

YMCA Summer Camps Registration Form - Welcome and thank you for choosing the YMCA. YMCA Northumberland requires you to read the Program Agreement on reverse and by completing this form you acknowledge that you are giving up certain legal rights and hereby represent and warrant to the YMCA that (1) you are over the age of majority in your jurisdiction of residence or (2) you are registering on behalf of a minor, that you are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf.

Main Contact/Authorized Pick-up

Last Name: _____
 First Name: _____
 Gender (Circle One): M F
 Home Phone: _____
 Address: _____
 City: _____
 Postal Code: _____
 Work Phone: _____
 Cell Phone: _____
 E-mail: _____

Secondary Contact/Authorized Pick-up

Last Name: _____
 First Name: _____
 Gender (Circle One): M F
 Home Phone: _____
 Address: _____
 City: _____
 Postal Code: _____
 Work Phone: _____
 Cell Phone: _____
 E-mail: _____

Camper Information

Campers under 12 years of age must be picked up by a parent/guardian or a person over the age of 16 years. The YMCA will only release campers 12 years or older from camp after a release form has been signed by the parent/guardian.

Last Name: _____
 First Name: _____
 Birthdate (MM/DD/YR): _____
 Gender (Circle One): M F
 Address: _____
 City: _____
 Postal Code: _____

Alternate Emergency Pick-up

This is a person over the age of 16 that YMCA staff can contact when the parent/guardian can't be reached and is authorized to pick up your child.

Last Name: _____
 First Name: _____
 Work Phone: _____
 Home Phone: _____
 Cell Phone: _____
 Pager: _____

Camper's Doctor

Last Name: _____
 First Name: _____
 Work Phone: _____

Condition	Yes	No	Details
Allergies Food Medications Insects Other			Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma			
Seizures			
ADD/ADHD			Is your child on a medication holiday? <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes			
Dietary Restrictions			
Medications			Does your child require medication at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No
Behaviour Issues			Does your child receive 1:1 support? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			

Please describe in detail any treatment or specialized support required at camp. Detail any activities your child is restricted from participating in at camp. Please also add anything else that you would like us to know to help your child have a positive experience. You may add an additional sheet of paper with details.

Name of Friend

You can request that your child be placed in the same group as their friend as long as the friend is close in age.

Name of friend: _____

Please submit your **completed** form to:

YMCA Camp Wunjo
 339 Elgin St. W
 Cobourg, ON
 K9A 4X5

Questions? Call Oona Ashmore at 905-372-9247 x306.

We build strong kids,
 strong families,
 strong communities.



Plus de vie à la vie
 des jeunes, des familles
 et de la communauté.

YMCA Northumberland

PROGRAM AGREEMENT

Please read the following information carefully. By registering for YMCA Summer Camps you agree and acknowledge that you are giving up certain legal rights and hereby represent and warrant to YMCA that: **(1)** You are over the age of majority in your jurisdiction of residence; or **(2)** If you are registering on behalf of a minor, that you are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf.

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While YMCA staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant's (defined below) participation in a YMCA program ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the Program, to participate in various physical activities that may involve risk of injury. In this regard, I agree that I have provided (if required) a complete and accurate health history and hereby permit the Registrant to participate in the full range of Program activities, except as specifically noted by me in the health information section of the Program registration (where applicable). In consideration for the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge YMCA Northumberland ("YMCA"), its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program.

MEDICAL EMERGENCIES

In the event of an accident, injury or illness involving the Registrant, and immediate contact by the YMCA with a designated contact cannot be made, I hereby authorize and

grant permission to YMCA staff to secure proper medical treatment and authorize on the Registrant's behalf all procedures, including, without limitation, admission to an emergency unit, hospital and treatment therein, ordering of x-rays, tests or treatment, injections, anesthesia and/or surgery, as deemed necessary by the attending medical

professional(s). I agree not to hold the YMCA responsible for any costs or injury arising out of an emergency situation.

USE OF LIKENESS

YMCA may wish to use photographs, images and/or recordings containing the Registrant's picture, image, voice and/or other likeness for promotional, advertising, public relations and/or informational purposes. I hereby consent to the use of these materials without further notice or compensation, in any publicity or advertisement carried out by YMCA, including, without limitation, in YMCA brochures, newsletters, annual reports, posters and/or on website/internet materials (collectively, the

"Materials") and further acknowledge and confirm that the Materials and all photographs, images and/or recordings shall remain the exclusive property of the YMCA, who shall own all copyright and other intellectual property rights therein.

CODE OF CONDUCT

The safety of each individual in the Program is of the utmost importance to YMCA. Each Registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by YMCA staff. I hereby agree that any behaviour of the Registrant that places him/herself, or others, at risk may result in the Registrant's immediate dismissal from the Program. Further, if dismissed from the Program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the Registrant at his/her request before the end of a Program session. In order to ensure the safety and well-being of all individuals participating in the Program, YMCA reserves the right to alter the Program at any time without notice or compensation to the Registrant.

COMMITMENT TO PRIVACY

YMCA Northumberland is committed to protecting personal information by following responsible information handling practices. We collect and use information you volunteer when you access or register for a YMCA program, in order to better meet your service needs, to ensure a safe environment, for statistical and assessment purposes, to inform you about the Program in which you are registered, and to satisfy government and regulatory requirements. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you.

DISCLAIMER

All Programs are subject to change or cancellation due to low enrolment or other unforeseen circumstances that are prohibitive to the operation of the Program.

The above terms, waivers and conditions are accepted and agreed to this

_____ day of _____, 2010.

(Parent's signature)

(Parent's name - please print)