



# YMCA MARCH BREAK CAMP REGISTRATION FORM

## MARCH 12 – MARCH 16, 9AM – 4PM

By completing this form you acknowledge that you're giving up certain legal rights and hereby represent and warrant to the YMCA: (1) You are over the age of majority in your jurisdiction of residence. (2) You are registering on behalf of a minor and are his/her parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her behalf. Please note this agreement requires you to read the Program Agreements on pages 7 and 8.

**Please provide your email address to allow easy confirmation of your registration.**

**IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED, INCLUDING BANKING INFORMATION**

### MAIN CONTACT

LAST NAME:	FIRST NAME:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
HOME PHONE:	WORK PHONE:	CELL PHONE:
ADDRESS:	CITY:	POSTAL CODE:
EMAIL:		

### SECONDARY CONTACT/ALTERNATE

LAST NAME:	FIRST NAME:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
HOME PHONE:	WORK PHONE:	CELL PHONE:
ADDRESS:	CITY:	POSTAL CODE:
EMAIL:		

### CHILD'S INFORMATION

LAST NAME:	FIRST NAME:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
DATE OF BIRTH (MM/DD/YY):	AGE AS OF PROGRAM START DATE	
ADDRESS:	CITY:	POSTAL CODE:

Children 11 years old and under must be signed in and signed out by a parent/guardian or a person over the age of 16. The YMCA will only release children 12 years or older if a release form has been signed by a parent/guardian.

**If your child is 12 years or older, does she/he have your permission to be released on their own at the end of their program day?**

Yes     No

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

### CODE OF CONDUCT

The safety of each individual in the program is of the utmost importance to the YMCA. Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by YMCA staff. I hereby agree that any behaviour of the registrant that places him/herself or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, the YMCA reserves the right to alter the program at any time without notice or compensation to the Registrant.

**I have read and understand the Code of Conduct. Signature:** \_\_\_\_\_

**Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?**

Yes     No

If yes, we will contact you for additional information.

**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 Program Manager and your child’s counselors. If there is additional information of a sensitive nature, please feel free to send a separate letter marked ‘confidential’ to the attention of the Program Manager. Whatever information you send to us will be treated with confidence and respect. We encourage, but do not require, a medical examination.

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

If yes, please explain and detail routines, medications, adaptations etc. We will also require you to complete a Medication Dispensing Form (download from [ymcagta.org/marchbreak](http://ymcagta.org/marchbreak)).

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**Does your child require additional support (1:1 Support) during March Break programming?**  Yes  No

If your child requires 1-to-1 support at camp, please fill out the Integration Support Inquiry form first on [ymcagta.org/1to1support](http://ymcagta.org/1to1support).

Our YMCA Integration Support Coordinator will contact you to discuss your children’s needs to ensure that they can get the best support that the Y offers. An Integration Support fee of \$305 will be added to the selected program fee of the registered camp per week on Page 4. Some camp sites are not fully accessible. Registration Forms must be submitted by February 16, 2018.

**Does your child have any medical or behavioural conditions that we should be aware of?**  Yes  No

If yes please take a moment to explain:

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**Carries Epi-pen:**  Yes  No

For: \_\_\_\_\_

**Wears Medic-Alert Bracelet:**  Yes  No

For: \_\_\_\_\_

**Allergies**

Seasonal  Yes  No \_\_\_\_\_

Drugs  Yes  No \_\_\_\_\_

Food  Yes  No \_\_\_\_\_

Insect  Yes  No \_\_\_\_\_

Other  Yes  No \_\_\_\_\_

**Dietary needs or restrictions (please provide details below):**  Gluten free  Lactose intolerant  Vegetarian  Other

**YMCA MARCH BREAK PROGRAMS INFORMATION: MARCH 12 – MARCH 16**

LOCATIONS	PREFERRED LOCATION	TYPE	AGES	COSTS	ADDITIONAL INFORMATION
YMCA Child Care Centres* (at over 50 locations across the GTA)		Club	4-12	\$200/week (Extended Hours Included)	Facilitated by Registered Early Childhood Educators
Peel Region YMCA Child Care Centres (Mississauga, Brampton, Caledon and Bolton)		Club	4-5	\$205/week (Extended Hours Included)	Facilitated by Registered Early Childhood Educators
			6-12	\$200/week (Extended Hours Included)	
Durham North YMCA Child Care Centres (Uxbridge and Port Perry)		Club	4-5	\$170/week (Extended Hours Included)	Facilitated by Registered Early Childhood Educators
			6-12	\$160/week (Extended Hours Included)	
YMCA Health and Fitness Centres (at 9 locations across the GTA)		Day Camp	4-12	Fees range from \$235-\$300/week* (Extended care available)	Facilitated by Recreational Professionals
YMCA Cedar Glen Outdoor Centre (in Schomberg)		Day Camp	4-12	Fees range from \$235/week* (Extended care available)	Facilitated by Outdoor Education Staff; Lunch \$6/day

\*Programs offered, fees and hours vary per location. Please fill out the program selection chart on Page 4.  
For more information please visit [ymcagta.org/marchbreak](http://ymcagta.org/marchbreak) or call 1-877-303-2267.

