the risk involved in my child's participation in YMCA day camp programs and accept full liability. **Refund/cancellation policy:** Min. 1-week notice. A \$15 administration fee will be charged on all cancellations and refunds without a doctor's note.

Signature: _____ Printed Name: _____ Date: _____

Office use only

- Parent Package Sent
 Registration Complete
 Visa
 Mastercard
 Cheque
 Debit

Date: _____, 2018 Staff Full Name: _____

Medical Information

Health Card #: _____
 Allergies? Yes No
 Please describe cause, reaction and treatment:

- Does camper carry an EpiPen? Yes No
 Asthma? Yes No
 Medical Conditions? Yes No

Condition: _____
 Condition: _____

Indicate treatment/support needed at camp (if your child requires one-on-one care, please speak with our Camp Director prior to registration):

Medication? Yes No

Does medication need to be administered at camp?

- Yes No

Are your camper's immunizations up to date? Yes No If
 no, please explain: _____

Additional information or concerns:

Bus Stop <small>(Blackstrap Only)</small>	AM	PM	Meadowgreen	<input type="checkbox"/>	<input type="checkbox"/>
			<small>(front of WP Bate School)</small>	8:15	4:15
Lawson Heights Mall	<input type="checkbox"/>	<input type="checkbox"/>	Market Mall	<input type="checkbox"/>	<input type="checkbox"/>
	8:00	4:30	<small>(front of Petro-Can on Preston)</small>	8:30	4:00
Confederation Mall	<input type="checkbox"/>	<input type="checkbox"/>	YMCA	<input type="checkbox"/>	<input type="checkbox"/>
<small>(Cdn. Tire parking lot)</small>	8:00	4:30	<small>(25-22nd Street East)</small>	8:30	4:00
University Heights	<input type="checkbox"/>	<input type="checkbox"/>	<small>***YMCA stop includes Before and After Camp Care (from 7:30 a.m. to 6 p.m.)</small>		
<small>(Nelson Rd. northbound)</small>	8:15	4:15			

Full week fees: Members \$215 (1st week, 10% discount each additional week), Non-Members \$255

***Short Week Fees** Members \$173 Non-members \$205

Payment Options

Total # of full weeks _____ @ \$ _____/week \$ _____

Total # of short weeks _____ @ \$ _____/week \$ _____

Morning/Afternoon Only _____ @ \$ _____/week \$ _____

Minus additional weeks discount for members -\$ _____

(to be calculated by Member Services staff)

TOTAL

Once you have completed the registration package you can either: A) Drop it off at the YMCA downtown at 25-22nd Street East, and make payment with the staff at the Member Services desk, or B) E-mail it to memberservices@ymcasaskatoon.org. After your forms are received by us, you will be sent a confirmation e-mail and you are then required to phone (306-652-7515) with your payment information. **Your child is NOT registered until we have received payment.**



YMCA Strong Kids

The YMCA is one of Canada's oldest and most diverse charities- since our beginning in 1851, the YMCA continues to serve all ages, all backgrounds, and abilities through all stages of life. The YMCA is for everyone. We believe that everyone should be able to participate in programs they need regardless of their ability to pay the full fee. To ensure affordable access, the YMCA offers financial assistance to those who would otherwise be unable to benefit from proven programs and services. Learn more about YMCA Strong Kids at www.ymcastrongkids.ca

Help another child receive a YMCA Day Camp Experience

A gift to the YMCA Strong Kids Campaign would be greatly appreciated.

\$25

\$50

\$75

\$100

Other Amount:

\$ _____

(A charitable tax receipt will be issued for donations over \$20)

