



Camper's Name _____ Age at camp _____ Date of Birth ____/____/____ Male _____ Female _____
 (first) (last)

Address _____ City _____ Prov _____ Postal Code _____

* please indicate who has custody if applicable. Mom Dad Other _____ () _____ EXT _____

Best method of contact with family? Home Mom work Dad work E-mail : _____

Mother Name _____ (H) () _____ (W) () _____ (cell) () _____

Fathers Name _____ (H) () _____ (W) () _____ (cell) () _____

Emergency Contact _____ () _____ (cell) () _____ Returning camper Yes No

Other Contact _____ () _____ (cell) () _____ Relationship _____

Doctors Name _____ () _____ HC# _____ Cabin Mate request _____

*We may only honor cabin requests to a maximum of two for campers of the same age. For each request to be honored, each Camper must request the other to be in their cabin request i.e. Wayne Gretzky requests Scott Stevens, and then Scott Stevens must request Wayne Gretzky.

Traditional Camp 6-14 yrs. - Pioneers 14yrs - Explorers - 15yrs. - Norwesters 16yrs.

Camp Sessions	Week 1 July 3-9	Week 2 July 10-16	Week 3 July 17-23	Week 4 July 24-30	Week 5 July 31-Aug 6	Week 6 Aug 7-13	Week 7 Aug 14-20	Week 8 Aug 21-27
Traditional 6-14yrs	July 3-9 <input type="radio"/>	July 10-16 <input type="radio"/>	July 17-23 <input type="radio"/>	July 24-30 <input type="radio"/>	July 31-Aug 6 <input type="radio"/>	Aug 7-13 <input type="radio"/>	Aug 14-20 <input type="radio"/>	Aug 21-27 <input type="radio"/>
Two Week camps 6-14yrs	<input type="radio"/> July 3-16		<input type="radio"/> July 17-30			<input type="radio"/> Aug 7 - 20		
		<input type="radio"/> July 10-23			<input type="radio"/> July 31- Aug 13		<input type="radio"/> Aug 14 - 27	
Pioneers 14yrs	July 3-9 <input type="radio"/>	July 10-16 <input type="radio"/>	July 17-23 <input type="radio"/>	July 24-30 <input type="radio"/>	July 31-Aug 6 <input type="radio"/>	Aug 7-13 <input type="radio"/>	Aug 14-20 <input type="radio"/>	Aug 21-27 <input type="radio"/>
Explorers 15yrs	<input type="radio"/> July 3-16		<input type="radio"/> July 17-30		<input type="radio"/> July 31 - Aug 13		<input type="radio"/> Aug 14-27	
Norwesters 16yrs	<input type="radio"/> July 3-30				<input type="radio"/> July 31 - Aug 27			

Please note: To register for a program, you must be the minimum age indicated or turning that age by December 31st, 2011

Campers can attend consecutive weeks 1-4 and 5-8. Stay over between weeks 4 and 5 is NOT available.

Payment Options: Full payment (Option A) or a completed payment plan (Option B)

Option A Full payment \$ _____

Cash Cheque Visa Master Card Debit

Option B is a \$75 deposit plus the following completed pre-authorized payment plan. Void cheque must be attached or spot will not be held. (No post dated cheques will be accepted)

Cost of camp \$ _____

Less Deposit \$ _____ Cash Cheque Visa

Balance Due \$ _____ Master Card Debit

Please complete the following payment schedule for the above balance due.

Date	Amount
April 15	_____
May 1st	_____
May 15th	_____
June 1st	_____
June 15th	_____
Total	_____ (Matches * Balance Due)

I _____ authorize the Owen Sound YMCA to withdraw payments from my account as per payment schedule above. _____
 Signature

***Cheques payable to the Owen Sound Family YMCA**

2011	cost of camp*HST
Traditional	\$370 X 13% = \$418.10
Two week camps	\$750 X 13% = \$847.50
Pioneer	\$380 X 13% = \$429.40
Explorers	\$720 X 13% = \$813.60
Norwesters	\$1225 X 13% = \$1384.25

Credit Card Information

Card# _____

Name on the Card _____

Expiry Date: _____

Signature _____

CANCELLATION POLICY
 Before May 15th, full refund less \$75 administration fee.
 After May 15th, no refund except with medical certificate, less \$75 administration fee.