**YMCA MARCH BREAK PROGRAMS SELECTION**

LOCATION	TYPE OF CAMP OFFERED	ADDITIONAL OPTIONS	TOTAL FEE
YMCA Child Care Centres <i>Preferred Location:</i>	<input type="checkbox"/> Club (Ages 4-12) \$200/week	Extended Hours Included	\$
Durham North YMCA Child Care Centres (Uxbridge and Port Perry) <i>Preferred Location:</i>	<input type="checkbox"/> Club (Ages 4-5) \$170/week <input type="checkbox"/> Club (Ages 6-12) \$160/week	Extended Hours Included	\$
Peel Region YMCA Child Care Centres (Mississauga, Brampton, Caledon and Bolton) <i>Preferred Location:</i>	<input type="checkbox"/> Club (Ages 4-5) \$205/week <input type="checkbox"/> Club (Ages 6-12) \$200/week	Extended Hours Included	\$
Toronto West End College St. YMCA Centre	<input type="checkbox"/> 1:1 Support - \$305/week <input type="checkbox"/> Jr. Variety (Ages 6-8) - \$235/week	Extended Hour Available: <input type="checkbox"/> AM only \$15/week <input type="checkbox"/> PM only \$25/week	\$
Oshawa Mary St. YMCA Centre	<input type="checkbox"/> 1:1 Support - \$305/week <input type="checkbox"/> Aquatics - \$300/week <input type="checkbox"/> Variety - \$235/week	Extended Hour Available: <input type="checkbox"/> AM only \$15/week <input type="checkbox"/> PM only \$25/week	\$
Mississauga Burnhamthorpe Rd. YMCA Centre	<input type="checkbox"/> 1:1 Support - \$305/week <input type="checkbox"/> Aquatics - \$300/week <input type="checkbox"/> Variety - \$235/week	Extended Hour Available: <input type="checkbox"/> AM only \$15/week <input type="checkbox"/> PM only \$25/week	\$
Cooper Koo Family Cherry St. YMCA	<input type="checkbox"/> 1:1 Support - \$305/week <input type="checkbox"/> Discovery Camp (Ages 4-5) - \$275/week <input type="checkbox"/> Aquatics - \$300/week <input type="checkbox"/> Variety - \$235/week	Extended Hour Available: <input type="checkbox"/> AM only \$15/week <input type="checkbox"/> PM only \$25/week	\$
Markham YMCA Blvd. Rudy Bratty YMCA Centre	<input type="checkbox"/> 1:1 Support - \$305/week <input type="checkbox"/> Discovery Camp (Ages 4-5) - \$275/week <input type="checkbox"/> Aquatics - \$300/week <input type="checkbox"/> Variety - \$235/week	Extended Hour Available: <input type="checkbox"/> AM only \$15/week <input type="checkbox"/> PM only \$25/week	\$
Brampton Union St. YMCA Centre	<input type="checkbox"/> 1:1 Support - \$305/week <input type="checkbox"/> Basketball Skills - \$270/week <input type="checkbox"/> Aquatics - \$300/week <input type="checkbox"/> Variety - \$235/week	Extended Hour Available: <input type="checkbox"/> AM only \$15/week <input type="checkbox"/> PM only \$25/week	\$
Toronto Sheppard Ave. YMCA Centre	<input type="checkbox"/> 1:1 Support - \$305/week <input type="checkbox"/> Aquatics - \$300/week <input type="checkbox"/> Basketball Skills - \$270/week <input type="checkbox"/> Variety - \$235/week	Extended Hour Available: <input type="checkbox"/> AM only \$15/week <input type="checkbox"/> PM only \$25/week	\$
Toronto Central Grosvenor St. YMCA Centre	<input type="checkbox"/> 1:1 Support - \$305/week <input type="checkbox"/> Aquatics - \$300/week <input type="checkbox"/> Basketball Skills - \$270/week <input type="checkbox"/> Variety - \$235/week	Extended Hour Available: <input type="checkbox"/> AM only \$15/week <input type="checkbox"/> PM only \$25/week	\$
Scarborough Town Centre Crt. YMCA Centre	<input type="checkbox"/> 1:1 Support - \$305/week <input type="checkbox"/> Aquatics - \$300/week <input type="checkbox"/> Variety - \$235/week	Extended Hour Available: <input type="checkbox"/> AM only \$15/week <input type="checkbox"/> PM only \$25/week	\$
Cedar Glen Outdoor Centre (in Schomberg)	<input type="checkbox"/> Variety - \$235/week <input type="checkbox"/> Discovery (Ages 4-5) - \$235/week	<input type="checkbox"/> Lunch \$30/week Extended Hours Available: <input type="checkbox"/> AM only \$15/week <input type="checkbox"/> PM only \$25/week	\$

**FINANCIAL ASSISTANCE**

Please fill out if you require additional financial assistance.

