

CAMPER INFORMATION

Contact Information:

Camper's Name: _____ Gender: _____

Date of Birth: _____ Current grade in school: _____ Swim Level: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Family Email Address: _____

Parent/Guardian: _____ Home Phone: _____ Business #: _____ Cell#: _____

Parent/Guardian: _____ Home Phone: _____ Business #: _____ Cell#: _____

Is there a custody arrangement we should be aware of? Yes No (If yes, please supply the YMCA with a copy of court documentation)

Alternative Contact If Parent/Guardian cannot be reached and authorized for pick up

Name: _____ Relationship: _____ Home Phone: _____ Alternate #: _____

Name: _____ Relationship: _____ Home Phone: _____ Alternate #: _____

Additional authorized pick ups: _____

Camps:

Session	Date	Name of Camp Attending	Drop Off Location	Extended Care at the YMCA		Bus (Available from Walker to SC sites only)
				AM	PM	
March Break Camp	March 9					
	March 12					
	March 13					
	March 14					
	March 15					
	March 16					
	March 12 - 16					

Is your camper toilet trained? Yes No

Has your child had any recent operations, illness, injuries or communicable disease? (Please list) _____

Has your child had a tetanus injection in the last 5 years? Yes No

Does your child have any dietary restrictions? (Please list) _____

Allergies:

penicillin hay fever foods: _____ peanuts (nuts) bee sting (insect bites) other: _____

If allergies are noted, please list type of reaction: _____

Does your child require an Epi-Pen? Yes No Severity of reaction mild moderate severe

Medical Information:

Does your child have any medical conditions? (Please list)

Is your child currently on any medication? Yes No

*If your child is bringing medication to camp, please notify the YMCA.

If yes, please list: 1)

Purpose

2)

Purpose

Program Support:

If your child requires support while at camp, please contact 905 934 9755 ext. 283 prior to registration.

Has your child been diagnosed with special needs or behavioural considerations? Yes No

Does your child receive support at school? Yes No

If yes, please describe:

In order to meet the individual needs of your child, please list anything we should be aware of:

Authorization:

I have read and voluntarily accept the authorization code of conduct and media release.

Signature: _____

Date: _____

Choose ONLINE registration for YMCA Day Camp

Want to register for YMCA Day Camp from the comfort of your home?

Visit www.ymcadaycamp.ca

Click on the **Register Now** Icon.

To create an account for the first time

Select login from the title bar and click on create account.

Enter your email address.

Enter your basic information and create your password.

You will receive an email with your account information; follow the instructions in the email.

To register for YMCA Day Camp

Select products/services from the title bar and click on Day Camp.

Select the camp(s) you are interested in registering for.

Enter information for or select the participant who will be attending the camp.

Complete the information screens and enter payment information.

