



YMCA Camp Pine Crest 2017 Leadership Application

Please fill out a separate form for each participant. This agreement must be signed to allow participation in 2017 summer programs and will serve as your registration form once accepted into the program. Any application received after 5pm on October 21st will be placed on a waiting list and entrance into a program will depend on availability. Registration is not guaranteed for any program due to limited space.

Registration for these programs is not available online until November 1st.

YMCA CAMP PINE CREST PARTICIPANT INFORMATION

Name _____ Sex: Male _____ D.O.B. _____
 First Last Female Day Month Year

For all programs for participants ages 13-15 prior to Dec 31, 2017 there is a lottery placement process. Lottery ballots are determined by the number of years attending Pine Crest. Please indicate the top three program choices that you would like to be considered for in this lottery. The selection is done randomly based on a number assigned to each registration and applicants will hear confirmation by Oct. 26, 2016. For 0-3 years attendance at Pine Crest= 1 ballot, 4-6 years=2 ballots, 6+ years= 3 ballots. Participants turning 16 in 2017 must successfully complete an interview to be entered into the lottery.

Number of years as a Pine Crest Camper or leadership participant (not including 2017) Eg: 6 years _____ Please list the calendar years that you attended Camp Pine Crest Eg: 2000-2006 _____

LEADERSHIP TRAINING PROGRAMS 13-15 year olds

Program	Age (By Dec. 31, 2017)	2017 Dates	Base Fee	Please indicate program option choices 1, 2 and 3 in order of preference	Actual program registration (Office use only)
1 week Whitewater Clinic	14-16	July 2-7	\$895.00	check here to register <input type="checkbox"/>	n/a
1 week Whitewater Clinic	14-16	July 30 - August 4		check here to register <input type="checkbox"/>	n/a
2 week Jr. Adventure Leadership- Spanish River	13-14	July 2-14	\$1,775.00		
2 week Jr. Adventure Leadership- Georgian Bay	13-14	July 16-28			
2 week Jr. Adventure Leadership- Noire River	13-14	August 6-18			
2 week Jr. Adventure Leadership- Killarney Provincial Park	13,14	August 20 - September 1			
4 week JLIT Adventure - Boys	13-14	July 2-28	\$3,545.00		
4 week JLIT Adventure - Girls	13-14	August 6 - September 1			
4 week Junior Leader in Training (JLIT) - July	14	July 2-28	\$3,220.00		
4 week Junior Leader in Training (JLIT) - August	14	August 6 - September 1			
3 week Adventure Leadership - Missinaibi River	14	July 2-21	\$2,665.00		
3 week Adventure Leadership - Petawawa River	14	July 9-28			
3 week Adventure Leadership - Lake Superior	14-15	August 6-25			
4 week Adventure Leadership - Missinaibi River	15	July 9-August 4	\$3,545.00		
4 week Leader In Training (LIT) - July	15	July 2-28	\$3,795.00		
4 week Leader in Training (LIT) - August	15	August 6 - September 1			
5 week LIT Adventure - Quetico Provincial Park	15	July 9 - August 11	\$4,175.00		
5 week Adventure Leadership - Wabakimi Provincial Park	15	July 2 - August 4			
5 week Adventure Leadership - Bloodvein River	15	July 30 - September 1			

LEADERSHIP TRAINING PROGRAMS 16 year olds

For all participants who will be 16 years old by December 31, 2017, an interview process applies. Please indicate the top three program choices that you would like to be considered for in this process. The interviews will be done between Oct 10th and 21st. Applicants will hear about acceptance into their program by October 25th, 2016.

Program	Age (by Dec 31 2017)	2017 Dates	Base Fee	Please indicate program option choices 1, 2 and 3 in order of preference	Actual program registration (Office use only)
4 week Senior Leadership - July	16	July 2-28	\$2,530.00		
4 week Senior Leadership - August	16	August 6 - September 1			
5 week Senior Adventure Leadership - Woodland Caribou PP	16	July 23 - August 25	\$4,175.00		
6 week Senior Adventure Leadership - Attawapiskat River	16	July 16 - August 25	\$5,135.00		
7 week Senior Adventure Leadership - Winisk River	16	July 16 - September 1	\$5,955.00		
Ontario Highschool Credit Fee	*only applies to programs 4 weeks and longer for 15 & 16 year olds		\$200.00		

CAMP PINE CREST MERCHANDISE (STYLES VARY ANNUALLY, ORDERS WILL BE DELIVERED TO CAMP)

*All leadership participants receive a leadership t-shirt. Please indicate size here for free t-shirt: Sizes (circle one): Adult Small Medium Large X-Large 2XL

TRANSPORTATION SERVICE- FREE!

