

# 2017 SPECIALTY CAMP REGISTRATION FORM

**COME BACK FOR MORE!**  
**Weeks 9 & 10**  
**Camps Available!**

## WEEKS 9 & 10 CAMPS RUN FROM 9:00AM-4:00PM (AM & PM CARE OPTIONS AVAILABLE)

**Please complete all information legibly. Incomplete forms will be returned for completion.  
 In order to register your child for Camp, the following information needs to be submitted or your registration will not be processed:**

- Registration Form (double sided)**    **Immunization Records**    **\$35 Deposit per Camper per Week**

Child's Full Name \_\_\_\_\_ Previous Camper Here?  Yes  No

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender (Check One)  MALE  FEMALE   Grade (Completed as of 6/23/17) \_\_\_\_\_   Current YMCA Member?  Yes  No

First Parent's/Guardian's Full Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Second Parent's/Guardian's Full Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary E-mail Address \_\_\_\_\_

Marital Status    Married    Single    Divorced    Separated    Spouse Deceased

Any parental custody arrangements we should be aware of? \_\_\_\_\_

Date of Child's Last Physical (must be within 24 months of start of camp) \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Doctor's Address and Phone \_\_\_\_\_

**Emergency Contacts/Authorized Pick Ups (Other than Parent/Guardian):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

<p><b>WEEKLY FEES:</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Week 9 &amp; 10 (Specialty Camps)</b>                      Members (\$178)                      Second Child (\$151.30)                      Non-Members (\$218)                      Second Child (\$185.30)</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Week 9 &amp; 10 (Horse Camps)</b>                      Members (\$210)                      Second Child (\$178.30)                      Non-Members (\$260)                      Second Child (\$221)</p> </td> </tr> </table>	<p><b>Week 9 &amp; 10 (Specialty Camps)</b>                      Members (\$178)                      Second Child (\$151.30)                      Non-Members (\$218)                      Second Child (\$185.30)</p>	<p><b>Week 9 &amp; 10 (Horse Camps)</b>                      Members (\$210)                      Second Child (\$178.30)                      Non-Members (\$260)                      Second Child (\$221)</p>	<p><b>Check ✓ the appropriate unit and camp(s):</b></p> <p><b>UNIT:</b>   <input type="checkbox"/> <b>FRONTIERS</b> (Completed Grades K-1)   <input type="checkbox"/> <b>WARRIORS</b> (Completed Grades 2-3)   <input type="checkbox"/> <b>BUCKS</b> (Completed Grades 4-6)</p> <p><b>WEEK 9:</b>   <input type="checkbox"/> <b>Wet, Wild &amp; Wacky</b> (8/21-8/25)   <b>OR</b>   <input type="checkbox"/> <b>Horse Camp</b> (8-12 Year Olds)</p> <p><b>WEEK 10:</b>   <input type="checkbox"/> <b>Best of the Best</b> (8/28-9/1)   <b>OR</b>   <input type="checkbox"/> <b>Horse Camp</b> (8-12 Year Olds)</p>
<p><b>Week 9 &amp; 10 (Specialty Camps)</b>                      Members (\$178)                      Second Child (\$151.30)                      Non-Members (\$218)                      Second Child (\$185.30)</p>	<p><b>Week 9 &amp; 10 (Horse Camps)</b>                      Members (\$210)                      Second Child (\$178.30)                      Non-Members (\$260)                      Second Child (\$221)</p>		

**Check ✓ the appropriate before and after camp procedures (MUST check one for AM and one for PM):**

**EXTENDED CARE**    AM Care 7:00AM-9:00AM (\$25/session)    PM Care 4:00PM-6:00PM (\$25/session)  
*\*Please note there is no multi-child discount given on extended care fees\**

**DROP OFF & PICK UP**    AM Parent Drop Off (9:00AM)    PM Parent Pick Up (4:00PM)

**PLEASE NOTE:**  
**Busing is not available for these weeks of camp!**

**Must complete Medical History on reverse side.**

FOR OFFICE USE ONLY			
Member	Non-Member	Extended Care	Total
<input type="checkbox"/> 1st Child Rate (\$178)	<input type="checkbox"/> 1st Child Rate (\$218)	<input type="checkbox"/> AM Care (\$25/week)	\$ _____ /week
<input type="checkbox"/> 2nd Child Rate (\$151.30)	<input type="checkbox"/> 2nd Child Rate (\$185.30)	<input type="checkbox"/> PM Care (\$25/week)	- \$ _____ deposit/week
<input type="checkbox"/> Horse Camp (\$210)	<input type="checkbox"/> Horse Camp Day (\$260)		
<input type="checkbox"/> Horse Camp 2nd Child (\$178.50)	<input type="checkbox"/> Horse Camp 2nd Child (\$221)		\$ _____ /week

