

YMCA

of Cape Breton

A charity since 1886

Summer Day Camp 2009 Registration

Camper Information

Name: _____
Birthdate: _____
Sex (please circle) M F _____
Address: _____
City: _____
Postal Code: _____
Health Card # _____

Main Contact Info.

Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Relationship to camper: _____

Secondary Contact

Home Phone: _____
Name: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Relationship to camper: _____

Emergency Contact

Home Phone: _____
Name: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Relationship to camper: _____

Health History

Conditions	Yes	No	Details
_ Allergies _ Medications _ Food _ Insects _ Other			Epi Pen: _ Yes _ No
Asthma			
Seizures			
ADD/ADHD			
Diabetes			
Dietary restrictions			
Medication			
Behavior Issues			
Other			



Please Mark an X for the appropriate week(s)/day(s)

<u>Week</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
June 29-July 3					
July 6-July 10					
July 13-July 17					
July 20-July 25					
July 27-July 31					
Aug. 3- Aug. 7					
Aug. 10-Aug. 14					
Aug. 17-Aug. 21					
Aug. 24-Aug. 28					

Registration will not be accepted after 8:00pm - Friday for the upcoming week.

Transportation

Please specify where your child will be dropped off:

YMCA: _____ S.R. Supervalu: _____ Coast Guard College: _____

Please note that there will be a daily fee of \$1.00 for those campers using the bus service to the Coast Guard College.

Payment Methods

This year we are glad to offer pre-authorized payments on the 1st and 15th of June, July and August. You can schedule your payments on these dates using your MasterCard, Visa, or void cheque.

Visa #: _____ Exp: _____

MasterCard #: _____ Exp: _____

EFT: Branch #: ___/___/___ Trans. #: ___/___/___/___/___ Acct.# _____

Dates and Amounts

June 1/08: _____ June 15/08: _____

July 1/08: _____ July 15/08: _____

Aug. 1/08: _____ Aug 15/08: _____

I hereby give consent for the YMCA of Cape Breton to withdraw the above mentioned amounts from the method I have selected above.

Signature: _____ Dated: _____

Waiver/photo release

I hereby give permission for images of my child, captured during camp activities through photo, video and digital camera, to be used solely for the purpose of the YMCA of Cape Breton promotional material and publications and waive any rights of compensations or ownership.

Signature of parent/guardian

Date