

## **SARNIA YMCA DAY CAMP 2024**

CAMPER INFORMA	TION								
Name:				Birthday (day/mo	nth/year):		Age at camp:		
Address:			City:	Postal Code: Hor		Home Pho	me Phone Number:		
Camper Mate Request:									
PARENT/GUARDIAN	N 1	PARENT/GUARDIAN 2							
Name:				Name:					
Primary Phone:		Secondary Ph	one:	Primary Phone:		S	Secondary Phone:		
Email:				Email:					
CUSTODY OF CAMP	PER								
Please Specify:	Parent/ Guardian 1	Parent/ G	uardian 2 Both	Joint Ot	her:				
EMERGENCY CONT	ACT								
Name: (other than pare	ent/guardian)	Preferred contact number:							
Name: (other than pare	ent/guardian)	Preferred contact number:							
WHO IS AUTHORIZ	ED TO PICK-UP AT THE EN	ID OF CAMP?							
Please Specify: Guardians Emergency Contacts Other:									
	EEKLY CAMP (4-12YRS) MEMBER	FEES: \$180/WEEK,	\$144/SHORT WEEK, NON-MEMBER: \$210/WE	EK, \$168/SHORT WEEK.					
CAMP SELECTION							· · ·	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		
	'nloaded at www.ymcaswo. : come first served   snace is l		amps/summer-day-camp. Incomple	te torms will result i	n a delay of your chi	ıa's	TOTAL		



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<b>Does your child require one to one support?</b> • Yes • No								
<b>NOTE:</b> If you answered Yes, you must contact the Camping Branch at daycamp@swo.ymca.ca be	efore 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 s	support your child? O Yes O No							
If yes, please contact us at daycamp@swo.ymca.ca								
PAYMENT / AUTHORIZATION								
	posters, mailers etc. By checking "Yes", I am granting my permission Yes No  Mo  Mp@swo.ymca.ca with subject line "Withdrawal Request" followed by your camper's first and last name.							
ness days prior to the camp week will forfeit any possible refund. Cancellations due to a medical reas	ull refund minus a \$50.00 non-refundable deposit per week. Cancellation requests received less than 6 busi- son will be evaluated on a case-by-case basis. Refunds will not be issued if the camper is removed from the sed 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 a Southwestern Ontario such as the in-operability of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site, health reasons, or other unformal contents of the site of the								
AUTHORIZATION								
	t with my child							
Signature of Parent/Guardian:								

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.