# Medical History • Required by New York State Department of Health

**An attached copy of the child's immunization record from his/her doctor is required at time of registration.**

The YMCA complies with applicable federal and state disability discrimination laws and will consider reasonable accommodations and/or modifications to its policies and procedures to allow children with disabilities an equal opportunity to participate in this program. Please contact the Inclusion Director, at 315.637.2025 x211 if your child requires accommodations. If you feel that an accommodation and/or enrollment request has been wrongfully denied based on disability, you may contact the YMCA's Executive Director, Chris Iven, at 315.637.2025 x205 to further discuss the matter.

**Recent Surgery or Serious Injury** (type & date) \_\_\_\_\_

**Chronic or Recurring Illness, Allergies, Other Conditions or Details or Special Diet** \_\_\_\_\_

## Recommendations and Restrictions while at Camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WILL YOUR CHILD BE BRINGING ANY MEDICATION TO CAMP?**  YES  NO

**If yes, Medication\* Name** \_\_\_\_\_ **Dose & Times** \_\_\_\_\_

*\*If your child will need medicine administered at camp please refer to page 7 of the parent handbook for our medication policy.*

Have any significant events occurred in your family within the last few years? \_\_\_\_\_

Does your child have any serious fears? If so, please explain. \_\_\_\_\_

Does your child have any kind of physical limitations/handicaps? \_\_\_\_\_

Does your child have special needs, including behavioral or emotional? \_\_\_\_\_

Is your child capable of independent toileting?  Yes  No

Is your child able to successfully participate in a program with 1 adult per group of 12 children (Braves Unit: 1 adult per group of 6 children)?  Yes  No

Does your child require access to any special equipment?  Yes  No Equipment: \_\_\_\_\_

Does your child receive Special Education or Health Care Services at school?  Yes  No \_\_\_\_\_

**If you are interested in more information about Support Services or would like your child with special needs to have 1:1 or shared support at camp, contact Morgan Ruggeri, Inclusion Director, at 315.637.2025, x211.**

## Parent Agreement - Please initial each statement

\_\_\_\_\_ I hereby enroll my child in the YMCA Camp Iroquois day camp specialty program. I have read and agree to all terms in the Parent Handbook and this brochure including but not limited to payment procedures, deadlines, refund policy, camp hours and operation and behavior guidelines.

\_\_\_\_\_ The YMCA provides liability insurance for all of its programs. I understand that I must provide my own accident insurance. In the event of an accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child.

\_\_\_\_\_ This health form is correct as far as I know and the person described has permission to engage in all camp activities except as noted by me and his/her physician.

\_\_\_\_\_ I have provided the staff with any pertinent information which may assist the YMCA in caring for my child including, but not limited to allergies, previous or existing illness or condition, sunburn sensitivity, diet requirements, long-term medications, disability or limiting conditions, or emotional, developmental, or behavioral challenges. I agree to notify the YMCA staff immediately in writing of any changes in address, phone numbers, places of employment, emergency contacts, etc. I understand that not providing the above may put my child's health and safety at risk.

\_\_\_\_\_ OPTIONAL: I give consent for the YMCA to use any photographs or video of my child for promotional or public relations purposes, including web site material and camp advertising.

### Parent/Guardian Agreement

I hereby register my child for the designated session(s) of YMCA Camp Iroquois. I understand that the New York State Department of Health requires my child to have completed health information (including immunization dates) to attend camp. I further understand that I must give the camp office a two week written notice to make any cancellations to this registration and if I fail to supply two week written notice I will be responsible for the full payment of the session.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**COMPLETED REGISTRATIONS WITH IMMUNIZATIONS & DEPOSITS SHOULD BE MAILED TO  
EAST AREA FAMILY YMCA • 200 TOWNE DRIVE • FAYETTEVILLE, NY 13066**