



APPLICATION FORM

Once completed, send to daycamp@swo.ymca.ca

SARNIA YMCA SCHOOL YEAR CAMP 2021/22

CAMPER INFORMATION

| | | | | | |
|----------|--|----------------------------|--|--------------------|--|
| Name: | | Birthday (day/month/year): | | Age at camp: | |
| Address: | | City: | | Postal Code: | |
| | | | | Home Phone Number: | |

PARENT/GUARDIAN 1

PARENT/GUARDIAN 2

| | | | |
|----------------|--|------------------|--|
| Name: | | Name: | |
| Primary Phone: | | Secondary Phone: | |
| | | | |
| Email: | | Email: | |

CUSTODY OF CAMPER

Please Specify: Parent/ Guardian 1 Parent/ Guardian 2 Both Joint Other:

EMERGENCY CONTACT

| | |
|------------------------------------|---------------------------|
| Name: (other than parent/guardian) | Preferred contact number: |
| | |
| Name: (other than parent/guardian) | Preferred contact number: |
| | |

CAMP PROGRAMS: MEMBER FEES: \$33.50 | NON-MEMBER FEES: \$39.50

CAMP SELECTION

| DATES | CAMP SITE | CAMP FEE | OFFICE USE ONLY BARCODE | TOTAL |
|-------|-----------|----------|------------------------------|-------|
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| | | | YMCA Strong Kids Donation | |
| | | | TOTAL | |

All registrations are due by noon on the Thursday prior to the camp session.

Please complete one form per camper. Additional forms can be photocopied or downloaded at <https://www.ymcaswo.ca/programs/camps/school-year-day-camp>

Incomplete forms will result in a delay of your child's camp registration. First come first served, space is limited.



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Does your child require one to one support? Yes No

NOTE: If you answered Yes, you must contact the Camping Branch at daycamp@sw.ymca.ca before registering your child to confirm additional support staff is available.

MEDICAL INFORMATION

Please describe any allergies or medical needs your child's camp staff should know about.

Please list any medications that your child requires while at camp:

PAYMENT / AUTHORIZATION

YMCA Member Non-member

(In order to receive the member rate, your camper must be a member of the YMCA of Southwestern Ontario at the time of registration and during camp.)

CREDIT CARD: Contact your YMCA or the Camping Branch at 519-453-8858 to provide your credit card information.

CASH/DEBIT: Available upon request.

EFT: Please attach void cheque or direct withdraw form.

NSF payments will be subject to a \$30 service charge.

PAYMENTS

Payments must be made in full (includes \$10 non-refundable deposit for PA Days)

FINANCIAL ASSISTANCE:

• Please allow 2-3 weeks for processing of application and calculations.

FINANCIAL ASSISTANCE OPTIONS: YMCA Strong Kids Municipal Subsidy

Case Worker Name: _____

Case Worker Contact Number: _____

PHOTO CONSENT

I understand that photographs, images or recordings containing my child's picture may be used for promotion on the YMCA website; social media, including Facebook and Twitter; and other marketing and promotional materials for the YMCA of Southwestern Ontario such as brochures, posters, mailers etc. By checking "Yes", I am granting my permission Yes No

CANCELLATION / WITHDRAWAL POLICY

All cancellation requests must be submitted by email directly to the Camping Branch Office at daycamp@sw.ymca.ca with subject line "Withdrawal Request" followed by your camper's first and last name. Cancellation requests received 6 business days prior to the affected camp week will be subject to a full refund minus the non-refundable deposit. Cancellation requests received less than 6 business days prior to the camp week will forfeit any possible refund. Cancellations due to a medical reason will be evaluated on a case-by-case basis. Refunds may take 2-3 weeks to process.

The YMCA reserves the right to cancel any program where registration numbers are not adequate to run an effective program or situations outside the control of the YMCA of Southwestern Ontario such as the in-operability of the site, health reasons, or other unforeseen circumstances.

AUTHORIZATION

In permitting my child to attend "day camp" programming operated by the YMCA of Southwestern Ontario, I the undersigned, in the event of an accident or illness affecting the child indicated on this form, authorize all procedures, including admission to the hospital and necessary treatment herein, as deemed essential for the care and well being of said child. Such action is to be taken only when immediate contact with the undersigned or other indicated authorized contacts cannot be made. I have read and understood:

1. The Drop off/Pick up and Extended Care information
2. I agree with the Camper Behaviour expectations and the Code of Conduct and will discuss it with my child
3. I have explained to YMCA staff any special considerations for my child (ie. language barrier, special needs, special requirements, etc)
4. I understand that there will be a COVID/health screening process that every participant and their family must partake in to be allowed to participate in camp programs. The screening will include a pre-screening before arrival and screening questions upon arrival. I understand that if anyone in my family shows symptoms of COVID-19 or any other communicable illness that I will be asked to delay my camper's arrival or may be unable to participate in the program.
4. I authorize my child to participate in all programs

Signature of Parent/Guardian: _____

Date Signed: _____

YOUR CHOICE: From time to time the YMCA of Southwestern Ontario may use my information on this form to notify the applicant of upcoming events, volunteer/donor opportunities and/or offerings from other YMCA of Southwestern Ontario departments that may be beneficial to the applicant.

Check here if you do NOT wish the YMCA of Southwestern Ontario to contact you for any reason other than those relating to this application.