



Saint John YMCA-YWCA

# Saint John YMCA-YWCA Camp Glenburn

130 Broadview Ave., Saint John, NB, E2L 5C5  
Camp Glenburn site: (506) 832-5632  
Camp Glenburn city office: (506) 646-2104  
Fax: (506) 634-0783



## 2008 Registration Form

### Important Please Read:

Before your camper can be registered, the Camp Glenburn office must receive all 4 pages of this form completed and accompanied by either a full payment or a \$100 deposit. Camp registrations must also include postdated payment(s) for the remaining amount according to the payment options listed below. Please make cheques payable to the Saint John YMCA-YWCA. Please fill out one (1) form per camper.

How did you hear about Camp Glenburn?  Newspaper  Radio  Y Promotion  Other Campers  School  Family  Other \_\_\_\_\_

Will your child have a birthday while at Camp? (Circle) Yes No If yes. When? \_\_\_\_\_

Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		I have attended Glenburn before: <input type="checkbox"/>	
				I have attended Day Camp before: <input type="checkbox"/>	
Mailing Address			City	Province	Postal Code
Medicare #	Expiry Date	Date of Birth (d/m/y)		Home Phone #	
Guardian's Name			Guardian's Name		
Work / Cell Phone #			Work/Cell Phone#		
Age as of July 1, 2008			Cabin Mate Requests (max of 2)		
E-mail Address Guardian 1			E-mail Address Guardian 2		
What Program is Camper Requesting:			<i>This space for office use only:</i>		

Please note: Granting cabin mate requests depends on age, gender, length of program and number of campers requesting. We cannot guarantee cabin mate requests; however, we will do our best to accommodate them.

### Payment Plans

- Full Payment by cheque, cash or VISA/MASTERCARD
- Deposit and post-dated payment(s): (Please attach all cheques and/or indicate all process dates equal to full payment) One payment with current date for deposit and a series of post dated payments for the balance in increments of your choice. Please send all cheques at time of registration.
- Pre-authorized Payment
- VISA  MASTERCARD Expiry Date \_\_\_\_\_

Card # \_\_\_\_\_

Signature \_\_\_\_\_

## 2008 Payment Calculation Table

Camp Glenburn

*Please complete the following:*

	<u>Program Name &amp; Dates</u>	<u>Amount</u>
		\$
		\$
		\$
<b>HST: (13%)</b>		\$
<b>Transportation fee:</b> (If traveling by Camp Van from Y: \$15.00 each way)		\$
<b>Overnight fee:</b> (If staying for an additional night: \$50.00 per night)		\$
<b>Sub Total</b>		\$
<b>Family Discount:</b> (\$20.00 off any additional child after first (1 <sup>st</sup> ) child from family registers)		-\$
<b>TOTAL</b>		\$

- Please note: Tuck fee is now included in your registration fee

Please indicate here if you have applied to the Campership program

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please ensure a sponsorship application form is completed or call the Glenburn office for further information.

***Please Note:***

A \$100.00 deposit is required for each Camp Glenburn program for which each camper is registered. Deposits are **non-refundable**. The remaining balance of fees are refundable if a medical excuse is provided by a physician, or if cancellation is made 21 days prior to the first day of the program. Refunds are not provided for homesickness or inappropriate behaviour. Persons withdrawing from any Camp Glenburn program prior to May 1, 2008 will be given a full refund less \$50.00 for service charge. All payments must be finalized by June 27, 2008; after this date all payments must be received in full.

**PERSONAL INFORMATION**

**Camper's Name:** \_\_\_\_\_

**Alternative Emergency Contact:** \_\_\_\_\_

**Relationship to Camper:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**SOCIAL**

Your child makes friends:

- Easily  With some work
- With difficulty

**EATING HABITS**

- Fussy
- Average
- Vegetarian

**Your child is:**

- Eager to attend camp.
- Urged to attend by parents.

- Food Allergies: \_\_\_\_\_
- Dietary Restrictions: \_\_\_\_\_

**SLEEPING HABITS**

- Frequent Bedwetter  Occasional Bedwetter  Walks in Sleep  Nightmares

**FAMILY**

In the past year have there been any changes in family relationships?  Death  Marriage  Divorce  Separation  
 If parents are divorced or separated, who has legal custody? \_\_\_\_\_

**OTHER**

Please expand upon or include any information that you feel is important for us to be aware of in order for us help your camper make the most out of his/her experience. If there is any information of a confidential nature, please indicate in a separate letter to the Camp Director marked "*personal*"

**MEDICAL INFORMATION**

Medicare #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Hospital Ins. # (ie: Blue Cross): \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Ph: \_\_\_\_\_

If camper has, or has had any of the following, please check:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Hepatitis      | <input type="checkbox"/> Red Measles   |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Hernia          | <input type="checkbox"/> German Measles | <input type="checkbox"/> Hay Fever     |
| <input type="checkbox"/> Epilepsy       | <input type="checkbox"/> Fainting        | <input type="checkbox"/> Tonsillitis    | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Stomach Aches  | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Ear Trouble    | <input type="checkbox"/> Mumps         |
| <input type="checkbox"/> Appendicitis   | <input type="checkbox"/> Bedwetting      | <input type="checkbox"/> Toothaches     | <input type="checkbox"/> ADD or ADHD   |

**Date on which the following immunizations and toxins were last given:**

Diphtheria: \_\_\_\_\_ MMR: \_\_\_\_\_  
 Polio: \_\_\_\_\_ Tetanus: \_\_\_\_\_

**Please indicate any allergic reactions, specify what causes the reaction and describe its nature and severity:**

Food: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Stings: \_\_\_\_\_  
 Animals: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Please describe any injections or treatments required: \_\_\_\_\_

Please note all medications that the camper is taking, or has taken in the past six months (include any behaviour modification medications, ex: Ritalin): \_\_\_\_\_

**The following is a legal document.** Please read it carefully and acknowledge that **by signing you are giving up the right to sue** the Saint John YMCA-YWCA Inc., its officers, agents, employees, board of directors, volunteers, participants, and all other persons or entities acting on their behalf (hereinafter collectively referred to as "Camp").

### AUTHORIZATION

In permitting my child \_\_\_\_\_ (print camper's name) to attend Camp, operated by the Saint John YMCA-YWCA Inc., I, the undersigned, permit my child to participate in the full range of camp activities which include but are not limited to canoeing, kayaking, swimming, windsurfing, high and low ropes course, active games, overnight camping, outdoor living skills, hiking, drama and outdoor climbing wall. I authorize the "Camp" in the event of an accident or illness affecting the above named camper to authorize on my behalf all procedures necessary therein, as he/she may deem essential for the care and well being of said camper. Such action is to be undertaken only when immediate contact with the undersigned cannot be made.

Parent or Guardian (print name): \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

### INDEMNITY

In consideration of \_\_\_\_\_ (print camper's name) (hereinafter referred to as "Camper") being permitted by the "Camp" to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless the "Camp" from any and all claims, causes of action, actions or demands whatsoever which are in any way connected with such use or participation by the "Camper".

Parent or Guardian (print name): \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

### MEDICAL

In case of a medical emergency, I understand that every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician selected by the "Camp" to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above. To the best of my knowledge, the information on this form is accurate.

Parent or Guardian (print name): \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

### PUBLICATION and PRIVACY ACT

I understand that the pictures taken at Camp may be used for promotional purposes.

We collect, use and disclose personal data only in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA-YWCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA-YWCA programs, services and opportunities that may interest you. We do not share this information with any other party.

Parent or Guardian (print name): \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_