Bus stop for ride TO camp:		Bus stop for ride FROM camp:	
<input type="checkbox"/> Central YMCA	<input type="checkbox"/> North York, Hollywood P.S.	<input type="checkbox"/> Central YMCA	<input type="checkbox"/> North York, Hollywood P.S.
<input type="checkbox"/> Mississauga YMCA	<input type="checkbox"/> I do not need the bus, will drive to camp	<input type="checkbox"/> Mississauga YMCA	<input type="checkbox"/> I do not need the bus, will pick up
<input type="checkbox"/> Scarborough YMCA		<input type="checkbox"/> Scarborough YMCA	

PAYMENT

You will be contacted to discuss the results of the leadership lottery and arrange payment details. Please be ready to provide a minimum of \$200 deposit and determine pay schedule to confirm acceptance of your spot. If you have any questions please call our YMCA Contact Centre at 1-647-439-6611 or 1-877-303-2267.

YEAR-ROUND LEADERSHIP PROGRAMS

Program	Age	Date	Base Fee	Program options	Actual program registration (Office use only)
Winter Leadership Retreat	13-16	February 3-5	\$180.00	check here to register <input type="checkbox"/>	n/a
March Break Camp		March 13-17	\$700.00	check here to register <input type="checkbox"/>	n/a
Spring Leadership Retreat		May 19-22	\$250.00	check here to register <input type="checkbox"/>	n/a
Fall Leadership Retreat		October 13-15	\$180.00	check here to register <input type="checkbox"/>	n/a

Financial Assistance is available for all programs on a first come first served basis beginning Oct 1, 2016. Please contact the YMCA Program Registration Office to receive an application

FOR OFFICE USE ONLY

Leadership Lottery:
 Entered in Lottery:
 Lottery Confirmation Sent: Date: _____ Staff: _____

Leadership Registration:
 Date Received: _____ Date Processed: _____ Staff Initials: _____
 Time Received: _____ Receipt Sent by: Email Mail Barcode: _____

Leadership Experience Information Form

PERSONAL INFORMATION

This is an important part of the application for leadership and will be used by all leadership trainers and specifically as background for the 16 yr old participants when doing their interviews. This form is to be filled out only by the **applicant** for the 2017 program.

Name of Participant: _____

BIRTH DATE
____/____/____
Y M D

CAMP EXPERIENCE

Years at Pine Crest: _____

Previous camp experience outside of Pine Crest (name and years) _____

Please outline any leadership experiences or trainings that you have participated in previously, including at school, at camp and in your community.

SMALL GROUP EXPERIENCE

Why is participating in a leadership program important to you?

What can your trainers do to make your leadership program great?

What will you do this summer to contribute to making your program great?

NATURAL FOCUS

Do you have any reservations about being without technology? Please explain.

How do you feel about the upcoming out trip during your program?

What outdoor skills or knowledge would you like to strengthen during your leadership program?

DEMOCRATIC LIVING

Have there been any incidents during the year that would be helpful for us to be aware of (e.g. bullying, relocation, new school, and change in family dynamic) of family situation)?

Please outline two (2) strengths and two (2) challenges that you have when looking at your own leadership skills.

INCLUSIVE PROGRAMS

Do you have any concerns about fitting in at camp? If yes, please describe why.

Do you have any experience working with individuals with special needs? Please outline.

ENJOYABLE PROGRAMS

What programs/skills are you most excited about this summer and why?

Are there any programs/skills you are hesitant to participate in this summer and why?

