



Summer Camp & Club Registration Form

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 5 and 6.

**Please provide your email address below to receive your registration confirmation, newsletters and information guide!
IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED, INCLUDING BANKING INFORMATION**

MAIN CONTACT

LAST NAME:	LEGAL FIRST NAME:	GENDER:	<input type="radio"/> M <input type="radio"/> F
HOME PHONE:	WORK PHONE:	CELL PHONE:	
ADDRESS:	CITY:	POSTALCODE:	
EMAIL:			

SECONDARY CONTACT/ALTERNATE

LAST NAME:	LEGAL FIRST NAME:	GENDER:	<input type="radio"/> M <input type="radio"/> F
HOME PHONE:	WORK PHONE:	CELL PHONE:	
ADDRESS:	CITY:	POSTALCODE:	
EMAIL:			

CAMPER INFORMATION

LAST NAME:	LEGAL FIRST NAME:	GENDER:	<input type="radio"/> M <input type="radio"/> F
BIRTHDATE (MM/DD/YY):			
ADDRESS:	CITY:	POSTALCODE:	

EMERGENCY PICK UP or ALTERNATE PICK UP

This is a person over the age of 16 who is authorized to pick up your child and can be contacted by YMCA staff when the parent/guardian can't be reached.

RELATIONSHIP: _____

LAST NAME: _____ LEGAL FIRST NAME: _____

HOME PHONE: _____ WORKPHONE: _____ CELL PHONE: _____

Campers 11 years old and under must be signed in and signed out by a parent/guardian or a person over the age of 16.

If your child is 12 or older does she/he have your permission to be released on their own at the end of their camp 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 Day Camp/Childcare Director, and your child’s counselors to support your child. If there is additional information of a sensitive nature, please feel free to send a separate letter marked ‘confidential’ to the attention of the Day Camp or Childcare Director. 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 also require you to complete a Medication Dispensing Form.

Does your child require 1-1 support while at camp? Yes No

If yes, please make sure you have filled out the [online inquiry form](#) and connected with us, prior to filling out this registration form. If you have not, please email us and we will send you the link to the inquiry form integration.support@ymcagta.org

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:

Does your child use a puffer? Yes No

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 CAMP/CLUB SELECTION

Summer Day Camp

Summer Club

Date	Day Camp or Summer Club Location	Program Name	Program Fee	Bus Stop or Direct Drive	Bus Fee	Extended Hours Location	Indicate A.M., P.M. or Both	Extended Hours Fee	Additional Options		TOTAL SESSION FEE
									Cedar Glen Only		
									Towel \$25	Lunch \$30	
*Jul 3-Jul 6											
Jul 9- Jul 13											
Jul 16 - Jul 20											
Jul 23 - Jul 27											
Jul 30- Aug 3											
*Aug 7 - Aug 10											
Aug 13- Aug 17											
Aug 20 - Aug 24											
Aug 27-Aug 31											
*Short Week: Closed Monday, July 2 and Monday August 6										Subtotal	
If you are registering for YMCA Cedar Glen "Choose Your Own Adventure" please visit our website for program options										TOTAL	

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. A 10% initial payment is due per program when you register online. Full payment is preferred when registering by phone or mail, although you can make an initial payment of \$50 for each camper at the time of registration. All balances must be paid in full by June 2 2018, and registrations processed after that date 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 Office via email to camps@ymcagta.org. Cancellation requests received at least 28 days before the start of camp will receive a refund minus an administration fee of \$25 per program being cancelled. Cancellation requests received with less than 28 days' notice will receive a refund minus an administration fee of 50% of the cost of the program being cancelled. Cancellation requests that are received less than 8 days prior to the start of the program being requested to cancel will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons. Refunds are not granted for inclement weather. Refund requests received after September 7th, of the current camping year, will not be granted.

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

GOVERNMENT CHILDCARE FEE ASSISTANCE

Do you currently receive government childcare fee assistance?

- No
- Yes

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.

