



YMCA of Owen Sound Grey Bruce

700 10th Street East, Owen Sound, Ontario N4K 0C6
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Please attach a recent photo of your child here

YMCA Day Camps Camper Information Form

This form is necessary for registration but does not guarantee your child's space at day camp!
To finalize your registration, connect with our Membership Services staff in person or by phone. This form must be completed in full and signed by an authorized parent/guardian. Please use one form per camper.

Camper Information

Please Print Clearly. Note that Confirmations of Registration and the majority of correspondence throughout the year is through email. Be sure to include an address that you check often, and disable any filters that you may have in place which would prevent our messages from reaching your family.

Camp your child is registering for: Summer Play Camp Summer Day Camp Summer Specialty Camp Holiday Camp March Break Camp

Name: _____ Age at camp time: _____
(first) (preferred - if applicable) (last)

Birth Date: / / Gender: _____ Swimming Ability: Beginner Intermediate Advanced Last swimming level attained: _____
(day/month/year)

Address (home): _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ E-mail Address: _____

1st Parent/Guardian's Name: _____ Relationship to Child: _____

Email: _____ Work Phone: _____ Cell: _____

2nd Parent/Guardian's Name: _____ Relationship to Child: _____

Email: _____ Work Phone: _____ Cell: _____

Custody Arrangements, if applicable: _____

Additional Adults authorized to pick up your child / Emergency Contacts

Name: _____ Phone: _____ Relationship to Child: _____

Name: _____ Phone: _____ Relationship to Child: _____

PLEASE NOTE ANY PERSON PICKING UP YOUR CHILD FROM CAMP WILL NEED TO SHOW PHOTO ID

Does your child have an E. A. at school? Yes No

If your child has an E.A. at school who assists with behavioural concerns, they are required to have someone assist them at camp.
You are required to make these arrangements for your child. Non-disclosure of information could lead to cancellation.

Allergies: Please list any allergies, rate the severity (scale of 1 to 5; 1=life threatening, 5=mild), and reactions (i.e. peanuts – anaphylaxis, Penicillin – hives, mosquito bites – swelling, etc.).

Allergy	Scale	Usual Reaction(s)	Medication

Physical or Behavioural Challenges

Please specify any challenges that would be useful for our staff to be aware of.

If your child is currently taking medication for any of these challenges, you will be asked to complete a separate form at time of drop-off outlining dosage/administration info for our camp staff.

Camper Code of Conduct

As a camper I pledge that:

*I will make **honesty** the basis of all relationships and interactions.*

*I will **care** for myself, those around me and our environment.*

*I will **respect** all campers and staff; and allow each camper equal opportunities and involvement.*

*I will be **responsible** for my own actions, attitudes and behaviours.*

Parent Authorizations

- I have discussed the Camper Code of Conduct (above) with my child and we both understand that failure to follow these guidelines could result in suspension or termination.

Photo Release

By signing this Form, you are consenting to the taking of photographs and/or video recordings of your camper 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. You are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA for their own purposes.

I hereby agree to allow photographs and/or video recordings to be taken of my camper, whether posed or candid, while my campers is on YMCA property and/or participating in YMCA activities or events, **to be used by the YMCA**, whether on the YMCA's website, in YMCA printed materials, or in any other medium (i.e. social media). I confirm that the YMCA shall not be obligated to use any images taken.

- I consent to the YMCA taking photos of my child and understand they may be used as stated above.
- I do not want photos of my child taken or used by the YMCA.

If you have any questions or concerns about this photo release or how photos are used to support our communications and fundraising, please don't hesitate to contact Ellen Wallace, Communications Lead, at 519.3760484 x222 or ellen.wallace@osgb.ymca.ca

- I have provided all relevant information regarding my child and understand that non-disclosure of information could lead to the cancellation of my child's registration.
- Permission is hereby given for my child to be taken off the day camp site for activities; or to seek appropriate medical treatment in the event of an accident or illness.
- (If your child is attending Summer Day Camp) I have read and reviewed the [Key Information Guide](#).
- I understand that a \$10 service charge applies to all schedule changes and refunds; and that refunds will not be granted less than two weeks prior to start date without medical documentation of illness.

Signature of Parent or Guardian

X _____

Date: _____