

**CAMP CHOICE:**

Regular Week M: \$160 NM: \$170     Short Week\* M: \$130 NM: \$140     Daily Rate M: \$35 NM: \$35

**SESSION INFORMATION:**

Week 1: July 4 – 8     Week 2: July 11 – 15     Week 3: July 18 – 22  
 Week 4: July 25 – 29     Week 5: Aug. 2 – 5\*     Week 6: Aug. 8 - 12     Week 7: Aug. 15 - 19

Daily: (Which days do you want to register for?) \_\_\_\_\_

**HOURS OF OPERATION:**

Before Camp Care: ..... 7:30 am – 8:30 am  
Day Camp Program: ..... 8:30 am – 4:30 pm  
After Camp Care: ..... 4:30 pm – 6:00 pm

**PAYMENT METHOD:**

\* Registrations are processed on a first come first serve basis.  
There is a \$15 administration fee applied to all NSF payments.\*

**REFUNDS:** Full refunds are available one week prior to the start of camp and for medical reasons only. A \$15 admin fee applies to all other cancellations.

Visa     MasterCard     Cheque     Cash     Debit

Card# \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signed: \_\_\_\_\_

**AUTHORIZATION:**

Upon registering my child for camp at the YMCA, I permit my child to participate in the full range of camp activities including off-site activities, and authorize the Camp Director and/or his/her appointee in the event of an accident or illness effecting the above camper, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of said camper. Such action is to be taken only when immediate contact with the undersigned cannot be made. I understand that the pictures taken at camp may be used for promotion. I authorize the YMCA camp staff to apply sunscreen and insect repellent if needed to my camper. I understand that I am to provide both labeled with my camper's full name. I have read and understand the payment methods and refund policy. I fully understand the risk involved in my child's participation in YMCA day camp programs and accept full liability.

Money is not to be sent with my child to day camp. I will provide my child with a bagged lunch, snacks and water daily. I will also send swimming gear and outdoor appropriate clothing with my child daily.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**OFFICE USE:**

Parent Package Sent  Receipt #: \_\_\_\_\_ Amount: \_\_\_\_\_  
 M     NM

Staff Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into Y-Track: \_\_\_\_\_

**I would like to support the YMCA Strong Kids Campaign! Please accept my donation of \$ \_\_\_\_\_ to provide a child with a YMCA experience.**



YMCA

We build strong kids,  
strong families, strong communities.

**652-7515**

25-22nd Street E

# SUPER SUMMER at the YMCA

Field Trips  
Swimming Pool  
Group Games  
Bouncy Castle  
Arts & Crafts  
Theme Weeks

**TO REGISTER  
Call us at 652-7515  
or visit us at  
25-22nd Street E**

## HOURS OF OPERATION:

Before-Camp Care	7:30 - 9:00 am
Day Camp Program	9:00 am - 4:30 pm
After Camp Care	4:30 pm - 6:00 pm

## CAMP PRICES:

Regular Week	Members \$160	Non-Members \$170
Short Week	Members \$130	Non-Members \$140
Daily Rate	Members \$35	Non-Members \$35

**PLEASE NOTE:** Payment must be made upon registration to ensure your child has a spot.

## WHAT TO BRING:

- Morning and Afternoon NUT-FREE snacks
- Healthy, NUT-FREE, cold lunch
- Water
- Bathing Suit and Towel
- Gym Shoes
- Appropriate Outdoor Clothing (Hats)
- Sunscreen and Bug Spray
- Please label all of your child's belongings

## WHAT NOT TO BRING:

- Money for Café or Vending Machines
- Candy
- Any Food containing Nuts

## Every Friday IS DRESS-UP DAY

Feel free to send your child to camp dressed up to that week's theme. If they forget to dress up, we will make some kind of craft to incorporate into their wardrobe.



### Wild, Wild West Week 1 (July 4 - 8)

This week we'll explore themes from the wild, wild west. Put on your cowboy hats, throw on your boots and head down to the gold rush!

### Aloha from Hawaii Week 2 (July 11 - 15)

This week we'll surf across the Pacific to Hawaii for some fun-filled adventures. At the end of the week, we'll have a Hawaiian Luau with a limbo and hula hoop contest!



### Super Safari Week 3 (July 18 - 22)

This week campers will explore the mighty jungle. Activities and crafts will be wild!



### Holiday — Week 4 (July 25 - 29)

Every day will be a different holiday this week! Can't get enough of Valentine's Day, Easter, Halloween and Christmas? We will have a blast by jam-packing them into one week!



### Superhero - Week 5 (August 2 - 5)

Put on your capes...we are super heroes this week! At the end of the week we will wrap things up with a superhero party!

### Royal Prince & Princess Week 6 (August 8 - 12)

This week our campers are cordially invited to a Royal ball. We will be creating jewel-encrusted crowns and exploring themes from once upon a time.



### Pirate — Week 7 (August 15 - 19)

Ahoy! Get ready to sail on a pirate ship! There might even be a treasure box!

Is this your first time at a YMCA Day Camp?  Yes  No  
**CAMPER INFORMATION:** Gender:  Male  Female  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Birth date \_\_\_\_\_ Age (as of July 1, 2011): \_\_\_\_\_  
 Grade (as of Sept. 2011): \_\_\_\_\_  
 Health Card #: \_\_\_\_\_  
 Swim Level: \_\_\_\_\_  
 Legal Custody: \_\_\_\_\_

#### PARENT/GUARDIAN 1

(Authorized pick-up and primary emergency contact)  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship to camper: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### PARENT/GUARDIAN 2

(Authorized pick-up and secondary emergency contact)  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship to camper: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### ALTERNATE CONTACT INFORMATION

(Main & Secondary contacts will be called first)  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

#### HEALTH HISTORY

If your child has an educational assistant during the school year please contact the Coordinator prior to camp registration to discuss your child's needs.

**Allergies**  Yes  No  
 Please describe reaction & treatment \_\_\_\_\_

Does camper carry an EpiPen?  Yes  No

**Medical Conditions**  Yes  No  
 Indicate treatment/support needed at camp \_\_\_\_\_

**Medication**  Yes  No  
 Does medication need to be administered at camp?  Yes  No  
 Is your camper's immunization up to date?  Yes  No  
 If no, please explain \_\_\_\_\_

#### Additional Information

Please provide us with any information regarding any special needs or concerns of which we should be aware; this will allow for us to work together to provide the best possible camp experience for all participants. \_\_\_\_\_