

FULL-DAY CAMPS

Full-Day Registration 2017

Child's Full Name _____ DOB _____ Age (as of start of camp) _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Male Female Current YMCA Member? Yes No
 Parent's/Guardian's Full Name _____ Daytime Phone _____ Alt. Phone _____
 Parent's/Guardian's Full Name _____ Daytime Phone _____ Alt. Phone _____
 Primary Email _____
 Any parental custody arrangements we should be aware of? _____

Are you interested in your child participating in Academic Support? Yes No (See inside back cover for details)

EMERGENCY CONTACTS/AUTHORIZED PICK UPS (other than Parent/Guardian)

In the event of an emergency and parent/guardian cannot be reached I authorize the following people to be contacted on my behalf and be allowed to pick up my child:

Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Please staple an additional sheet if more names need to be listed.

CAMPS REQUIRE \$20 Administration Fee/Week	WEEK 1 6/26-6/30	WEEK 2 7/3-7/7	WEEK 3 7/10-7/11	WEEK 4 7/17-7/21	WEEK 5 7/24-7/28	WEEK 6 7/31-8/4	WEEK 7 8/7-8/11	WEEK 8 8/14-8/18	WEEK 9 8/21-8/25	WEEK 10 8/28-9/1
ARTS CAMP	INDOOR <input type="checkbox"/>	INDOOR <input type="checkbox"/>	INDOOR <input type="checkbox"/>	INDOOR <input type="checkbox"/>	INDOOR <input type="checkbox"/>	INDOOR <input type="checkbox"/>	INDOOR <input type="checkbox"/>	INDOOR <input type="checkbox"/> **	OUTDOOR <input type="checkbox"/> **	OUTDOOR <input type="checkbox"/> **
TEEN ARTS CAMPS	N/A	N/A	INDOOR <input type="checkbox"/>	INDOOR <input type="checkbox"/>	INDOOR <input type="checkbox"/>	N/A	N/A	N/A	OUTDOOR <input type="checkbox"/> **	OUTDOOR <input type="checkbox"/> **
TEEN FITNESS CAMP	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A
LIT	<input type="checkbox"/>		<input type="checkbox"/>		N/A	<input type="checkbox"/>		<input type="checkbox"/>		N/A
JUNIOR CITs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
KIDS CAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> **	N/A
SPORTS CAMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> **	<input type="checkbox"/> **
GREEN LAKES CAMP	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
TASTE OF Y CAMP	N/A	7/3 <input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BEFORE CARE \$20/WEEK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> **	<input type="checkbox"/> **
AFTER CARE \$20/WEEK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> **	<input type="checkbox"/> **

* Before & After Care for Arts Camps Weeks 9 and 10 will be held at Camp Iroquois **Aquatics center will be closed

FOR OFFICE USE ONLY: Member / Non-Member Registration Form Immunizations F/A Forms Complete Auto Pay Form
 Staff Initials _____ Date Received _____
 Missing Info Form Sent on _____ Reason: _____

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To process registration the following must be completed to reserve a spot:

1. Registration Form – front and back
2. Immunization Records Attached
3. All Administration Fees Made
4. Medication Consent Form (if needed)
5. Financial Aid Forms (if applicable)
6. Automatic Payment (if chosen)

MEDICAL INFORMATION: Required by New York State Department of Health

1. AN ATTACHED COPY OF THE CHILD'S IMMUNIZATION RECORD FROM HIS/HER DOCTOR IS REQUIRED AT THE TIME OF REGISTRATION.
2. 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 your Camp Director 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 ext 205 to further discuss the matter.
3. Physician _____ Address _____ Phone _____
 Preferred Hospital _____ Phone _____
4. Current Medication: Name _____ Doses & Times _____
5. Will your child need medication at camp? Yes No (if yes, then a Medication Consent Form is required)
6. Additional Medical Information (i.e. medications, allergies and action to be taken in case of an allergic reaction, chronic or recurring illnesses, any restrictions while at camp, asthma, recent surgery or illness, special diet etc.) Staple additional sheets if needed.

7. IF MEDICATION IS REQUIRED DURING CAMP HOURS A WRITTEN "MEDICATION CONSENT FORM" MUST BE COMPLETED BY PARENT AND PHYSICIAN.
8. Does your child have any physical limitations? _____
9. Does your child have any special academic, emotional or behavioral needs? _____
10. Is your child capable of independent toileting? Yes No
11. Is your child able to successfully participate in the age appropriate camp ratios? Yes No
12. Does your child require access to any special equipment? Yes No Equipment: _____
13. Does your child receive Special Education or Health Care Services at school? Yes No If yes, please attach a copy of your child's IEP at the time of registration.

If you are interested in more information about support services at camp, contact Morgan Ruggeri, Inclusion Director at 315-637-2025 x211.

PARENT AGREEMENT: PLEASE READ AND INITIAL EACH STATEMENT BELOW.

- ____(initial) I consent to the enrollment of the child listed above and give permission for my child to participate in all activities planned and conducted by the YMCA, except as noted by me and my child's physician. I have read and agreed to all terms in the Parent Handbook and brochure including, but not limited to, payment procedures, non-refundable and non-transferable deposits, deadlines, refunds, camp hours and behavior guidelines.
- ____(initial) 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 & well-being of my child.
- ____(initial) I have provided information on my child's special needs, previous or existing illness or condition, sunburn sensitivity, diet requirements, long-term medications to the provider, as may be necessary to assist the facility in properly caring for my child in the case of an emergency. All information received by the YMCA will be treated as confidential.
- ____(initial) KIDS, GREEN LAKES, SPORTS CAMPS AND (LIT/JUNIOR CIT) ONLY: I give consent for my child to take part in field trips or excursions off camp property under proper supervision.
- ____(initial) I give consent for photographs and video footage of the above-named child to be used to promote the YMCA programs. Such promotional efforts may include (optional) brochures, posters, flyers, etc.

My signature below confirms that I have completed this registration form to the best of my ability and knowledge. I have paid all applicable deposits and attached an updated immunization record to this registration form.

Signature: _____ Date: _____

Please mail all payments and forms to:
 East Area Family YMCA
 Attn: Program Bookkeeper
 200 Towne Drive
 Fayetteville, NY 13066