



YMCA Camp Pine Crest 2017 Course and Alumni Registration

Please fill out a separate form for each COURSE participant. This agreement must be signed to allow participation in 2017 programs.

YMCA CAMP PINE CREST PARTICIPANT INFORMATION

NAME _____ Last First	BIRTH DATE ____/____/____ Y M D	<input type="checkbox"/> Male <input type="checkbox"/> Female	CURRENT STAFF? Yes No
ADDRESS	APT #	PHONE	CELL
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

NAME _____ LAST FIRST	
Address	Apt #
City	Province Postal Code
Home Phone () ()	Business () ()
Cell Phone () ()	Email
<input type="checkbox"/> Please check here if you would <i>not</i> like to be part of our mailing list	

MEDICAL INFORMATION* (Only for Course Registrants)

DOCTOR NAME _____ LAST FIRST	
Address	Apt #
City	Province Postal Code
Home Phone () ()	Business () ()
Please outline your current level of physical activity and any injuries resulting from or aggravated by increased activity:	

SPRING COURSE REGISTRATION

	Date	Base Fee
Wilderness Advanced First Aid	May 5-9, 2017	\$610.00
Wilderness First Responder Bridge Course	May 9-12, 2017	\$610.00
Wilderness First Responder	May 5-12, 2017	\$1,115.00
ORCKA Moving Water 1	May 25-26, 2017	\$425.00
ORCKA Moving Water 2	May 25-26, 2017	\$425.00
ORCKA Tripping 3	May 29-June 2, 2017	\$670.00
ORCKA Basic Instructors	June 12-16, 2017	\$490.00
NLS Recert	June 23, 2017	\$85.00
First Aid/ CPR Recert	June 22, 2017	\$85.00

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

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 17 years to attend without parental supervision. Volunteer hours will be granted for highschool students.

Spring Work Weekend	April 21-23, 2017	Free
Fall Work Weekend	October 27-29, 2017	Free

ALUMNI CAMP PROGRAMS *age by Dec 31

Program	Age*	Date	Base Fee	Please indicate # per program	Please note: Bussing is not available for weekend programs however we can arrange a shuttle to pick up families at the Gravenhurst Bus stop if needed.
Winter Chill Weekend	0-3 years	January 27 - 29	Free		
Winter Chill Weekend	4-15 years	January 27 - 29	\$45.00		
Winter Chill Weekend	Adult	January 27 - 29	\$85.00		
Summer Alumni Weekend	0-3 years	June 2 - 4	Free		
Summer Alumni Weekend	4-15 years	June 2 - 4	\$45.00		
Summer Alumni Weekend	Adult	June 2 - 4	\$85.00		

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 April 2017)
- 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.

**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".

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.
4. Withdrawals will be made on the 2nd of the month. Last payment will be withdrawn one month prior to program start.

PAYMENT CALCULATION

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.campinecrest.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 2017**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

The safety of each individual is of the utmost importance to the YMCA. Each registrant must recognize a personal responsibility to learn and follow at all times 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 immediate dismissal from the program. Further, if dismissed from the Program, I agree to cover any expense(s) arising from program dismissal. I hereby acknowledge 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, YMCA reserves the right to alter the Program at any time without notice or compensation to the registrant.

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 www.ymcagta.org and click on "Privacy" or call YMCA Camp Pine Crest at (705)762-3377 or 1-877-878-9622

DISCLAIMER

All programs are subject to change or cancellation due to low enrolment or other unforeseen circumstances that are prohibitive to the operation of the Program. I have carefully read, understand and freely and voluntarily accept Assumption of Risk and Release, Authorization, and Code of Conduct information outlined above. *Please have a guardian sign for those under 18 years of age.

Signature of participant	Participant Name (printed)	Date
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Signature of Parent/Guardian	Parent/Guardian Name (printed)	Date
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PLEASE RETURN AS SOON AS POSSIBLE TO:
PINE CREST REGISTRATION- YMCA Contact Centre
2200 Yonge Street, Suite 300 Toronto, ON 1M5
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 1(877)303-2267.