

CAMPER INFORMAT	ION						
Name:		Birthday (day/month/year):	Age at camp:				
Address:		City:	Postal Code:	Prima	ary Phone #:		
Camper's Swim Level:			Camper Mate Re	Camper Mate Request:			
O Non-Swimmer	O Beginner O Average	O Above Average					
PARENT 1/PRIMARY	CONTACT		PARENT 2/SECO	ONDARY CONTACT			
Name:		Name:	Name:				
Primary Phone #: Secondary Ph		Phone #:	Primary Phone #	! :	Secondary Phone #:		
Email:			Email:				
CUSTODY OF CAMPE	R						
Please Specify:	Parent 1 O Parent 2 O	Both O Joint: O Ot	her:				
WHO IS AUTHORIZED TO PICK UP YOUR CHILD? (IN ADDITION TO PARENT 1 & 2)							
Name: (other than parer	nt)		Preferred contac	Preferred contact number:			
Name: (other than parer	nt)		Preferred contac	Preferred contact number:			
Fee Per Day: \$32 Memb	per / \$37 Non-Member; March Break:	\$160 Member / \$185 Non-Member					
CAMP SELECTION							
SESSION	DATES	CAMP PROGRAM	CAMP SITE	CAMP FEE	EXTENDED CARE (\$7/DAY, \$35/WK)	TOTAL	
PA DAY #1 MARCH BREAK	FEBRUARY 3, 2023 MARCH 13-17, 2023						
PA DAY #2	APRIL 28, 2023						
PA DAY #3	JUNE 9, 2023						
נייי ואט או	JUNE 9, 2023						
					YMCA Subsidy Donation		
				-	TOTAL		



YMCA SCHOOL YEAR DAY CAMP 2022-23

Does your child require one to one support? O Yes O No								
NOTE: If you answered Yes, you must contact the Camping Branch at daycamp@swo.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								
O YMCA Member O Non-member	Note: NSF payments will be subject to a \$30 service charge.							
(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.)	FINANCIAL ASSISTANCE: • Please allow 2-3 weeks for processing of application and calculations.							
PAYMENT OPTIONS: Payment in Full (includes \$10 non-refundable deposit for PD Day's and \$50 non-refundable deposit for March Break)	FINANCIAL ASSISTANCE OPTIONS: O YMCA Subsidy O Municipal Childcare Subsidy							
 Extended Payment (minus non-refundable deposit) (extended option MUST include a Credit Card or Void Cheque for future payments) 	METHOD OF PAYMENT: O VISA O MasterCard O Debit O Cash							
PHOTO CONSENT								
I understand that photographs, images or recordings containing my child's picture my 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 O No								
CANCELLATION / WITHDRAWAL POLICY								
All cancellation requests must be submitted by email directly to the Camping Branch Office at daycamp@swo.ymca.ca with subject line "Withdrawal Request" followed by your camper's first and last name. Cancellation requests received prior to 6 business days before start of the affected camp session will receive a refund less the non-refundable deposit. Any withdraw requests received less than 6 business days prior to the affected camp session or during a camp session will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons. Refunds may take 2 to 3 weeks to process.								
The YMCA of Southwestern Ontario may provide exemptions to the cancellation policy for campers impacted by COVID 19. Refunds will be assessed on a case to case basis.								
The YMCA reserves the right to cancel any program where registration numbers are not adequate to run an effective program. Families will be notified at the weekly registration close. Options for a refund or transfer to another site will be discussed at that time.								
AUTHORIZATION								
In permitting my child to attend "day camp" programming operated by the YMCA, I the undersigned, in including admission to the hospital and necessary treatment herein, as deemed essential for the care ar undersigned or other indicated authorized contacts cannot be made. I have read and understood: 1. The Drop off/Pick up, Bussing and Extended Care information 2. I agree with the Camper Behaviour expectations and the Code of Conduct and will discuss it w 3. I have explained to YMCA staff any special considerations for my child (ie. language barrier, spe 4. I authorize my child to participate in all programs	nd well being of said child. Such action is to be taken only when immediate contact with the ith my child							
	 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

☐ 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.

other YMCA of Southwestern Ontario departments that may be beneficial to the applicant.