



YMCA Residential Camp Application Form - 2012

For Programs for children and youth at Camp Kitchikewana and Geneva Park

APPLICATIONS WILL NOT BE PROCESSED UNTIL THIS FORM IS COMPLETE. The YMCA will call to request missing information within 24 hours of receiving your application form. Your camper's space is not confirmed until we receive the missing information.

Mail to: YMCA of Simcoe/Muskoka
6604 Rama Rd. RR#6 Orillia, ON L3V 6H6
Fax to: (705) 325-9633
Inquiries: (705) 325-2253 or email
camp@ymcaofsimcoemuskoka.ca

CAMP INFORMATION

Complete the following chart for the camp(s) you wish to register.

	Camp Name	Dates	Camp Fee	Alternate Choice**	Dates
1*					
2*					

* To be used when registering your camper for two sessions ** Use this section to indicate your second choice should your first choice be unavailable. (The YMCA will call if your first choice is not available)

PARTICIPANT INFORMATION

Participant Name (first, last)

Male
 Female

Birthdate
Y M D

Age (as of July 1/2012)

Street Address (Apt. #)	Town/City	Province and Country	Postal Code
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Home Phone Number ()	Cell Phone - Parent/Guardian #1 ()	Cell Phone - Parent/Guardian #2 ()
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Alternative Emergency Contact (If parents cannot be reached; this person will be responsible for making decisions on your behalf.)	Phone Number ()	Relationship to Child
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Parent/Family Email(s):

Parent/Guardian 1	Home Phone Number ()	Business Phone ()	Occupation
Parent/Guardian 2	Home Phone Number ()	Business Phone ()	Occupation
Doctor's Name	Doctor's Phone Number ()	Doctor's Address	
Health Card Number	Custody	Swim Level	Grade (Beginning Sept. 2012)

CABIN MATE REQUEST

(One mutual request only)

YMCA CAMP KITCHIKEWANA TRANSPORTATION

Please indicate which bus service your camper will be using.

To Camp		From Camp
<input type="checkbox"/>	Bus – Barrie YMCA	<input type="checkbox"/>
<input type="checkbox"/>	Bus – Collingwood YMCA	<input type="checkbox"/>
<input type="checkbox"/>	Bus – Midland YMCA	<input type="checkbox"/>
<input type="checkbox"/>	Bus – Orillia YMCA	<input type="checkbox"/>
<input type="checkbox"/>	Bus – Ikea Hwy 400/7	<input type="checkbox"/>
<input type="checkbox"/>	Private Boat	<input type="checkbox"/>
<input type="checkbox"/>	Private Car	<input type="checkbox"/>
<input type="checkbox"/>	Airport Pick-up	<input type="checkbox"/>

PROGRAM FEE

Session #1 Cost	\$
Session #2 Cost (double session)	\$
+ 13% HST	\$
Airport Pick-up/Drop-off = \$125.00 (Round Trip)	\$
Third Child Discount (-10%)	\$
Sponsorship Donation	\$
Total Camper Fee	\$

PAYMENT METHOD

Please make cheques payable to YMCA of Simcoe/Muskoka

- Full Payment
- Deposit and post dated cheques (cheques must accompany this form)
- Deposit and one credit card payment on May, 2012
- Deposit and monthly post dated credit card payments (equal monthly payments will be processed on the 1st of each month with the final payment on May 1, 2012)

CREDIT CARD INFORMATION

Visa Mastercard

Card Number: _____

Card Holder: _____

Expiry Date: (MM)____ (YY)____



YMCA Residential Camp Medical Form - 2012

For Programs for children and youth at Camp Kitchikewana and Geneva Park

For treatment purposes and the safety of your child, it is crucial that the following information be completed thoroughly and accurately!

PARTICIPANT NAME: _____

Health Card #: _____ Doctor's Name: _____ Doctor's Phone Number: _____

Allergies

My child is allergic to the following: _____

Type of reaction and severity: _____

Treatment: _____

Regular Medications:

Please list and explain any regular medications your child will bring to camp (including type and dosage).

Please check if your child has had any of the following:

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Chicken pox | <input type="checkbox"/> Red Measles | <input type="checkbox"/> Asthma | <input type="checkbox"/> German Measles | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Epilepsy/Fainting | <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Fainting | <input type="checkbox"/> Severe stomach aches |

Dietary Concerns:

Please outline any dietary concerns your child may have (lactose intolerance, vegetarian, vegan, celiac, etc.)

Is your child a fussy eater? Yes or No (PLEASE CIRCLE)

Immunization Dates: Polio: ___ (d) / ___ (m) / ___ (y) MMR: ___ (d) / ___ (m) / ___ (y) Tetanus: ___ (d) / ___ (m) / ___ (y)

Special Assistance:

Does your child require special assistance at camp due to a disability? Yes or No (PLEASE CIRCLE). If yes, please explain:

Is your child attending camp through Reach for the Rainbow? Yes or No (PLEASE CIRCLE).

Any further advice about habits, physical or emotional needs of your child:

AUTHORIZATION

- Registration will not be processed without a signature below.

In registering and permitting my child _____ to attend YMCA Camping Program, I the undersigned parent, guardian or other duly authorized party, hereby agree as follows:

1. To permit my child to participate in the full range of YMCA Camp activities and authorize the YMCA Camp Staff, in the event of accident, injury, or illness affecting the above named camper, to authorize on my behalf all medical and other procedures, including admission to hospital and all other necessary treatment, as he/she may deem essential for the care and well-being of the said camper. Such action is to be taken only when immediate contact with the undersigned cannot be made. Insert any qualifications of the camp's authority as set out above or any medical limitations here:

- I understand and agree to YMCA of Simcoe/Muskoka's Refund and Cancellation policy
- I understand and agree to YMCA of Simcoe/Muskoka's Program Expulsion and Property Damage, Loss and Theft Policies
- I understand and agree to YMCA of Simcoe/Muskoka's Promotional Material Policy

PLEASE NOTE: Promotional Material: The YMCA of Simcoe/Muskoka and its subsidiaries reserve the right and permission to publish, reproduce, distribute and /or otherwise use any still or moving photograph, for such purposes and with such frequency as it shall determine in its sole discretion without further compensation or consideration to me and without further authorization by me for, as yet, unnamed video or photographic projects (including promotion, marketing and social media) which shall constitute the sole property of YMCA of Simcoe/Muskoka. YMCA of Simcoe/Muskoka and its subsidiaries shall be released from and against any and all liability resulting from its use of the photos or related to my use of the product.

Date: _____ Signature: _____ Relationship to camper: _____

PRIVACY STATEMENT: "The YMCA strives to ensure that volunteers and staff conduct their relationships with each other, participants and all other Association contacts with integrity, good judgment and fairness. The YMCA respects the right of individuals to the protection of their personal information. The YMCA is committed to maintaining the confidentiality, privacy and accuracy of personal information it collects, uses and discloses about its participants, members, donors, parents/guardians, staff and volunteers"