



YMCA Northumberland

Cramahe Camper information form

Camper Information

| | |
|---|------------------------|
| First name | Last name |
| Birth date (dd/mm/yyyy) | Gender (Male / Female) |
| Camper Address (leave blank if Parent/Guardian address is the same) | |

↓ Please check weeks of your child will attend

| | | |
|--|--------|--------------------|
| | Week 1 | July 2 - 5 |
| | Week 2 | July 8 - 12 |
| | Week 3 | July 15 - 19 |
| | Week 4 | July 22 - 26 |
| | Week 5 | July 29 - August 2 |
| | Week 6 | August 6 - 9 |

List any allergies your child may have. Also include any additional information that will help our staff aid in giving your child a positive camp experience.

↕ Office use only ↕

| | | | | | |
|-------------------|------|--------|-------|------|----|
| Total amount due: | | | | | |
| Paid by | Cash | Cheque | Debit | Visa | MC |

Parent/Guardian Information

| | | | |
|---------------|------------------------|-------------|--|
| First name | Last name | | |
| Address | City | Postal Code | |
| Phone 1 | Phone 2 | | |
| Email address | Relationship to camper | | |

Secondary Contact

| | |
|------------|------------------------|
| First name | Last name |
| Phone | Relationship to camper |

| Office use only | |
|-----------------|--|
| Finance | |
| Health info | |
| Registrant ID | |
| Email | |
| YMCA Copy | |

PROGRAM AGREEMENT

Please read the following information carefully. By registering for camp you agree and acknowledge that you are giving up certain legal rights and hereby represent and warrant to YMCA and Cramahe Township that: **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.**

TAX RECEIPT RETURNS

Please note that YMCA Northumberland and Cramahe Township will not be mailing out tax receipts. A receipt will be issued upon registration and can be used for tax purposes.

REFUND POLICY

Refunds will be issued as long as the camp is notified of withdrawal by 12:00noon on the Friday prior to the week the refund is requested.



USE OF LIKENESS

Our camp may 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. **(leave blank if you do not allow consent)**

X

I hereby consent to the use of these materials without further notice or compensation, in any publicity or advertisement carried out by YMCA and Cramahe Township, including, without limitation, in YMCA and Cramahe Township 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 and Cramahe Township who shall own all copyright and other intellectual property rights therein.

LEAVING CAMP ALONE AT THE END OF THE DAY

Your child's safety is very important to us. **An adult must pick up children under the age of 12 years.** Our camp defines an adult as 16 years of age or older, below there is an area for parents to give permission for children ages 12 years or older to be permitted to walk home unescorted. **(Leave blank if child is under 12years of age, or you do not allow child to leave camp alone)**

X

My child is 12 years or older and permitted to walk home alone.

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While YMCA and Cramahe Township staff and instructors will make every reasonable effort to minimize exposure to known risks associated with each Registrant's (defined below) participation in a camp 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 and Cramahe Township, 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 and Cramahe Township with a designated contact cannot be made, I hereby authorize and grant permission to YMCA and Cramahe Township 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 and Cramahe Township responsible for any costs or injury arising out of an emergency situation.

CODE OF CONDUCT

The safety of each individual in the Program is of the utmost importance to YMCA and Cramahe Township. Each Registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by YMCA and Cramahe Township staff. I hereby agree that any behavior 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 and Cramahe Township reserves the right to alter the Program at any time without notice or compensation to the Registrant.

BUS / PUBLIC TRANSPORTATION

Some of our camp will require taking public transit and using third party bus companies. All bus or public transportation will be done under camp counsellor supervision.

COMMITMENT TO PRIVACY

YMCA and Cramahe Township 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/Cramahe Township, services and opportunities that may interest and benefit you.

DISCLAIMER

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

ALL CAMPER TERMS, WAIVERS, AND CONDITIONS ARE ACCEPTED AND AGREED TO THIS

Date (mm/dd/yyyy)

X

Parent/Guardian name (please print)

X

Parent/Guardian signature

X