



# YMCA Camp Pine Crest 2017 Registration

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

## YMCA CAMP PINE CREST CAMPER INFORMATION

NAME _____ Last First	BIRTH DATE ____/____/____ Y M D	GENDER _____	CABIN MATE REQUEST _____
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CABIN MATE REQUEST: While we do our best to accommodate everyone's needs, we are not always able to make every request work. We will try to honour **one** mutual request for children within one year age difference.

## TRADITIONAL CAMP PROGRAMS

Program	Age	Date	Base Fee	Please check Program
Little Critters Day Camp - Week 1	4-8 years	July 3-7, 2017	\$200.00	<input type="checkbox"/>
Little Critters Day Camp - Week 2	4-8 years	July 10-14, 2017	\$200.00	<input type="checkbox"/>
Little Critters Day Camp - Week 3	4-8 years	July 17-21, 2017	\$200.00	<input type="checkbox"/>
Little Critters Day Camp - Week 4	4-8 years	July 24-28, 2017	\$200.00	<input type="checkbox"/>
Little Critters Day Camp - Week 5	4-8 years	July 31 - August 4, 2017	\$200.00	<input type="checkbox"/>
Little Critters Day Camp - Week 6	4-8 years	August 8-11, 2017	\$160.00	<input type="checkbox"/>
Little Critters Day Camp - Week 7	4-8 years	August 14-18, 2017	\$200.00	<input type="checkbox"/>
Little Critters Day Camp - Week 8	4-8 years	August 21-25, 2017	\$200.00	<input type="checkbox"/>
Pine Cones 1	5-7 years	July 3-5, 2017	\$300.00	<input type="checkbox"/>
Pine Cones 2	5-7 years	July 5-7, 2017	\$300.00	<input type="checkbox"/>
Pine Cones 3	5-7 years	July 21-23, 2017	\$300.00	<input type="checkbox"/>
Pine Cones 4	5-7 years	August 23-25, 2017	\$300.00	<input type="checkbox"/>
One week session- Pine Crester 1	7-11 years	July 2-7, 2017	\$900.00	<input type="checkbox"/>
One week session- PC 2	7-11 years	July 9-14, 2017	\$900.00	<input type="checkbox"/>
One week session- PC 3	7-11 years	July 16-21, 2017	\$900.00	<input type="checkbox"/>
One week session- PC 4	7-11 years	July 23-28, 2017	\$900.00	<input type="checkbox"/>
One week session- PC 5	7-11 years	August 6-11, 2017	\$900.00	<input type="checkbox"/>
One week session- PC 6	7-11 years	August 13-18, 2017	\$900.00	<input type="checkbox"/>
One week session- PC 7	7-11 years	August 20-26, 2016	\$900.00	<input type="checkbox"/>
One week session- PC 8	7-11 years	August 27 - September 1, 2017	\$900.00	<input type="checkbox"/>
Two-week session A	7-14 years	July 2-14, 2017	\$1,625.00	<input type="checkbox"/>
Two-week session B	7-14 years	July 16-28, 2017	\$1,625.00	<input type="checkbox"/>
Two-week session C	7-14 years	August 6-18, 2017	\$1,625.00	<input type="checkbox"/>
Two-week session D	7-14 years	August 20 - September 1, 2017	\$1,625.00	<input type="checkbox"/>

All transportation costs are included in the camp fee. Please indicate the bus stops you will be utilizing for your child during their session below.

## 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"/> Mississauga YMCA	
<input type="checkbox"/> Scarborough YMCA	<input type="checkbox"/> I do not need the bus, will drive to camp	<input type="checkbox"/> Scarborough YMCA	<input type="checkbox"/> I do not need the bus, will pick up

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

<input type="checkbox"/> T-shirt \$15.00	Sizes (select one): Youth Medium Large Adult Small Medium Large X-Large	<input type="checkbox"/> Flashlight \$8.00	<input type="checkbox"/> Hat \$15.00
<input type="checkbox"/> Sweatshirt \$45.00	Sizes (select one): Youth Medium Large Adult Small Medium Large X-Large 2XL	<input type="checkbox"/> 1L Water Bottle \$15.00	<input type="checkbox"/> Toqu \$25.00

## Send a Child to Camp through the Pine Crest Annual Giving Campaign

Would you consider making a pledge to help a child in need attend camp next summer? (Please Check one)  \$25  \$50  \$100  \$500

### 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
- \$200 Deposit and automated monthly withdrawal from credit card (expiration date valid until April 2017)
- \$200 Deposit and automated monthly withdrawal from chequing or savings account by April 30, 2017
- \$200 Deposit and balance due by credit card on April 30, 2017
- \$200 Deposit and balance paid by automated withdrawal from chequing or saving account on April 30, 2017

Financial Assistance is available for all programs and sessions. Please call to request an application or visit our website to download the application. All requests are processed on a first come, first served basis beginning on October 31st, 2016.

