

# Registration Information

Registration opens  
February 4 at 9:00 am

## Online

Register online at [ymcaoakville.org](http://ymcaoakville.org). Payment by credit card only.

## In Person

Bring your completed registration and photo release forms to the Peter Gilgan Family YMCA. Payment by cash, debit, credit or pre-authorized payments (VOID cheque required). **Please do not fax or email your registration form.**

## Program Agreement & Registration Information

Please read the following information carefully. By registering for YMCA Summer Camps you agree and acknowledge that you are giving up certain legal rights and hereby represent and warrant to YMCA that: (1) You are over the age of majority in your jurisdiction of residence; or (2) If you are registering on behalf of a minor, that you are his/her/their parent/legal guardian and as such are fully authorized and entitled to enter into this agreement on his/her/their behalf.

## Assumption of risk and indemnifying release

While YMCA staff make every effort to minimize exposure to known risks associated with participation in YMCA programs, I hereby acknowledge that my child may participate in 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 my child to participate in the full range of program activities, unless specifically noted by me in the health information section of the registration form. I hereby release and discharge the YMCA of Oakville from any and all liability for damages sustained in consequence of loss, injury or damage to the participant, 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.

## Medical Emergencies

In the event of an accident, injury or illness involving the participant, 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 participant'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.

## Code of Conduct

The safety of each individual in the program is of the utmost importance. Each participant 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 participant that places him/her/them, or others, at risk may result in the participant'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 participant at his/her/their 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.

## Payment Options & Fee Schedule

Camper fees can be paid in full or by pre-authorized payments. An initial deposit of \$50/session for each child will apply. The balance may be spread out through pre-authorized payments with a VOID cheque or credit card. Refer to the payment schedule below.

## Cancellation and Refund Policy

Cancellation requests must be made in writing to [summercamps@oakville.ymca.ca](mailto:summercamps@oakville.ymca.ca) or by visiting the Peter Gilgan Family YMCA and completing a cancellation form. Requests received a minimum of two weeks prior to the first day of the camp program will be refunded, less \$25.00/session. Requests received within two weeks of the first day of the camp session are not subject to any refund. A cheque will be mailed or your credit card will be refunded within 14 days. Exceptions will be made for medical reasons, for which a doctor's note is required. Program transfers are accepted pending availability. Refunds will not be issued if a participant is sent home for misconduct.

Week	Session Date	Bank Withdrawal	Credit Withdrawal	Cancel by Date
1	June 29	June 1	June 8	June 15
2	July 6	June 15	June 22	June 22
3	July 13	June 15	June 22	June 29
4	July 20	June 15	July 8	July 6
5	July 27	July 1	July 8	July 13
6	August 4	July 15	July 8	July 20
7	August 10	July 15	July 22	July 27
8	August 17	July 15	July 22	August 4
9	August 24	August 1	August 8	August 10
10	August 31	August 1	August 8	August 17

# 2020 Summer Camp Registration Form

## Camper Information *(all fields mandatory)*

*Please Print Clearly*

First Name	Last Name	
Pronouns	Pref. name	
Birthdate (Y/M/D)	Age	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> __
Address		
City	Postal Code	
Phone Number		
Email Address		

## Parent/Guardian 1 *(all fields mandatory)*

First Name	Last Name
Address	
City	Postal Code
Primary Phone	Alternate Phone
Email Address	
Work Address	

## Parent/Guardian 2 *(all fields mandatory)*

First Name	Last Name
Address	
City	Postal Code
Primary Phone	Alternate Phone
Email Address	
Work Address	

## Custody *(all fields mandatory)*

Both  Mother  Father  Guardian

## Emergency Contacts *(all fields mandatory)*

*Provide two authorized people (not parents) to pick up your child and/or be contacted in an emergency.*

