

## **LAMBTON SHORES YMCA DAY CAMP 2024**

CAMPER INFORMAT	TION							
Name:				Birthday (day/month/year):			Age at camp:	
Address:			City:	Postal Code: Home		Home Pho	Phone Number:	
Camper Mate Request:								
PARENT/GUARDIAN	1			PARENT/GUAR	DIAN 2			
Name:	Name:							
Primary Phone:		one.	Primary Phone:			Secondary Phone:		
		Secondary Ph	one.	Trimary mone.				
Email:				Email:				
CUSTODY OF CAMPE	ER							
Please Specify:	Parent/ Guardian 1	Parent/ G	uardian 2 Both	Joint 01	her:			
EMERGENCY CONTA	СТ							
Name: (other than parer	Preferred contact number:							
Name: (other than parer		Preferred contact number:						
WHO IS AUTHORIZE	D TO PICK-UP AT THE E	ND OF CAMP?						
Please Specify: Guardians Emergency Contacts Other:								
	KLY CAMP (4-12YRS) MEMBER	FEES: \$170/WEEK,	\$136/SHORT WEEK, NON-MEMBER: \$195/WI	EEK, \$156/SHORT WEEK.				
CAMP SELECTION							*All day camps closed	on Monday August 5, 2024
WEEK DATES		CAMP SITE		CAMP FEE	Co	EXTENDED CARE REQUIRED? (\$40/WEEK) mplimentary for YMCA Members	TOTAL	
WK 1: July 2–5*								
WK 2: July 8–12								
WK 3: July 15–19								
WK 4: July 22–26								
WK 5: July 29–Aug 2	2							
WK 6: Aug 6-9*								
WK 7: Aug 12–16								
WK 8: Aug 19–23								
WK 9: Aug 26–30								
All registrations are due by noon on the Thursday prior to the camp session. Please complete one form per camper. Additional forms can							YMCA Subsidy Donation	
be photocopied or downloaded at www.ymcaswo.ca/programs/camps/summer-day-camp. Incomplete forms will result in a delay of your child's camp registration. First come first served, space is limited.							TOTAL	



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<b>Does your child require one to one support?</b> • Yes							
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:							
Your child's needs are important to us. Is there anything further we should know to su	upport your child? O Yes O No						
If yes, please contact us at daycamp@swo.ymca.ca							
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.)  PAYMENT OPTIONS:	FINANCIAL ASSISTANCE:  • Please allow 2-3 weeks for processing of application and calculations.  FINANCIAL ASSISTANCE OPTIONS:   YMCA Subsidy  Municipal Subsidy						
O Payment in Full (includes \$50 non-refundable deposit)	Case Worker Name:						
Extended Payment (minus non-refundable deposit)  (actualed action MIST include a Conditional action of the condition of	Case Worker Contact Number:						
(extended option MUST include a Credit Card or Void Cheque for future payments)  NOTE: NSF payments will be subject to a \$30 service charge. July camps MUST be paid in full by June 1, 2024.  August camps MUST be paid in full by July 1, 2024.	CREDIT CARD: Contact your YMCA or the Camping Branch at 519-453-8858 to provide your credit card information.  EFT: Please attach void cheque or direct withdraw form.  CASH/DEBIT: Available upon request.						
PHOTO CONSENT							
I understand that photographs, images or recordings containing my child's picture my be used for marketing and promotional materials for the YMCA of Southwestern Ontario such as brochures, p							
CANCELLATION / WITHDRAWAL POLICY							
Cancellation requests received 6 business days prior to the affected camp week will be subject to a full ness days prior to the camp week will forfeit any possible refund. Cancellations due to a medical reaso	np@swo.ymca.ca with subject line "Withdrawal Request" followed by your camper's first and last name. I refund minus a \$50.00 non-refundable deposit per week. Cancellation requests received less than 6 busin will be evaluated on a case-by-case basis. Refunds will not be issued if the camper is removed from the d from camp for contravention of camp guidelines or the camp code of conduct for behaviour. The code of						
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 On authorize all procedures, including admission to the hospital and necessary treatment herein, as deen contact with the undersigned or other indicated authorized contacts cannot be made. I have read and 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 v 3. I have explained to YMCA staff any special considerations for my child (ie. language barrier, sp. 4. I authorize my child to participate in all programs	understood: with my child						
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

☐ 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.