



Inclusive Summer Day Camp 2016

This form must be completed in full, signed by a parent or guardian, and returned to the YMCA before the Camper's first day. Parents/Guardians are encouraged to read the Parent Information Package which can be found on our website regina.ymca.ca

First Name	Last Name
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> YMCA Member <input type="checkbox"/> Non Member <input type="checkbox"/> Autism Resource Centre Member	Location of Camp <input type="checkbox"/> Downtown YMCA <input type="checkbox"/> Northwest YMCA <input type="checkbox"/> East YMCA

Parent/Guardian Information

Name(s)	Phone
Address	E-mail address

Emergency Contact/Authorization of Release

I hereby authorize the following persons above the parent/guardian(s) to escort my child away from YMCA Day Camps:

Name	Relationship	Phone
Name	Relationship	Phone

Please list any special instructions or any persons NOT authorized to remove your child from YMCA Day Camps:

Medical Information

Camper's Physician	Office Name	Phone
Hospitalization Number:		
Does your child have any allergies? If YES, please list:		
Does your child carry medication for his/her allergies? If YES, parents/guardians must complete a Medication Release Form		
Does your child require medication during camp time? If YES, parents/guardians must complete a Medication Release Form		
Please describe any physical/medical conditions that may interfere with your child's participation in camp activities. How can staff best assist your child during camp activities?		

Intake Interviews:

All Special Needs Camp and ARC participants will be contacted for an additional Intake Interview. If you would like the opportunity to speak with a Camp Director regarding your child's individual needs, please check this box and we will contact you to set up a meeting.

Program	Code	Available	Pricing (All Weeks except Week 5)	Pricing Week 5
Inclusive Summer Program (Ages 6-12)	ISP	Weeks 1-8 NW&DT	\$185 Y Members \$210 Non-Members	\$148 Y Members \$168 Non-Members
Swim Camp	SW	Weeks 1&2 NW Week 5&6 DT	\$230 Y Members \$270 Non-Members	\$184 Y Members \$216 Non-Members
ARC / Special Needs Inclusive Summer (Ages 6-12)	ARC / SN	Weeks 1-8 NW&DT	\$314 Y Members \$365 Non-Members	\$252 Y Members \$293 Non-Members
ARC / Special Needs Swim Camp	ARCSW / SNSW	Weeks 1&2 NW Week 5&6 DT	\$375 Y Members \$425 Non-Members	\$300 Y Members \$340 Non-Members
Athletic Development Camp (Ages 10-15)	ADC	Weeks 1&2 EAST	\$185 Y Members \$210 Non-Members	N/A
Triathlon Camp (Ages 13-15)	TC	Week 5 NW	N/A	\$148 Y Members \$168 Non-Members
Mighty Munchkins (Ages 3-5)	MM	Weeks 1-4, 6&7	\$79 Y Members \$91 Non- Members	N/A
School's Out Day Camp (Ages 6-12)	SODC	Individual Days Aug 29-31	\$40 per day Y Members / \$50 per day Non-Members	

#	Week	Code	Pre & Post Care (27.80/wk)	#	Week	Code	Pre & Post Care (27.80/wk)
1	July 4-8			7	Aug 15-19		
2	July 11-15			8	Aug 22-26		
3	July 18-22			9	Aug 29		
4	July 25-29			10	Aug 30		
5	Aug 2-5			11	Aug 31		
6	Aug 8-12						

Please note: Pre and Post Care are not available for Mighty Munchkins, Special Needs Camp, or ARC registrants. Payment in full is due at time of registration.

Release of Liability and Assumption of Risk Waiver

I understand that the YMCA of Regina assumes **no responsibility** for injuries or illnesses which I, my spouse/partner, or my minor children or any other person may sustain as a result of my/their physical condition, this program, my/their use of any facility or my/their participation in any activities, programs, exercise, or the use of any equipment (collectively, "Activities"). I expressly acknowledge on behalf of myself, my spouse/partner, my minor children and our heirs that I assume the risk for any and all injuries, illnesses, death, loss or damage which may result from any of the foregoing. I hereby release and discharge the YMCA of Regina, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I, my spouse/partner, or minor children may suffer as a result of my/their physical condition, this program, the use of any facility or participation in any Activities. Participants are prohibited from possessing or using alcohol, tobacco products, non-prescription drugs, and weapons of any kind. Participants must follow safety instructions of YMCA staff, and refrain from harmful behaviour. Failure to comply with these YMCA policies will result in immediate dismissal from YMCA programs without refund.

Yes, I consent to receiving the YMCA of Regina's digital newsletter and other commercial messages regarding the YMCA of Regina's products and services. You may withdraw your consent at any time using the contact information provided here. Please contact us for more details at [306-757-9622](tel:306-757-9622). (YMCA of Regina, 2400 13th Avenue, Regina, SK, S4P 0V9.)

I understand that the YMCA of Regina is not responsible for **personal property** lost or stolen while members and/or program participants are using YMCA facilities or are on YMCA premises.

I give my permission to the YMCA of Regina to use indefinitely, without limitation or obligation, photographs, film, footage, or tape recordings which may include my, my spouse's or minor children's image or voice for purposes of **promoting or interpreting** YMCA programs.

The YMCA of Regina **Strong Kids Fund** serves those individuals and families who have the greatest need in our community. Registration will be initiated once assistance is approved by the Camp Director and your initial payment is received.

Would you like someone to contact you in regards to this?

Yes
 No

The YMCA Summer Day Camps will be traveling to various locations in Regina and surrounding area. Your child will be **transported** in a First Bus School bus operated by a First Bus driver or by the City of Regina via a regular transit route. I give permission for the YMCA staff to transport my child as required.

Acceptance

I acknowledge the Liability Waiver set forth above and being in agreement with the Mission and Goals of the YMCA, hereby apply for registration.

I acknowledge that cancellations must be made 7 days before camp's first day for refund, after which requests for refunds will be assessed on an individual basis and are subject to a processing fee.

I have read the YMCA of Regina Summer Inclusion Camp Parent Information Package and understand my responsibility and the actions required by me.

Signature of Parent or Guardian

Date