If yes, please provide more details (region, child's name, age, daily rate, etc.):

Not Applicable (go to Payment Method)

The YMCA of Greater Toronto is a charity offering financial assistance for children, youth and families to access critical YMCA programs and services. We strive to provide all children with a two-week day camp experience each year. Priority is given to applicants who have not received YMCA Strong Kids financial assistance in the past. Program availability is based on current enrolment. Campers are registered on a first come, first served basis. **Please complete all sections of the registration form including payment information, to ensure your application to be processed.** 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. Program space will be reserved for your camper, once assistance is granted.

All information kept confidential.

<p>NET FAMILY INCOME (AFTER TAXES)</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) Note:</p> <p>If you require a specialized payment plan, we can arrange this with you if your application is approved.</p>	<p>HOUSEHOLD MAKEUP</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

Please note that your application will NOT be processed until the income documentation is received.

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 camp experience, and your approved fees may be higher than the amount you've indicated you can pay.

Do you give consent to be contacted by the YMCA in the future to share your child's camp experience? Yes No

____ Please initial

If your application is not approved, a YMCA representative will call you to discuss your options.

Please send completed application to:
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: \$ _____
Total family contribution approved: \$ _____

YMCA staff signature

Date approved

PAYMENT METHOD

Please ask about our convenient payment plans. Your balance will be due on June 2, 2018, or at the time of registration if after June 2, 2018.

Total Fees Due	\$ _____
Initial payment (minimum \$50 at time of registration)	\$ _____
Balance remaining (Due June 2)	\$ _____

Initial method of payment: Please indicate your payment method below.

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

NAME ON CREDIT CARD: _____ LAST FOUR DIGITS OF CREDIT CARD #: _____

SIGNATURE: _____ EXPIRY DATE: ____ / ____

Cheque - Please make cheque payable to YMCA of Greater Toronto

Money Order - Please make payable to YMCA of Greater Toronto

Bill 3rd Party Organization

Name of Funding Provider: _____ Amount of payment _____

Name of contact person: _____ Contact # _____

If you are not paying in full at the time of registration, please complete the PRE-AUTHORIZED PAYMENT/DEBIT AUTHORIZATION below.

PRE-APPROVED PAYMENT/DEBIT AUTHORIZATION

Not Applicable

Approved Payment/Debit Authorization form from all payers is required before a new registration will be processed or the current payment agreement can be amended. (This does not include government childcare fee assistance.) All paying parties may be notified of a possible termination of camp session after the first declined payment.

Important: All payers excluding a business/organization will receive a tax receipt for their portion of fees paid.

I hereby authorize the YMCA of Greater Toronto to withdraw my equalized fees balance as detailed below. I understand and agree that full payment of fees is required on the scheduled monthly draw date. During or after my registration period, the YMCA will reschedule a declined payment from my bank account, plus any administrative charges.

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."

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."

Do you have a pre-existing payment plan for other YMCA services? Yes No

Please check your preferred pre-approved payment method below:

CREDIT CARD:

AMEX VISA MASTERCARD

NAME ON CREDIT CARD: _____

LAST FOUR DIGITS ON CREDIT CARD #: _____

EXPIRY DATE: ____ / ____

BANKING DETAILS

SAVINGS ACCOUNT: (Attach bank verification form)

CHEQUING ACCOUNT: (Attach void cheque)

Check your preferred monthly withdraw date: 2nd 16th 20th

ACCOUNT HOLDER NAME: _____

CARDHOLDER/ACCOUNT HOLDER SIGNATURE:

TODAY'S DATE:

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

CREDIT CARD #: _____

CARDHOLDER SIGNATURE: _____

EXPIRY DATE: ____ / ____

PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM

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.

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.

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 _____

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

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**

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 and click on “Privacy” or call the YMCA Program Registration Office at **416-928-9622/1-800-223-8024**. **PLEASE INITIAL**

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**

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. PLEASE INITIAL

Date: _____
 Camper name: _____
 Name of parent or guardian: _____
 Parent or guardian signature: _____

FOR OFFICE USE ONLY

Date Received: _____	Date Processed: _____	Staff Initials: _____
	Receipt Sent by: <input type="checkbox"/> Email: _____ <input type="checkbox"/> Mail: _____	Barcode: _____