



Saint John YMCA-YWCA

Saint John YMCA-YWCA  
 130 Broadview Avenue  
 Saint John, NB E2L 5C5  
 Telephone: (506) 634-7720  
 Fax: (506) 634-4180



### 2010 Registration Form

Before your camper can be registered, the Saint John YMCA-YWCA must receive all six (6) pages of this form completed and accompanied by either a full payment or post-dated cheques. Please make cheques payable to the Saint John YMCA-YWCA. Please use one form for each camper.

#### Personal Information

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Age as of June 28, 2010:	
Mailing Address:		City:	Province:	Postal Code:	
Medicare #:	Expiry Date:	Date of Birth:	Home Phone #: ( )		
Parent/Guardian's Name:		Parent/Guardian's Name:			
Occupation:	Work Phone#:	Occupation:	Work Phone#:		
Cell Phone/Pager:		Cell Phone/Pager:			
Email Address:		Email Address:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		With whom has the child lived for the most of the past year? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify) _____			
Siblings: Name _____ Age _____ Name _____ Age _____ Name _____ Age _____		Other people living in the home: Name: _____ Relationship _____ Name: _____ Relationship _____			
What languages are spoken at home? <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify) _____					
Emergency Contact: (different from parent/guardian) Name: _____ Relationship: _____ Home #: _____ Work #: _____		Emergency Contact: (different from parent/guardian) Name: _____ Relationship: _____ Home #: _____ Work #: _____			
Who has permission to pick up your child from camp? _____ _____		Is there anyone who does not have permission to pick up your child from camp? _____ _____			
Did your child attend a "Y" Afterschool Program this year? If so, which location? _____					

Please check which weeks your child will be attending Day Camp and the program you wish to register them in:

Day Camp 2010	June 28- July 2	July 5- July 9	July 12- July 16	July 19- July 23	July 26- July 30	Aug 3 - Aug 6	Aug 9 - Aug 13	Aug 16- Aug 20	Aug 23- Aug 27	Aug 30 - Sept 3
<b>Prince Charles School</b>								**	**	**
Junior Adventure	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Senior Adventure	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Youth Leadership Camp	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85	\$85
Specialty Camp	Just the Guys 1 \$130	Art Camp 2 \$135	Aqua Camp 1 \$130	Girl Power 2 \$130	Wilderness Adventure \$135	Out Trip 1 \$130	Art Camp 1 \$135			
Specialty Camp	Babysitting Camp \$130	Animal Adv. 1 \$130	Aqua Camp 2 \$130	Cheer-leading 1 \$130	Cheer-leading 2 \$130	Out Trip 2 \$130	Volleyball Camp \$130			
Specialty Camp	Girl Power 1 \$130	Skateboard Camp 1 \$140	Skateboard Camp 1 \$140	Skateboard Camp 1 \$140	Skateboard Camp 2 \$140	Golf Camp \$140	Animal Adv. 2 \$130			
<b>Millidgeville C.C.</b>										
Junior/Senior Adventure	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Specialty Camp	Dance Camp 2 \$130	Dance Camp 1 \$130	Dance Camp Extreme 2 \$140	Animal Adv. 2 \$130	Future Picassos 1 \$130	Creepy Crawly 2 \$130	Creepy Crawly 1 \$130	Learn to Sail 2 \$145	Badminton Camp \$130	Animal Adv. 1 \$130
Specialty Camp	Cooking Camp 1 \$135	Cooking Camp 2 \$135	All Star Sports 1 \$130	Learn to Sail 1 \$145	Cooking Camp Extreme 2 \$140	Scrap-booking 1 \$130	Future Picassos 2 \$130	Girl Power 2 \$130	Scrap-booking 2 \$130	Just the Guys 3 \$130
Specialty Camp	Soccer Camp 2 \$130	Soccer Camp 1 \$130	Girl Power 1 \$130	All Star Sports 2 \$130	Basketball Camp 1 \$130	Ball Hockey 1 \$130	Ball Hockey 2 \$130	Basketball Camp 1 \$130	Track & Field 1 \$130	Volleyball Camp \$130
<b>Quispamsis R.C.</b>										
Junior Adventure	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Senior Adventure	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Specialty Camp	Scrap-booking 2 \$130	Wilderness Explorers \$130	Girl Power 2 \$130	Just the Guys 2 \$130	Earth Week \$130	Cheer-leading 2 \$130	Dirt Camp \$130	Ball Hockey 2 \$130	Track and Field 2 \$130	Baseball Camp \$130
Specialty Camp	Ultimate Frisbee \$130	All Star Sports 2 \$130	Ball Hockey 2 \$130	Mystery Camp \$130	Extreme Sports \$130	Jazzy Chef \$130	Softball Camp \$130	Planeteers Camp \$130	Intro to Skateboard \$130	S.H.A.P.E \$135
<b>Carpenter Centre</b>										
Outdoor Adventure Camp	\$125	\$125	Extended Camp \$145	\$125		Extended Camp \$145	\$125	\$125	Extended Camp \$145	\$125
Specialty Camp	Canoe/Kayak \$130	Mountain Biking \$130	Archery Camp \$130	Canoe/Kayak \$130		Mountain Biking \$130	Archery Camp \$130	Canoe/Kayak \$130	Mountain Biking \$130	Archery Camp \$130
Atlantic Coastal Action Specialty Camp	Water World \$130	Nature Quest \$130	Enviro. Interaction \$130	Water World \$130		Nature Quest \$130	Enviro. Interaction \$130	Water World \$130	Nature Quest \$130	Enviro. Interaction \$130
Van Service				\$15				\$15		
<b>Forest Glen C.C.</b>										
Junior Adventure	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Senior Adventure	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Integrated Day Camp	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Specialty Camp	Ball Hockey 2 \$130	Cooking Camp 1 \$135	Baseball Camp \$130	Just the Guys 2 \$130	Animal Adv. 1 \$130	Basketball Camp 2 \$130	Girl Power 2 \$130	Girl Power 1 \$130	Cheer-leading 1 \$130	Creative Creations \$135
<b>Church of Good Shepherd</b>										
Junior/Senior Adventure	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Specialty Camp	Just the Guys 2 \$130	Science Camp \$130	Future Picassos 1 \$130	Cooking Camp 2 \$135	Girl Power 2 \$130	Pirate Camp \$130	Culture Camp 1 \$130	Culture Camp 2 \$130	Babysitting Camp \$130	Cooking Camp 1 \$135

