



YMCA Camp Pine Crest 2020 Course and Alumni Registration

Please fill out a separate form for each COURSE participant. This agreement must be signed to allow participation in 2020 programs.

YMCA CAMP PINE CREST PARTICIPANT INFORMATION

NAME _____	BIRTH DATE ____/____/____ Y M D	GENDER	CURRENT STAFF? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last	First		
ADDRESS		APT #	PHONE
CITY		PROVINCE	POSTAL
			EMAIL

Additional Family/Group members attending Alumni program (please use additional sheet if more than 4 in a family/group)

Name	Relationship	Gender:	D.O.B.
Please outline any health concerns or medications including allergies:			
Please check if you have any dietary requirements: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten Free <input type="checkbox"/> Halal <input type="checkbox"/> Lactose Free <input type="checkbox"/> Other			
Name	Relationship	Gender:	D.O.B.
Please outline any health concerns or medications including allergies:			
Please check if you have any dietary requirements: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten Free <input type="checkbox"/> Halal <input type="checkbox"/> Lactose Free <input type="checkbox"/> Other			
Name	Relationship	Gender:	D.O.B.
Please outline any health concerns or medications including allergies:			
Please check if you have any dietary requirements: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten Free <input type="checkbox"/> Halal <input type="checkbox"/> Lactose Free <input type="checkbox"/> Other			

EMERGENCY CONTACT INFORMATION	MEDICAL INFORMATION* (Only for Course Registrants)
NAME _____ LAST FIRST	DOCTOR NAME _____ LAST FIRST
Address _____ City Province Postal Code	Address _____ City Province Postal Code
Home Phone () Business ()	Home Phone () Business ()
Cell Phone ()	Email
	Please outline your current level of physical activity and any injuries resulting from or aggravated by increased activity:

SPRING COURSE REGISTRATION	2020 Dates	Base Fee	Register
Wilderness Advanced First Aid	May 8 - 11	\$680.00	<input type="checkbox"/>
Wilderness First Responder Bridge Course	May 12 - 15	\$680.00	<input type="checkbox"/>
Wilderness First Responder	May 8 - 15	\$1,225.00	<input type="checkbox"/>
Wilderness First Responder Re-Cert	May 12 - 15	\$680.00	<input type="checkbox"/>
ORCKA Moving Water 1	May 21 - 22	\$500.00	<input type="checkbox"/>
ORCKA Moving Water 2	May 21 - 22	\$500.00	<input type="checkbox"/>
ORCKA Tripping 3	May 25 - 29	\$750.00	<input type="checkbox"/>
ORCKA Basic Instructors	June 8 - 12	\$560.00	<input type="checkbox"/>
NLS Re-cert	June 19	\$85.00	<input type="checkbox"/>
Lifesaving Society First Aid CPR Re-cert	June 19	\$85.00	<input type="checkbox"/>

PERSONAL INFORMATION

Health Card Number (optional) _____

Carries Epi-pen: Yes No

Wears Medic-Alert Bracelet: Yes No

For: _____

Other Health Issues (please check any applicable areas):

Hypertension Kidney Trouble Frequent Cold/Sinus

Bleeding/Clotting Skin Conditions Knees

Drugs Yes No _____

Food Yes No _____

Insect Yes No _____

VOLUNTEER WORK WEEKENDS (RSVP ONLY)

Please note: after confirmation of attendance, information packages will be mailed out prior to the work weekend. Students must be minimum 16 years to attend without parental supervision. Volunteer hours will be granted for highschool students.

Spring Work Weekend	April 17 - 19, 2020	Free
Fall Work Weekend	October 25 - 27, 2020	Free

ALUMNI CAMP PROGRAMS *age by May 29, 2020

Program	Age*	Dates	Base Fee	Please indicate # per program
Summer Alumni Weekend - Infant	Under 4	May 29 - 31	Free	
Summer Alumni Weekend - Child	4 - 12	May 29 - 31	\$70.00	
Summer Alumni Weekend - Youth	13 - 16	May 29 - 31	\$75.00	
Summer Alumni Weekend - Adult	17 and up	May 29 - 31	\$115.00	

***FOR ALUMNI PROGRAMS ONLY* Cabin Request (Filled first come, first served):**

PAYMENT METHOD Please make all cheques payable to YMCA of Greater Toronto

- Pay in full by credit card
- Pay in full by cheque or money order
- 25% Deposit and automated monthly withdrawal from credit card (expiration date valid until June 2020)
- 25% Deposit and automated monthly withdrawal from chequing or savings account by one month prior to program.
- 25% Deposit and balance due one month prior to program.
- 25% Deposit and balance paid by automated withdrawal from chequing or saving account one month prior to program.

1. Please make Cheque or money order made payable to: YMCA of Greater Toronto
 2. Please attach VOID cheque with registration form if paying by chequing or savings account.
 3. If the cheque is not valid at time of payment there will be a \$30.00 handling fee.

Withdrawals from credit cards will be made on the 30th of each month, and withdrawals from bank accounts will be made on the 2nd of each month, unless you have contacted us to make a different payment plan. Last payment is due one month prior to program start.

****Please note we are no longer able to request written credit card information, please have this information ready when our office calls to confirm registration.**

1. Cancellation of agreement- "I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution , or visit www.cdnpay.ca".

2. Recourse statement- "I have certain recourse rights, if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution, or visit www.cdnpay.ca".

Program Base Fee	
13% HST	
Total	

REGISTRATION PROCEDURES

A minimum of 25% non-refundable deposit is required at the time of registration. Payments can be made using cheque, Visa, Mastercard, or American Express.

Receipts will be mailed upon registration, and may take 2-3 weeks upon receipt of your registration in our office.

Please complete one application form per participant each year. Additional application forms are available at www.camppinecrest.ca

Registrations are accepted on a first come, first served basis. Incomplete registrations will not be processed until missing information is forwarded to our registration office.

Registrations can be done by fax, mail, or online. Please ensure all registrations are sent to the YMCA Contact Centre. (camps@ymcagta.org)

REFUNDS AND CANCELLATIONS

In the event of cancellation 30 days prior to the program, a full refund will be granted minus the non-refundable deposit of 25%.

A full refund minus a \$30.00 administrative fee will be granted for medical reasons only. Written notice of the cancellation as well as a Medical Certificate must be approved by the Camp General Manager in order to qualify for a refund. coel.balmer@ymcagta.org

No refund of any amount will be granted for non-medical cancellations received on or after 30 days prior to program start date.

PINE CREST AUTHORIZATION 2020

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 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).

MEDICAL EMERGENCY

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, anaesthesia 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 the 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

