

Neighbourhood Day Camps

2023 Registration Form

HOW TO REGISTER

**Online**

Visit ymcaottawa.ca and follow the links to register

**By Email**

Complete this registration form and email to: day.camps@ymcaottawa.ca

**In Person**

Bring this completed registration form to your closest Y location

CAMPER INFORMATION

FIRST NAME _____

LAST NAME _____

Gender: F M Other _____ **Date of birth (MM/DD/YY):** _____

My child has permission to walk home alone: Yes No (Child must be 10 years old to be released without a parent or guardian present.)

My child has attended a Y camp and/or program in the past: Yes No

CONTACT INFORMATION

MAIN CONTACT Relationship: Parent Guardian Other _____

FIRST NAME _____

LAST NAME _____

ADDRESS _____

CITY _____

PROV _____

POSTAL CODE _____

CELL PHONE _____

WORK PHONE _____

OTHER PHONE _____

EMAIL _____

EMERGENCY CONTACT Relationship: Parent Guardian Other _____

FIRST NAME _____

LAST NAME _____

CELL PHONE _____

WORK PHONE _____

OTHER PHONE _____

AUTHORIZED PICK-UPS

List the full legal names of all individuals able to pick up the child, including yourself. (All authorized pick-ups must be 16 years of age or older).

1. _____ 2. _____

3. _____ 4. _____

GROUP REQUESTS

List up to 2 camper friends that your child wishes to be in the same group.

1. _____ 2. _____

CAMPER PROFILE - HEALTH AND MEDICAL

Allergies: _____ **EpiPen:** Yes No

Asthma: Yes No **Asthma Inhaler:** Yes No

Dietary Restrictions:

Vegan Vegetarian Gluten Free Lactose Intolerant Other: _____

Diabetes: Yes No **Insulin:** Yes No (*Follow up required if yes)

Medication: Yes No **Dosage:** _____ **Frequency while at camp:** _____ **Require follow up:** Yes No

Additional information:

CAMPER PROFILE - BEHAVIOURAL AND DEVELOPMENTAL

ADD/ADHD Autism Down Syndrome Aggression Other: _____

Require follow up: Yes No

Additional information or tips to ensure that your camper has a fun and successful camp experience:

CAMPER PROFILE - SWIMMING

Camper's last swimming level completed:

Advanced Intermediate Beginning Never swam Does not like swimming

CAMP PROGRAMS – For help completing this form, please see the ‘How to Register’ section on our website, ymcaottawa.ca.

PLEASE NOTE:

- Extended Day Camp (EDC) is available at all our NDC locations for an additional fee per week for each AM and/or PM session.

EXAMPLE	CAMP PROGRAM: Y Creators, 6Y-9Y	LOCATION: Taggart Family Y	CAMP FEE \$ <u>262</u>
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30 <input checked="" type="checkbox"/> PM \$30 TOTAL \$ <u>292</u>
JULY 4-7*	CAMP PROGRAM:	LOCATION:	CAMP FEE \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30 <input type="checkbox"/> PM \$30 TOTAL \$ _____
JULY 10-14	CAMP PROGRAM:	LOCATION:	CAMP FEE \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30 <input type="checkbox"/> PM \$30 TOTAL \$ _____
JULY 17-21	CAMP PROGRAM:	LOCATION:	CAMP FEE \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30 <input type="checkbox"/> PM \$30 TOTAL \$ _____
JULY 24-28	CAMP PROGRAM:	LOCATION:	CAMP FEE \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30 <input type="checkbox"/> PM \$30 TOTAL \$ _____
JU 31 -AUG 4	CAMP PROGRAM:	LOCATION:	CAMP FEE \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30 <input type="checkbox"/> PM \$30 TOTAL \$ _____
AUG 8-11*	CAMP PROGRAM:	LOCATION:	CAMP FEE \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30 <input type="checkbox"/> PM \$30 TOTAL \$ _____
AUG 14-18	CAMP PROGRAM:	LOCATION:	CAMP FEE \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30 <input type="checkbox"/> PM \$30 TOTAL \$ _____
AUG 21-25	CAMP PROGRAM:	LOCATION:	CAMP FEE \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30 <input type="checkbox"/> PM \$30 TOTAL \$ _____
AUG 28 - SEP 1	CAMP PROGRAM:	LOCATION:	CAMP FEE \$ _____
	EXTENDED DAY CAMP (EDC) - AM: <input type="checkbox"/> Y <input type="checkbox"/> N	EXTENDED DAY CAMP (EDC) - PM: <input type="checkbox"/> Y <input type="checkbox"/> N	EDC - <input type="checkbox"/> AM \$30 <input type="checkbox"/> PM \$30 TOTAL \$ _____

* Short week

Sub total \$ _____

Would you consider making a donation to help send a child to camp? \$ _____
A tax receipt will be issued for all donations over 10\$. DONATION AMOUNT

TOTAL \$

FINANCIAL ASSISTANCE

Will your camper be accessing any of the following financial aid services? Please check those that apply. Additional documentation is required to access the financial aid services below.