### Emergency Contact 1

First Name	Last Name
Primary Phone	Alternate Phone

### Emergency Contact 2

First Name	Last Name
Primary Phone	Alternate Phone

## Health and Medical Information *(all fields mandatory)*

Doctor's Name		
Health Card #		
Allergies	<input type="checkbox"/> No	<input type="checkbox"/> Yes:
EPI Pen	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### Has/is your child:

Been immunized as required by the Education Act?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Had recent operations/illnesses/injuries/diseases?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

*If yes, please specify:*

Been diagnosed with any medical conditions?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
---------------------------------------------	-----------------------------	------------------------------

*If yes, please specify:*

Currently taking medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
------------------------------	-----------------------------	------------------------------

*If yes, please specify:*

## Program Support *(all fields mandatory)*

Has your child been diagnosed with Special or behavioural needs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
------------------------------------------------------------------	-----------------------------	------------------------------

*If yes, please specify:*

Does your child require one on one support at school?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
-------------------------------------------------------	-----------------------------	------------------------------

Please list any additional information we should be aware of:

*If you have answered yes to any of these questions, please contact Rosie Lydon regarding additional support at camp at [rosiely@oakville.ymca.ca](mailto:rosiely@oakville.ymca.ca).*

## Friend Request

*You can request that your child be placed in the same group as their friend if they are close in age. Counsellors will do their best to accommodate requests, but it is not guaranteed.*

Name(s)

<b>OFFICE USE ONLY</b>	<b>TRX:</b>	<b>MSR:</b>
------------------------	-------------	-------------

Week	Dates	Location	Program	Bus Stop (if applicable)	Camp Care Location	AM/PM/Both	Total Fees
1*	June 29 - July 3						
2	July 6-10						
3	July 13-17						
4	July 20-24						
5	July 27-31						
6*	August 4-7						
7	August 10-14						
8	August 17-21						
9	Aug 24-28						
10	Aug 31-Sept 4						
							<b>TOTAL</b>

When registering for camp, you are required to use the same bus stop for drop off and pick up.

\*All programs will be closed on Wednesday, July 1 for Canada Day and on Monday, August 3 for the Civic Holiday. Fees for these weeks will be prorated.

### Policies

#### NSF Payments/Declined Credit Card

A \$20.00 service charge will be applied to all NSF pre-authorized debits and declined credit cards. Failure to make full payment of camp fees one week prior to the start of the program will automatically result in withdrawal. Please refer to the fee schedule on page 22.

#### Regionally Subsidized Clients

To register for summer day camp, please provide us with written verification from Halton Region.

For more information on Child Care Subsidy, please contact the Region of Halton at 905-825-6000.

### YMCA Summer Camp Pre-Authorized Debit Agreement

Child's Name \_\_\_\_\_

#### Payment Method

- Visa
  MasterCard
  AMEX  
 Pre-Authorized Debit (please attached void cheque or direct deposit form)

*By signing this agreement, you have waived your right to receive pre-notification of the amount of the PAD and have agreed that you do not require advanced notice of the amount of PAD's before the debit is processed. This applies to PAD's that are returned due to insufficient funds. I/ We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any PAD that is not authorized or consistent with this agreement. To obtain a copy of the reimbursement claim, or for more information on my/ our recourse rights, I/We may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).*

Signature of Account Holder \_\_\_\_\_

Date \_\_\_\_\_

Signature (if joint account) \_\_\_\_\_

Date \_\_\_\_\_

### Camper Swag Items (Please indicate quantity in provided boxes)

- YMCA Camp T-Shirt \$15 (please circle t-shirt size)  
                   S (Child)    M (Child)    L (Child)    XL (Child)    S            M            L            XL            XXL
- Water bottle \$6                       Hat \$10                       Sunglasses \$5

For more information please visit [www.ymcaofaokville.org](http://www.ymcaofaokville.org)

**Signing this form acknowledges that you have read, understand and agree to the content outlined above and on the reverse side (page 23). Additionally, you agree to the terms and conditions outlined within the "Program Agreement & Registration Information" on page 22.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_