\*\* The last 3 weeks of camp will be based out of Prince Edward Square Mall not Prince Charles School

## Payment Plans

- One time full payment by cheque, debit, cash or VISA/MASTERCARD
- Post-Dated Cheques: Please send all cheques at time of registration and have them dated the Friday before each week your child is attending camp.
- VISA  MASTERCARD Card # \_\_\_\_\_ Expiry: \_\_\_\_\_  
Fees will be charged to card the Friday before the week your child is attending.

### Day Care Assistance Program

If you will be using the Day Care Assistance Program during the summer please read below:

- Parents **MUST** provide valid notification from Social Development
- Children will only be registered in programs during the approved period
- All top up fees must be paid before registration will be accepted

### YMCA - YWCA Payment, Withdrawal & Refund Policies

- Refunds may be requested for full weeks only if your child will not be attending.
- All refund requests must be made one week prior to the start date of camp.
- All refund requests are subject to a \$10 administration fee.
- We understand that plans may change from time of registration to when Day Camp begins. If changes are being made please do so through the Day Camp Administrator and we will be happy to find another week for you. Please note that if multiple changes begin to occur a \$10 administration fee will be charged per program.
- All refund requests **MUST** be made through the Day Camp Administrator at 634-4942 in order to be processed, not staff on site.
- Any returned cheques will be subject to a \$25 administration fee.
- Contact will only be made if there are problems with registration or payment. Please feel free to contact the Day Camp Administrator if you wish to inquire about your registration.
- Before your child can be registered into our Summer Day Camp Program any money outstanding for other YMCA-YWCA programs must be paid in full.

I have read, understand and agree to abide by the policies listed above.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

### Medical Information

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

A copy of your child's immunization record needs to be provided at time of registration. If one is not provided the following declaration **MUST** be signed before your child can be registered.

I object to the administration of vaccines to my child/ have failed to provide a copy of my child's Immunization Record and therefore request exemption from the requirements as provided for in the Education Act. I understand that my child will be excluded from camp in the event of an outbreak of one of the infectious diseases.

\_\_\_\_\_  
 Parent Signature Date

The dots(.) shown on this table illustrate the routine immunization schedule which should be followed for infants and children (less than 7 years)

Age	DPT- P/Hib	DPT -P	Hep. B	MMR	Td-P	Td
Birth						
2 months	.		.			
4 months	.					
6 months	.					
1 year			.	.		
18 months	.			.		
4-6 years		.				

DPT-P/hib - Diphtheria, pertussis, tetanus, polio, haemophilus influenza type b vaccine; DPT-P - Diphtheria, pertussis, tetanus, polio vaccine; Hep.B vaccine; MMR - Measles, mumps, rubella vaccine; Td-P - tetanus, diphtheria, polio vaccine; Td - tetanus, diphtheria vaccine

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

Medical History:	Yes	No	Health Status:	Yes	No
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Eczema/Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	Autism/Aspergers	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis (Whooping Cough)	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

Please note any medications that your camper is taking or has taken in the last 6 months. (include any behaviour modification medications i.e Ritalin)

\_\_\_\_\_

\_\_\_\_\_

Please indicate any situations where emergency treatment and/or medication(s) may be required by your child (ie. EpiPen, benadryl)

\_\_\_\_\_

\_\_\_\_\_

Allergies: Please list any medication, food or other allergies your child has:

\_\_\_\_\_

\_\_\_\_\_

### Child Development

Have you suspected your child has vision problems? Yes  No

Has your child had frequent ear infections? Yes  No

Have you ever suspected that your child has hearing problems?  
*If yes please explain:*

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Has your child ever had trouble walking, climbing, reaching,  
holding onto things? Yes  No

Has your child ever had any significant injuries for which they  
were hospitalized? Yes  No   
*If yes please explain:*

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What are your child's interests?

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Does your child need assistance with self help skills?

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Please describe your child's personality:

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Are there any activities in which your child cannot participate?

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\*\* Please include any information that you feel is important for us to be aware of in order for us to help your camper make the most of his/her experience. If there is any information of a confidential nature or your child has any special needs, please indicate in a separate letter to the Camp Coordinator marked "Personal".

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**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. I authorize the Camp Coordinator and his/her appointee 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. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Coordinator to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above. I give permission to take my child on outings, excursions and activities away from the facility, either on foot or in a vehicle providing the driver of said vehicle are properly insured for the carrying of passengers. I understand I will receive advance notice of these events. I have read and understand the information and policies in the day camp brochure and children's services manual and to the best of my knowledge, the information provided on this form is accurate.

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

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

### INDEMNITY

In consideration of \_\_\_\_\_ (print camper's name) (hereinafter referred to as 'Camper') being permitted by Camp to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless 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 Camper.

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

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

### PUBLICATION & 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: \_\_\_\_\_ Date: \_\_\_\_\_