YMCA CAMP PINE CREST HEALTH INFORMATION 2017

PROGRAM:

CAMPER'S NAME _____		BIRTH DATE ____/____/____ Y M D	ONTARIO HEALTH CARD # _____
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DOCTOR'S NAME	DOCTOR'S PHONE ()	DENTIST'S NAME	DENTIST'S PHONE ()
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PARENT 1 / PRIMARY CONTACT		PARENT 2 / SECONDARY CONTACT	
NAME _____ LAST FIRST		NAME _____ LAST FIRST	
Address _____ Apt # _____		Address _____ Apt # _____	
City	Province/State	Postal Code / Zip	City
Home Phone ()	Business ()	Home Phone ()	Business ()
Cell Phone ()	Email	Cell Phone ()	Email
<input type="checkbox"/> Please check here if you wouldn't mind receiving our mailings by email.		<input type="checkbox"/> Please check here if you wouldn't mind receiving our mailings by email.	
Name of Additional Authorized Pick-up	Relation	Name of Additional Authorized Pick-up	Relation

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT 1 (other than listed above)			EMERGENCY CONTACT 2 (other than listed above)		
NAME _____ LAST FIRST			NAME _____ LAST FIRST		
Address _____ Apt # _____			Address _____ Apt # _____		
City	Province/State	Postal Code / Zip	City	Province/State	Postal Code / Zip
Home Phone ()	Business ()	Home Phone ()	Business ()	Home Phone ()	Business ()
Cell Phone ()	Email	Cell Phone ()	Email	Cell Phone ()	Email

HEALTH HISTORY AND PERSONAL INFORMATION

The more information you can provide, the better we can meet the needs of your child. This information will be used by the Camp Director, Wellness Staff and your child's trainers. If there is additional information of a sensitive nature, please feel free to send a separate letter marked 'confidential' to the attention of the Camp Director. Whatever information you send to us will be treated with confidence and respect. We encourage, but do not require, a medical examination

Vaccination: What is the approximate date of your child's last booster shot?
____/____/____

Is the participant under any form of treatment for an illness, condition or injury?
 Yes No

History of Communicable Diseases and Approximate Dates:

Chicken Pox	____/____/____	Measles	____/____/____
Mumps	____/____/____	German Measles	____/____/____
Scarlet Fever	____/____/____	Hepatitis	____/____/____
Mononucleosis	____/____/____	Other	____/____/____

If yes, please explain and detail routines, medications, adaptations etc.

Allergies Seasonal Yes No _____
 Drugs Yes No _____
 Food Yes No _____
 Insect Yes No _____
 Other Yes No _____

Carries Epi-pen: Yes No
 Wears Medic-Alert Bracelet: Yes No
 For: _____

If appropriate, for female participants: Has she menstruated? Yes No

Other Health Issues (please check any applicable areas):

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Migraines
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Frequent Cold/Sinus
<input type="checkbox"/> Bleeding/Clotting	<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Knees

If so, is menstrual history normal? _____
 If not, has she been told about it? _____
 Back Asthma Ear Infections Sight
 Injury Emotional Behaviour Hearing

Explanation of Above _____
 Has your child experienced any mental health challenges over the past year? If yes, please explain. _____

Dietary Needs or Restrictions: Vegetarian Lactose Intolerant Gluten Free Other _____
 Please Provide Details _____
 Needed Medications _____
 Please ensure that all medications are in their original packaging with instructions for dosage

LEADERSHIP REGISTRATION PROCEDURES

Applications are accepted between Oct 1 and 21st and then on a first come first served basis after the deadline. Incomplete applications will not be processed until missing information is forwarded to our registration office. Once the participant has been assigned a spot by lottery, registrations will be processed fully.

We prefer that you e-mail us at camps@ymcagta.org with any questions that you may have about registration or camp programs.

A minimum of \$200.00 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.ymcagta.org or www.camppinecrest.ca

Registrations can be done by phone, email PDF, mail, online or fax. Please ensure all registrations are sent to the YMCA Contact Centre.

REFUNDS AND CANCELLATIONS

In the event of cancellation prior to April 30, 2017, a full refund will be granted minus the non-refundable deposit of \$200.00.

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.

No refund of any amount will be granted for non-medical cancellations received on or after April 30, 2017.

Refunds will not be issued in instances where the camper is removed from the camp program at the choice or request of the camper or camper's parent(s)/ guardian(s) or is dismissed from camp for contravention of camp guidelines or the camp code of conduct for behaviour.