Y Financial Assistance
(the Y's Financial Assistance
Application Form can be found in the
Financial Assistance section on the
Camp Otonabee page on our
website)

Canadian Tire Jumpstart
Individual Child Grant

City of Ottawa Childcare Subsidy/
OCDSB EAP

RecLink – OCH Foundation
Children's Aid Society
Other:

CAMP REFUND AND TRANSFER POLICY

Request for refund **16+ business days** before session start date → **100% refund** of program fees

Request for refund **15-6 business days** before session start date → **75% refund** of program fees

Request for refund **5-1 business days** before session start date → **50% refund** of program fees

Request for refund once program has begun → **No refund** of program fees

Transfer requests must be made in writing by emailing day.camps@ymcaywca.ca. Please include your camper's name, your name, and the weeks they are both unregistering for and transferring to in your request. All transfers must be completed 10 business days prior to the session start date, provided there is space in the program.

All refunds must be requested in writing by emailing day.camps@ymcaywca.ca. Please include your camper's name, your name, and the week they are unregistering for in your request. There are no refunds for children who are asked to leave the camp due to behavioural and/or safety issues.

I agree

CAMPER CODE OF CONDUCT

You agree that intentional participant behaviour that puts the camper or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the Camp Manager responsible. Expenses incurred because of program dismissal will be the responsibility of the participant/parent/guardian. You agree to our Camper Code of Conduct which can be found in the Family Resource section of our website.

I agree

WAIVER OF LIABILITY

Developing an understanding of and responsibility for individual potential and abilities includes accepting responsibility for individual actions. While under the leadership of skilled staff the activities that your child will engage in as a participant at Y Camps involve risk – in choices made and physical activity undertaken by the participant. As a condition of being allowed to participate in a Y Camps program, you warrant the participant is in good physical and mental health and that the participant shall not consume any substances which would impair the participant's senses at any time during the program. A participant's possession or consumption of alcohol, tobacco products or illegal or harmful substances will result in immediate dismissal from the program. You agree that no refunds will be granted for participants dismissed from camp for possession or consumption of these substances.

I, the undersigned, permit participation in a full range of activities and authorize the Camp Manager or his/her appointee, in the event of accident or illness, 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 participant. Such action is to be taken only when immediate contact with the undersigned cannot be made.

I agree

FIELD TRIP CONSENT

My child has my permission to participate in off-site activities including field trips, visits to nearby parks, pools and splash pads, when accompanied by a YMCA staff member. (Please note that campers without permission to attend off-site activities will be asked to be picked up from camp during this time. Camp fees will not be pro-rated for missed field trips.)

Yes No

PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM

By signing below, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA for the Purposes.

PURPOSES: For marketing, advertising, promotional, publicity and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people. These photographs, video recordings could be placed in the YMCA National Photo Bank and which may be used by any YMCA in Canada (the "Purposes"). They might also be used by news media in promoting YMCA programs & services. For purposes of this Form, "YMCA" refers to the local YMCAs and YMCA-YWCAs in Canada and to YMCA Canada, the national association of local YMCAs and YMCA-YWCAs across Canada.

I agree I disagree

COMMUNICATION CONSENT

I consent to receiving the YMCA of the National Capital Region's newsletter and other commercial messages regarding the YMCA of the National Capital Region's products and services. You may withdraw consent at any time using the contact information provided here. Please refer to our Privacy Policy (<https://www.ymcaottawa.ca/about-us/privacy-policy/>) or contact us for more details at corporate.services@ymcaottawa.ca. (YMCA of the National Capital Region, Corporate Services, 180 Argyle Avenue, Ottawa, ON, K2P 1B7).

Yes No

PARENT / GUARDIAN SIGNATURE

PRINT NAME

DATE (MM/DD/YY)

The YMCA of the National Capital Region is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure the safety of our participants, for statistical purposes, to inform you about the YMCA program or service in which you are registered, to complete payment transactions 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. We do not rent, sell or trade our mailing lists.