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 on April 30th, 2016.

### PAYMENT CALCULATION

Program Base Fee	
Camp Merchandise	
Pine Crest Annual Giving Campaign Donation	
<b>Total</b>	

\*\*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 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](http://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](http://www.cdnpay.ca)".

## FOR OFFICE USE ONLY

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

# Camper Experience Information Form

\*Please fill out for first time campers or if any information has changed over the year that would be beneficial to pass on to our staff.

## PERSONAL INFORMATION

This section will be shared with your child's counsellor(s) prior to their session at camp.

BIRTH DATE

Name of Camper: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Y M D

## CAMP EXPERIENCE

Years at Pine Crest: \_\_\_\_\_

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

Name of relatives attending Pine Crest \_\_\_\_\_

If new to Pine Crest, how does your child feel about coming this summer? \_\_\_\_\_

## SMALL GROUP EXPERIENCE

What role does your child usually play in his/her peer group?

What does your child want the counsellor to know about him/her prior to camp?

Is your child prone to homesickness? If so, what techniques have proven helpful?

## NATURAL FOCUS

Does your child have any reservations about being in the outdoors?

How does your child feel about the upcoming canoe trip during their session?

## 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 of family situation)?

Does your child have any sleeping habits that we should be aware of (e.g. bedwetting, sleepwalking, nightmares)? What are her/his coping techniques for these?

## INCLUSIVE PROGRAMS

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

Are there any adaptations that should be made to ensure your child has a positive experience in our programs?

Tell us about your child's general temperament. For example, are they shy, outgoing, insecure, confident? How can we best interact with them to help them feel comfortable and engaged?

\*If your child has a special need please contact the camp to provide full details so we can best support your child during their camp experience.

## ENJOYABLE PROGRAMS

What programs/skills is your child most excited about this summer?

What activities is your child apprehensive about this summer?

Are there skills or activities that you would like us to help encourage your child to try at camp this summer (e.g. swimming, high ropes, making new friends)?

**YMCA CAMP PINECREST HEALTH INFORMATION 2017**

**CABIN NAME:**

CAMPER'S NAME		2016 Registration	BIRTH DATE	ONTARIO HEALTH CARD #
Please fill out a separate form for each participant. This agreement must be signed to allow participation in 2016 summer programs.			____/____/____ Y M D	(OPTIONAL)
DOCTOR'S NAME	DOCTOR'S PHONE ( )	DENTIST'S NAME		DENTIST'S PHONE ( )

**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	Province/State	Postal Code / Zip
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	
Home Phone ( )	Business ( )	Home Phone ( )	Business ( )
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 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 Camp Director or Wellness Staff. 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? \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccination: What is the approximate date of your child's last tetanus shot? \_\_\_\_/\_\_\_\_/\_\_\_\_

History of Communicable Diseases and Approximate Dates:

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

Carries Epi-pen:  Yes  No

Wears Medic-Alert Bracelet:  Yes  No

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

Other Health Issues (please check any applicable areas):

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Migraines	<input type="checkbox"/> Back	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Emotional Behaviour
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Frequent Cold/Sinus	<input type="checkbox"/> Injury	<input type="checkbox"/> Slight	<input type="checkbox"/> Concussion/ Concussion syndrome
<input type="checkbox"/> Bleeding/ Clotting	<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Knees	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing	Approximate date ____/____/____

Explanation of above: \_\_\_\_\_

Has your child experienced any mental health challenges over the past year?  Yes  No

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

Additional Comments: \_\_\_\_\_

## REGISTRATION PROCEDURES

We prefer that you e-mail us at [summer.camp@ymcagta.org](mailto:summer.camp@ymcagta.org) with any questions that you may have about registration or camp programs.

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

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](http://www.camppinecrest.ca)

Registrations can be done by phone, email PDF, mail 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. [Coel.Balmer@ymcagta.org](mailto:Coel.Balmer@ymcagta.org)

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 2016 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 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 with further information regarding wellness and safety guidelines.

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.

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

\_\_\_\_\_  
Date

### PLEASE RETURN TO:

PINE CREST REGISTRATION- YMCA Program Registration Office  
2200 Yonge Street, Suite 300  
Toronto, ON M5S  
Phone: (647) 439-6611 or 1-877-303-2267  
Fax: (416) 928-2030 Email: [camps@ymcagta.org](mailto: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](http://www.ymcagta.org) or contact YMCA Customer Service at (416) 928-9622.