For office use only.
 Inputted: _____ Shift Checked: _____ Verified: _____

Orientation Package: Mail Picked Up Emailed

<p>We want your child to have a great summer! In order to achieve this, it is important to have answers to the following questions. Please give the following questions your careful consideration.</p>	<p>CAMPER HEALTH INFORMATION</p> <p>Date of last Tetanus Shot: Year _____ Month _____</p> <p>Is your child under any form of treatment/medication for an illness, condition or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.</p> <p>_____</p> <p>_____</p>
<p><u>PERSONAL DATA</u></p> <p>Social Does child easily make friends with: <input type="checkbox"/> Own Age <input type="checkbox"/> Younger <input type="checkbox"/> Older <input type="checkbox"/> Adults <input type="checkbox"/> Child is eager to attend camp <input type="checkbox"/> Or urged by parents</p>	<p>Is medication being sent to camp? <input type="checkbox"/> Yes <input type="checkbox"/> No Please detail routines, storage needs, etc.</p> <p>_____</p> <p>_____</p>
<p>Eating Habits <input type="checkbox"/> Fussy <input type="checkbox"/> Average <input type="checkbox"/> Hearty <input type="checkbox"/> Food Allergies <input type="checkbox"/> Dietary restrictions</p>	<p>Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain</p> <p>_____</p> <p>_____</p>
<p>Sleeping Habits <input type="checkbox"/> Frequent bedwetter <input type="checkbox"/> Occasional bedwetter <input type="checkbox"/> Walks in sleep <input type="checkbox"/> Nightmares</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Family In the last year have there been any basic changes in family relationships? <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Divorce <input type="checkbox"/> Separation</p>	<p>Dietary Information (please call Director to discuss) an extra charge for food may be necessary. Please list and advise us of any dietary restrictions. (Allergies, intolerants, vegan, vegetarian, eats only fish...)</p> <p>_____</p> <p>_____</p>
<p>Other Does child have difficulties which may require some program adaptations: <input type="checkbox"/> Physical <input type="checkbox"/> Learning disability <input type="checkbox"/> Other</p>	<p>ADVICE ABOUT HABITS, PHYSICAL AND/OR EMOTIONAL NEEDS Please include any details, which apply to the personal data. The more information you are able to provide, the better we are able to meet the needs of your child. For any specific problems of a confidential nature, please indicate in a separate letter to the Camp Director marked "Personal."</p> <p>_____</p> <p>_____</p>
<p>Please note that if you answer yes to one or both question below to please contact the camp director before you register.</p> <p>Does your child require special assistance to participate in the regular camp program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your child require assistance during normal school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please call camp Director before you register.</p>	<p>Registration Reminders:</p> <ul style="list-style-type: none"> ➤ All NSF payments are subject to a \$20 fee. ➤ Complete the registration form in its entirety, giving as much information as possible. ➤ Parents/guardians are responsible to get campers to and from camp. ➤ If you require financial assistance, please contact the YMCA and one of our staff will be happy to assist you. Completion of a form and proof of family/household income will be required before approval of assistance. One-week camps only.

Campers Code of Conduct

The safety of each individual in the Program is of the utmost importance to YMCA. Each Registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by YMCA staff. I hereby agree that any behaviour of the Registrant that places him/herself, or others, at risk may result in the Registrant's immediate dismissal from the Program. Further, if dismissed from the Program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the Registrant at his/her request before the end of a Program session. In order to ensure the safety and well-being of all individuals participating in the Program, YMCA reserves the right to alter the Program at any time without notice or compensation to the Registrant.

Authorization

In permitting my child _____ to attend Camp Presqu'île operated by the Owen Sound YMCA, I the undersigned permit my child to participate in the full range of camp activities and authorize the camp Director and or his/her appointed, in the event of accident or illness affecting the above named camper, to authorize on my behalf a;; procedures, including admission to hospital and necessary treatment there in, as he/she may deem essential for the care and well-being of said camper. Such action is to be taken only when immediate contact with the undersigned cannot be made. I understand that the pictures/video's taken at camp may be used for promotion. I have read and understand the payment plans and refund policies.

Signature of Parent or Guardian

Date