



Saint John YMCA-YWCA

# Saint John YMCA-YWCA

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



## Camp Glenburn Summer Registration Form

Please note:

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 1 form per camper.

**\*\*Will your child have a birthday while at Camp? (Circle) Yes No**

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
Date of Birth (d/m/y)	Home Phone #	Cabin Mate request #1	Cabin Mate request #2	
Guardian's Name		Guardian's Name		
Work #	Cell#	Work #	Cell#	
Email Address Guardian 1		Email Address Guardian 2		
Program Camper is requesting:		<i>This space for office use only:</i>		

Please tell us how you found out about Camp Glenburn's summer program? \_\_\_\_\_

**\*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 each request.**

### 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.**

VISA                       MASTERCARD                      Expiry Date \_\_\_\_\_

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

## Payment Calculation Table

	Session Name	Fee
		\$
		\$
		\$
<b>Transportation fee:</b> \$20 per child per trip		\$
<b>Overnight fee:</b> Only for additional night: \$50.00 per night	<b>Date(s):</b>	\$
<b>Sub Total</b>		\$
<b>HST: 13%</b>		\$
<b>TOTAL</b>		\$

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.

**Additional Night Fee:** Many of our campers travel a long distance to come to Camp Glenburn. Campers who may need to stay an extra night due to travel plans may do so for \$50 per night.

**Transportation:** Travel arrangements for each camper are the responsibility of the parent/guardian. Campers requiring bus transportation from the Saint John YMCA-YWCA, the Saint John airport, or the Saint John bus terminal, must make arrangements with the Camp Office at least 10 days prior to the beginning of the camp session. The fee for this service is \$20 per child each way.

***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 behavior. All payments must be finalized one full week before the requested camp session begins. If registration occurs within the week before the session begins, payments must be received in full.**

**PERSONAL INFORMATION**

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

**Alternative Emergency Contacts:** \_\_\_\_\_

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

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

**SOCIAL**

**Your child makes friends:**

- Easily  With some work
- With difficulty

**EATING HABITS**

- Fussy  Vegetarian
- Average
- Hearty

**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 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 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: \_\_\_\_\_