YMCA Camp Pine Crest reserves the right to cancel registrations and to not accept responsibility for the camper either at camp or on the bus if the camper's medical information is not completed and if the authorization is not signed by the parent/guardian and returned to YMCA Camp Pine Crest prior to the commencement of the camp session. YMCA Camp Pine Crest reserves the right to cancel programs by May 31, 2017 due to inadequate registration.

PINE CREST AUTHORIZATION 2017

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While YMCA staff and instructors will make every reasonable effort to minimize exposure to known risks, I understand that in registering my child/children in a YMCA Camp Pine Crest program, my child/children will be involved in physical activities and that with any physical activity, there is risk of injury. I and my child/children understand that we will receive an additional information package and will be required to attend a family information session and/or have a discussion with a trip leader the YMCA program in which I am registering my child/children.

I do hereby release the YMCA of Greater Toronto (YMCA), and its respective officers, directors, employees, volunteers and agents, and their successors and assigns, from all liability for damages sustained in consequence of loss, injury or damage to myself or my child/children, 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 including myself or my child/children arising out of or connected with preparation for, or participation in YMCA programs or activities.

AUTHORIZATION

- (1) I have provided a complete and accurate health history and permit my child/children to participate in the full range of camp activities, except as noted by me in the health information section of the YMCA registration form.
- (2) In the event of an accident, injury or illness involving my child, and immediate contact by the YMCA with a parent/guardian cannot be made, I authorize and grant permission to YMCA staff to secure proper medical treatment and authorize on my behalf all procedures, including 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 of Greater Toronto responsible for any costs or injury arising out of an emergency situation.
- (3) The YMCA may wish to use photographs, images or recordings containing my child/children's picture or image for promotional, advertising, public relations and/or informational purposes. Such photographs, images or recordings may be used or published in YMCA brochures, newsletters, annual reports, posters and/or on website/internet materials. I hereby consent to the publication of these photographs, images, or recordings, and promotional advertising, public relations or information materials, and acknowledge and confirm that these photographs, images, recordings and materials shall remain the exclusive property of the YMCA, who shall own all copyright and other intellectual property rights therein.
- (4) Note: Each Registrant may receive an additional information package specific to his/her Program and, if registering for certain Programs (e.g., an adventure trip program), will be required to attend (along with his/her parent/legal guardian if he/she is a minor in his/her jurisdiction of residence) a family information session and/or have a discussion with YMCA Program leader prior to participating in the Program.

CODE OF CONDUCT

The safety of each individual is of the utmost importance to the YMCA. I and my child/children recognize a personal responsibility to learn and follow at all times safety and other rules established by YMCA staff. I and my child/children understand that any behavior that places my child/children, or others, at risk may result in immediate dismissal from the program. I agree to assume any expense(s) arising from program dismissal. I understand no refund will be granted for dismissal or removal of my child/children at my or my child's/children's request before the end of a camp session.

In order to ensure the safety and well-being of all participants, the YMCA reserves the right to alter the program at any time without compensation to participants, parents or guardians. Leadership participants are also required to sign the specific leadership behavioural contract and appropriate risk waiver that pertains to their program.

I have carefully read, understand and freely and voluntarily accept Assumption of Risk and Release, Authorization, and Code of Conduct information outlined above. I have the authority to sign on behalf of the child's/children's, I am the parent/s and or legal guardian/s.

In registering, I am permitting my child _____ to attend YMCA Camp Pine Crest, operated by the YMCA of Greater Toronto.

PARTICIPANT'S NAME

Signature of Parent/Guardian

Parent/Guardian Name (printed)

Date

PLEASE RETURN BY OCTOBER 21st at 5pm to:

PINE CREST REGISTRATION- YMCA Contact Centre

2200 Yonge Street, Suite 300

Toronto, ON M4S 2C6

Phone: (647) 439-6611 or 1-877-303-2267

Fax: (416) 928-2030

Email: camps@ymcagta.org

YMCA Privacy Statement

YMCA of Greater Toronto is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws.

We collect and use personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or services and opportunities that may interest and benefit you.

For more information on the YMCA's commitment to privacy, please visit our website at www.ymcagta.org or contact YMCA Customer Service at (416) 928-9622.