NOT APPLICABLE

The YMCA of Greater Toronto is a charity offering opportunities for personal growth, community involvement and leadership. The YMCA Strong Start Great Future Campaign provides financial assistance for kids, youth and families to access critical YMCA programs and services. We strive to provide all children with a March Break Program experience each year. Priority is given to applicants who have not received YMCA Strong Start Great Future financial assistance in the past.

Program availability is based on current enrolment. Campers are registered on a first come, first serve basis. Please allow four to six weeks for your application to be processed

**Please do not register for the program** prior to receiving assistance as funding is not always available and is given in order of application. Spots will be reserved for you once assistance is granted.

Please take a moment to provide us with some personal information so that we can assess your request for financial assistance. We will keep your information confidential.

<p><b>NET FAMILY INCOME (AFTER TAXES)</b></p> <p>Applicant # 1 monthly household income: \$ _____</p> <p>Applicant # 2 monthly household income: \$ _____</p> <p>Other monthly income: \$ _____ (e.g. alimony, child support, child tax credits, public assistance, etc.)</p> <p>Total monthly income: \$ _____</p> <p>Amount in dollars (\$) that you feel you can contribute to each child's overall camp fee: \$ _____ (required field)</p> <p>Note: If you require a specialized payment plan, we can arrange this with you if your application is approved.</p>	<p><b>HOUSEHOLD MAKEUP</b></p> <p># of employed adults in household: _____</p> <p># of unemployed adults in household: _____</p> <p># of children under 13 in the household: _____</p> <p>Ages of all children under 13: _____</p>
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So we can assess your application, please provide us with the most recent copies of the following income documentation:

- Two months of bank statements
- Two consecutive pay stubs
- Two consecutive Social Assistance statements (if applicable Ontario Works and Ontario Disability Support Program)
- Child Tax Benefit statements
- Employment Insurance (E.I.) statements

**If your application is approved, you will be:**

- Contacted by a YMCA representative to make payment arrangements
- Required to make a \$10 non-refundable payment (this is applied to your overall fee)

Our goal is to provide as many children as possible with a YMCA Winter Break Program experience, and your approved fees may be higher than the amount you've indicated you can pay.

You may be contacted by a YMCA representative in the future to share your child's camp experience. If your application is not approved, a YMCA representative will call to discuss your options.

**Please send completed application to:  
YMCA Program Registration Office  
2200 Yonge Street Suite 300, Toronto, M4S 2C6  
Fax: 416-928-2030 • Email: camps@ymcagta.org**

**For Administrative Use Only – Please Do Not Use**

Total YMCA financial assistance approved: \$ _____	_____
	YMCA staff signature
Total family contribution approved: \$ _____	_____
	Date approved

**GOVERNMENT CHILD CARE FEE ASSISTANCE**

**Not Applicable**

To ensure Government Child Care Fee Assistance families are not responsible for the full-fee, the YMCA Camps/Clubs Registration Form must be received two weeks prior to the first requested program session and payment information must be provided. Two weeks written notice is required to withdraw or request changes to registration.

**Yes**  **No** If yes, please provide more details (region, child's name, age, daily rate, etc.): \_\_\_\_\_

**CONFIRMATION, PAYMENT, CANCELLATIONS AND REFUNDS**

You will receive confirmation of registration within two weeks of receipt of your completed forms. If you have not received your confirmation of registration within two weeks please contact our YMCA Program Registration Office at **647-439-6611** or **1-877-303-2267** to make sure your registration was received. All balances must be paid in full. If full payment is not received prior to the program start date, the YMCA reserves the right to cancel the registration without notice, and cancellation charges will be applied.

Requests for cancellations or refunds must be made in writing and submitted to the YMCA Program Registration Centre. Requests for refunds received prior to 10 days will receive a refund minus an administration fee of 10% of the total fee or \$25 (whichever is greater). Refund requests received with less than 10 days' notice are subject to an administration fee of 50% of the total fee. Refund requests that are received after 12:00 p.m. on the Friday before the program session starts will not qualify for a refund. Any refund requests are considered on an individual basis by the Program Manager. A doctor's note is required for cancellations due to medical reasons. Refunds are not granted for inclement weather. Refund requests received after March 31, 2018, will not be granted. Refunds take four to six weeks to process.

