



YMCA-YWCA Camp Y 2012 Registration/Health History Form

All registrants MUST complete the forms below

I have registered online

Please register my camper

Contact Information
Phone: 204.831.3157
Mail: 3550 Portage Ave. Wpg, MB R3K 0Z8
Fax: 204.889.9002

Child's Name: First Last Male Female Please circle one

Birth Date: Day: Month: Year: Age at Camp: Current School Grade:

Address: City: Province:

Postal Code: Phone #: Email:

Parent/Guardian #1: First Last Address (if different from above)

Home Phone: Business Phone: Cell Phone:

Parent/Guardian #2: First Last Address (if different from above)

Home Phone: Business Phone: Cell Phone:

Legal Custody: Mother Father Both Guardian If Guardian: Please circle one Relationship

Alternate contact phone number while child is at camp (i.e. Cottage Phone Number):

Alternate Emergency Contact (if parent cannot be reached):

Relationship: Address: Phone #:

What size t-shirt does your child require? Youth S Youth M Youth L Youth XL S M L XL

Cabin Mate Request: We will try to honour one mutual request for campers of the same age. Please list a maximum of 2 names.

Does your child require additional assistance or additional adult assistance due to Special Needs? NO YES

CAMP SELECTION - CHOOSE SECTION AND DATES

5 Day Resident Camp (6 - 14 years) \$285 + GST
5 Day Resident Camp (13 - 17 yrs) \$285
July 9 - July 13
July 16 - July 20
July 23 - July 27
July 30 - August 3
Leadership Camp - August 7 - August 11

TRANSPORTATION

Does your child require transportation to Camp Y on the 1st day of camp? YES NO

Does your child require transportation to Winnipeg on the last day of camp? YES NO

Other than parent/guardian stated above who can/is allowed to sign your child in and out?

I authorize my child (13+) to sign themselves in and out of Camp Y. YES NO

PAYMENT OPTIONS for (Child's Name)

Registered & Paid Online Full Payment Cash Visa MasterCard American Express Cheque (payable to YMCA-YWCA of Winnipeg)

Extended Payment

Requires \$100 deposit paid by Visa, MasterCard, American Express and Pre Authorized Payments deducted from a Credit Card (Visa, MasterCard, American Express).

Pay \$100 deposit at time of registration. Balance due May 1, 2012

Pay \$100 deposit at time of registration. Extended equal payments on the 1st day of each month ending May 1, 2012

I am applying to the Sunshine Fund or the Campership Fund (funding is limited, please apply as soon as possible!)

I wish to donate to the Campership Fund in the amount of \$ (Donations will be processed with deposits and tax receipts issued)

Credit Card # Expiry Date:

Credit Card Holders Name: Credit Card Holders Signature:



# Health History Information

Child's Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
First Last

Health/Medical #'s \_\_\_\_\_ Are your child's immunization's up to date? YES NO  
Manitoba 6 digit 9 digit

### SPECIAL NEEDS

Does your child require additional assistance or additional adult assistance due to Special Needs? NO YES

Has your child been diagnosed or in the process of being diagnosed with: a) ADD b) ADHD c) ODD d) PDD  
e) Asperger's Syndrome f) Autism g) Other: \_\_\_\_\_

Does your child ever take behavioural related medications? YES NO Please list \_\_\_\_\_

Does your child carry an EPI-PEN? YES NO

Does your child use an inhaler? YES NO

Can your child administer EPI-PEN? YES NO

Can your child administer inhaler? YES NO

Please list the allergies your child may have: \_\_\_\_\_

What triggers above allergies? \_\_\_\_\_

What reactions to above? \_\_\_\_\_ Medication taken? \_\_\_\_\_

Are there any special dietary requirements? (e.g. Cultural, Vegetarian) \_\_\_\_\_

### MEDICATIONS

All medication must be brought to camp in its original container with the name of the camper, medication and dosage

Please list medications that your child will be bringing to camp \_\_\_\_\_

My child may take the following types of over the counter medications while at camp

Tylenol and like products  cough syrup & like products  Ibuprofen & like products

Are there any other health issues or medical concerns? Please include any details you feel necessary. The more information you are able to provide, the better we are able to meet the specific needs of your child. For any specific problems of a confidential nature, please include separate letter to the Camp director marked "Confidential".

### BEHAVIOUR

YMCA-YWCA Camp Y strives to be a fun, safe and active environment where everyone has a chance to be their best. All campers, staff and volunteers pledge to treat each other with dignity and respect. Behaviour that prevents others from enjoying a positive camp experience will not be permitted. If necessary, campers may be asked to leave based upon inappropriate behaviour including swearing, aggression, or use of prohibited items such as but not limited to tobacco, alcohol, non-prescription drugs or offensive printed materials.

### PHOTOGRAPHY

Photographs taken at camp may be used for public displays and/or other promotional projects about the YMCA-YWCA of Winnipeg. All photos are the property of the YMCA-YWCA of Winnipeg and may or may not be used. To request for your child to be excluded from pictures please send a written request to the attention of the Camp Director.

### AUTHORIZATION

To the best of my knowledge my child is in good health. I will notify the camp in writing of any changes that occur in my child's health between completing this form and attending camp. Further more, I will notify the camp in writing if my child is exposed to an infectious disease during the three weeks prior to camp. I, the undersigned permit my child to participate in the full range of camp activities and authorize the Camp Director and their appointee, in the event of accident or illness affecting the above named camper, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as they may deem essential for the care and well-being of my child. Such action is to be taken only when immediate contact with the undersigned cannot be made. I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health and/or Medical Insurance.

### ASSUMPTION OF RISK AND RELEASE

While YMCA-YWCA staff and instructors will make every reasonable effort to minimize exposure to known risks, I understand that in registering my child in a YMCA-YMCA Camp Y program, my child will be involved in physical activities and that with any physical activity, there is a risk of injury. I do hereby release the YMCA-YWCA of Winnipeg, and its respective officers, directors, employees, volunteers and agents, and their successors and assigns, from all liability for damages sustained in consequence of loss, injury or damage to myself or my child, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property including myself or my child arising out of or connected with preparation for, or participation in YMCA-YWCA programs or activities.

### FINANCIAL POLICIES

**Cancellation/Refunds** - Requests in writing will be accepted less a \$50.00 plus GST cancellation fee per child up to May 1, 2012. After May 1 refunds will be given for medical reasons only (medical certificate must be provided). If applicable, we will issue a refund less a \$5.00 plus GST service charge.

**Returned Payments** - A service charge of \$5.00 + GST will be charged for each returned payment. Service may be suspended until the account is paid in full. The association reserves the right to cancel registrations with outstanding payment. Unpaid accounts will be sent to a collection agency.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### PRIVACY POLICY

The Young Men's and Young Women's Christian Association of Winnipeg (the YMCA-YWCA) respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of the YMCA-YWCA, including programs, services, special events, funding needs, opportunities to volunteer or to give, open houses and more through periodic contacts. If at any time you wish to be removed from any of these contacts simply contact us by phone at (204) 889-8052 or via e-mail at [privacy@ymcaywca.mb.ca](mailto:privacy@ymcaywca.mb.ca), and we will gladly accommodate your request.