



APPLICATION FORM

GODERICH YMCA DAY CAMP 2020

I confirm all caregiver(s) are required to work outside of the home during the requested camp session(s)

CAMPER INFORMATION

Name:		Birthday (day/month/year):		Age at camp:	
Address:		City:	Postal Code:		Home Phone Number:

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

Name:		Name:	
Primary Phone:	Secondary Phone:	Primary Phone:	Secondary Phone:
Email:		Email:	

CUSTODY OF CAMPER

Please Specify: Parent/ Guardian 1 Parent/ Guardian 2 Both Other:

EMERGENCY CONTACT

Name: (other than parent/guardian)	Preferred contact number:
Name: (other than parent/guardian)	Preferred contact number:

CAMP PROGRAMS: (AGES 4-12) YMCA DAY CAMP
FEES: \$160/WEEK, \$130/SHORT WEEK

CAMP SELECTION

**All day camps closed on Monday August 3, 2020*

WEEK DATES	CAMP SITE	CAMP PROGRAM NAME	CAMP FEE	OFFICE USE ONLY BARCODE	TOTAL
WK 1 - July 13-17					
WK 2 - July 20-24					
WK 3 - July 27-31					
WK 4 - August 4-7*					
WK 5 - August 10-14					
WK 6 - August 17-21					
WK 7 - August 24-28					
				YMCA Strong Kids Donation	
				TOTAL	

All registrations are due by noon on the Thursday prior to the camp session. Please complete one form per camper. Additional forms can be photocopied or downloaded at www.ycamp.ca. Incomplete forms will result in a delay of your child's camp registration. First come first served, space is limited.



APPLICATION FORM

GODERICH + CENTRAL HURON YMCA DAY CAMP 2020

Does your child require one to one support? Yes No

NOTE: If you answered Yes, you must contact the Camping Branch at daycamp@swo.ymca.ca before registering your child to confirm additional support staff is available.

MEDICAL INFORMATION

Please describe any allergies or medical needs your child's camp staff should know about.

Please list any medications that your child requires while at camp:

PAYMENT / AUTHORIZATION

YMCA Member **Non-member**

(In order to receive the member rate, your camper must be a member of the YMCA of Southwestern Ontario at the time of registration and during camp.)

PAYMENT OPTIONS:

- Payment in Full (includes \$50 non-refundable deposit)
- Extended Payment (minus non-refundable deposit)
(extended option MUST include a Credit Card or Void Cheque for future payments)

NOTE: NSF payments will be subject to a \$30 service charge.
July camps MUST be paid in full by June 1, 2020.
August camps MUST be paid in full by July 1, 2020.

FINANCIAL ASSISTANCE:

• Please allow 2-3 weeks for processing of application and calculations.

FINANCIAL ASSISTANCE OPTIONS:

- YMCA Strong Kids (Must apply In Person)
- County of Huron/Perth Subsidy (County Subsidy letter required)

METHOD OF PAYMENT:

- VISA
- MasterCard
- Debit
- Cash

Credit Card #: _____ Expiry Date: _____

Name of Card Holder: _____

Signature: _____

PHOTO CONSENT

I understand that photographs, images or recordings containing my child's picture may be used for promotion on the YMCA website; social media, including Facebook and Twitter; and other marketing and promotional materials for the YMCA of Southwestern Ontario such as brochures, posters, mailers etc. By checking "Yes", I am granting my permission Yes No

CANCELLATION / WITHDRAWAL POLICY

All cancellation requests must be submitted by email directly to the Camping Branch Office at daycamp@swo.ymca.ca with subject line "Withdrawal Request" followed by your camper's first and last name. Cancellation requests received 6 business days prior to the affected camp week will be subject to a full refund minus the non-refundable deposit. Cancellation requests received less than 6 business days prior to the camp week will forfeit any possible refund. A doctor's note is required for cancellations due to a medical reason. Refunds may take 2-3 weeks to process.

The YMCA reserves the right to cancel any program where registration numbers are not adequate to run an effective program. Families will be notified at the weekly registration close. Options for a refund or transfer to another site will be discussed at that time.

AUTHORIZATION

In permitting my child to attend "day camp" programming operated by the YMCA, I the undersigned, in the event of an accident or illness affecting the child indicated on this form, authorize all procedures, including admission to the hospital and necessary treatment herein, as deemed essential for the care and well being of said child. Such action is to be taken only when immediate contact with the undersigned or other indicated authorized contacts cannot be made. I have read and understood:

1. The Drop off/Pick up, Bussing and Extended Care information
2. I agree with the Camper Behaviour expectations and the Code of Conduct and will discuss it with my child
3. I have explained to YMCA staff any special considerations for my child (ie. language barrier, special needs, special requirements, etc)
4. I authorize my child to participate in all programs

Signature of Parent/Guardian: _____

Date Signed: _____

YOUR CHOICE: From time to time the YMCA of Southwestern Ontario may use my information on this form to notify the applicant of upcoming events, volunteer/donor opportunities and/or offerings from other YMCA of Southwestern Ontario departments that may be beneficial to the applicant.

Check here if you do NOT wish the YMCA of Southwestern Ontario to contact you for any reason other than those relating to this application.