I have read and understand the Cancellation and Refund Statement. Signature: \_\_\_\_\_

**PAYMENT METHOD**

**CREDIT CARD - Please complete credit card # below dotted line:** (check one)  AMEX  VISA  MASTERCARD

NAME ON CREDIT CARD: \_\_\_\_\_ LAST FOUR DIGITS OF CREDIT CARD #: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_ EXPIRY DATE: MM / YY

**Cheque - Please make cheque payable to YMCA of Greater Toronto**

**Money Order - Please make payable to YMCA of Greater Toronto**

**Bill 3<sup>rd</sup> Party Organization**

Name of Funding Provider: \_\_\_\_\_ Amount of payment \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Contact # \_\_\_\_\_

-----All Credit Card information provided below will be destroyed after processing-----

CREDIT CARD #: \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

EXPIRY DATE:      /

# Program Agreement Part 1

## PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM

**By signing this Form, you are consenting to the taking of photographs and/or video recordings of you by the YMCA for the Purposes, you are assigning to the YMCA, and waiving any rights you have related to, any such photographs and/or video recordings, and you are consenting to the use of any such photographs and/or video recordings, in whole or in part, by the YMCA and any Authorized Third Party for the Purposes.**

**PURPOSES:** For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by the YMCA in Canada and elsewhere in the world, for its own informational, promotional or advertising purposes, and by any other person authorized by YMCA (an **"Authorized Third Party"**) to use such photos or video recordings, in any part of the world, in connection with such Authorized Third Party's support for, association with, or arrangements with, YMCA (collectively, the **"Purposes"**). For purposes of this Form, "YMCA" refers to YMCAs and YMCA-YWCAs in Canada or elsewhere in the world (as part of the World Alliance of YMCAs) and to YMCA Canada, and the World Alliance of YMCAs.

For valuable consideration received but without any promise of remuneration, **I hereby agree to allow photographs and/or video recordings to be taken of me**, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, **to be reproduced, published, displayed, broadcast, transmitted, licensed, sublicensed or otherwise used by the YMCA or any Authorized Third Party in connection with the Purposes**, including without limitation on YMCA internet web sites, in YMCA printed materials, or in any other materials or medium whatsoever and wherever (the **"Work Product"**). I confirm that neither the YMCA nor any Authorized Third Party shall be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. **I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or other rights, and I hereby irrevocably waive in favour of YMCA and any Authorized Third Party any and all moral rights or rights of similar nature that I may have in the Work Product.** I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright.

**I agree that I will not bring or consent to others bringing a claim or action against the YMCA** on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. **I hereby release and forever discharge each of the YMCAs, any Authorized Third Party and their respective** officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of majority in my province or territory of residence and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of majority in my province or territory of residence, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this form as expressed in English and any other language shall, to the full extent permitted by applicable law be resolved by reference to the English version.

**By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this form.**

Date: \_\_\_\_\_ Print Name of Participant: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Witness Signature of Participant: \_\_\_\_\_

Print Name of Parent or Guardian, if applicable: \_\_\_\_\_

Signature of Parent or Guardian, if applicable: \_\_\_\_\_

# Program Agreement Part 2

## 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 I 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). In consideration for the Registrant's opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and forever discharge the YMCA of Greater Toronto ("YMCA"), its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns, from any and all liability for damages sustained in consequence of loss, injury or damage to the Registrant, 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 arising out of or connected with preparation for, or participation in, the Program. \_\_\_ Please initial after reading.

## MEDICAL EMERGENCIES

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, anesthesia 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. \_\_\_ Please initial after reading.

## COMMITMENT TO PRIVACY

The YMCA of Greater Toronto is committed to protecting personal information by following responsible information handling practices. We collect and use information you volunteer when you access or register for a YMCA program, in order to better meet your service needs, to ensure a safe environment, for statistical and assessment purposes, to inform you about the program in which you are registered, and to satisfy government and regulatory requirements. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you. For more information on our commitment to privacy, or if you do not wish to receive such communications from the YMCA, please visit our website at [ymcagta.org](http://ymcagta.org) and click on "Privacy" or call the YMCA Program Registration Office at 416-928-9622 or 1-800-223-8024. \_\_\_ Please initial after reading.

## DISCLAIMER

All programs and busing are subject to change or cancellation due to low enrolment or other unforeseen circumstances that are prohibitive to the operation of the program or bus. \_\_\_ Please initial after reading.

## REGISTRATION AGREEMENT

**By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the, Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement, Commitment to Privacy Statement and Disclaimer.**

Date: \_\_\_\_\_

Camper name: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_