

NORTH MIDDLESEX YMCA DAY CAMP 2024

CAMPER INFORMATION								
Name:			Birthday (day/month/year):			Age at camp:		
Address:		City:	Postal Code: Home		Home Pho	e Phone Number:		
Camper Mate Request:								
PARENT/GUARDIAN 1			PARENT/GUARI	NIAN 2				
Name:			Name:					
Primary Phone:	none:	Primary Phone:		S	Secondary Phone:			
Email:			Email:					
CUSTODY OF CAMPER								
Please Specify: Parent/ Guardian 1	Parent/ 0	Guardian 2 Both	Joint Ot	ther:				
EMERGENCY CONTACT								
Name: (other than parent/guardian)	Preferred contact number:							
Name: (other than parent/guardian)			Preferred contact number:					
WHO IS AUTHORIZED TO PICK-UP AT THE	END OF CAMP?							
Please Specify: Guardians Emergency Contacts Other:								
CAMP PROGRAMS: WEEKLY CAMP (4-12YRS) MEME	BER FEES: \$165/WEEK,	\$132/SHORT WEEK, NON-MEMBER: \$210/WE	EEK, \$160/SHORT WEEK.					
CAMP SELECTION				l			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								
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 be photocopied or downloaded at www.ymcaswo.ca/programs/camps/summer-day-camp. Incomplete forms will result in a delay of your child's						YMCA Subsidy Donation		
De photocopied or downloaded at www.ymcasicamp registration. First come first served, space		amps/summer-day-camp. incomple	te iorins will result i	iii a deiay of your Chi	iu S	TOTAL		



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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@swo.ymca.ca before	ore 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	pport your child? • Yes • 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: Payment in Full (includes \$50 non-refundable deposit) Extended Payment (minus non-refundable deposit) (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. 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, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Southwestern Ontario such as brochures, pour camps of the YMCA of Sou	
All cancellation requests must be submitted by email directly to the Camping Branch Office at daycamp 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 reasor	
AUTHORIZATION	
In permitting my child to attend "day camp" programming operated by the YMCA of Southwestern Ontauthorize all procedures, including admission to the hospital and necessary treatment herein, as deem 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 w 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	ned essential for the care and well being of said child. Such action is to be taken only when immediate understood:
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.