



2019 Camp Glenburn Summer Registration Application

Camper Information

Name: \_\_\_\_\_ Gender: F M

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_/\_\_/\_\_\_\_ Age as of July 1<sup>st</sup> 2019: \_\_\_\_\_

Grade as of September 2019: \_\_\_\_\_ School: \_\_\_\_\_

Session Selection (HST included)

Table with 7 columns: Little Voyagers, Adventurer, Discoverer, Explorer, Jr Leadership, Leadership, Day Camp. Rows include session options like 'Little Voyagers 1', 'Adventurer 1', etc., with checkboxes for selection.

Cabin Mate Requests
Cabin assignment is based on age and gender. Although we work hard to grant these requests, they are not guaranteed.
1. \_\_\_\_\_
2. \_\_\_\_\_

The follow question only applies to DISCOVERER and EXPLORER campers who have the opportunity to go on an overnight camping trip. These age appropriate trips offer campers a fun, safe, educational wilderness experience.

Your camper is:  Keen  Nervous

Parental/Guardian Information

Parent 1/Guardian 1 Name: \_\_\_\_\_

Home Phone: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_ Work/Mobile Phone: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

Email: \_\_\_\_\_

\*The majority of correspondence throughout the year, including confirmation of registrations, is through email. Please be sure to use an address you use often.

Parent 2/Guardian 2 Name: \_\_\_\_\_

Home Phone: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_ Work/Mobile Phone: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_

Email: \_\_\_\_\_

Alterative Emergency Contact Name: \_\_\_\_\_

Home Phone: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_ Work/Mobile Phone: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_



**Camper information**

1. How would you describe your child sleeping habits?

- Frequent bedwetter
- Walks in sleep
- Occasional bedwetter
- Nightmares

2. How would you describe your child eating habits?

- Fussy
- Average
- Hearty

3. How would you consider your child ability to make friends?

- Easily
- With some work
- With difficulty

4. Has your child attended residential camp before?

- YES
- NO

If YES, which camp? \_\_\_\_\_

5. Is your child eager to attend camp?

- Eager to attend camp
- Urged by parents

6. In the past year have there been any changes in family relationship?

- Death
- Marriage
- Divorce
- Separation

If parents are divorced or separated, who has legal custody? \_\_\_\_\_

7. For returning campers:

What colour were you on OLYMPIC DAY:

- DON'T REMEMBER
- RED
- BLUE
- GREEN
- BLACK



Medical information

Allergies

1. Does your child have any allergic reactions?

- NO
YES

If YES, EPIPEN required for treatment? YES NO

If YES, please specify what causes the reaction and describe its nature and severity:

Food: \_\_\_\_\_

Medication: \_\_\_\_\_

Stings: \_\_\_\_\_

Animals: \_\_\_\_\_

Other: \_\_\_\_\_

2. Does your child have dietary restrictions?

- Vegetarian Vegan Other: \_\_\_\_\_

Medication

3. Does your child require special medication at camp?

- NO YES

If YES, please describe:

Table with 5 columns: Medication, Dose, Start/End date, Times taken, Notes. It contains three rows for medication details.



4. Does your child require specific treatments at camp?

NO  YES

If YES, please describe treatment details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does your child takes medications at home?

NO  YES

If YES, please describe treatment details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health History**

6. Does your child have any medical condition?

NO  YES

If YES, please circle:

ADD/ADHD	Developmental Delays	Frequent Colds	Seizures
Asthma/Inhaler	Diabetes	Hay Fever	Skin Problems
Behavioral Issues	Ear Infections	Irritable Bowel Syndrome	Stomach Aches
Blackouts/Fainting	Eating Disorder	Mental Health Issues	Tonsillitis
Convulsions	Epilepsy	Rheumatic Fever	Urinary Tract Infection
Other:	Details:		

7. Does your child have any diseases?

NO  YES

If YES, please circle:

Chicken Pox (Varicella)	Hepatitis B	Measles (Red)	Mono (past 1 year)
Hepatitis A	Hepatitis C	Measles (German)	Whooping Cough
Other:	Details:		

**\* \* \* \* \*Insurance information\* \* \* \* \***

Province/State:	
Health Card #:	Expiry Date: (mm/dd/yyyy)      -- / -- / ----



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The following is a legal document.

Please read it carefully and acknowledge that by signing you are giving up the right to sue the Greater Saint John YMCA Inc., its officers, agents, employees, board of directors, volunteers, participants, and all other persons or entities acting on their behalf (hereinafter collectively referred to as "Camp").

Authorization

In permitting my child \_\_\_\_\_ (print camper's name) to attend Camp, operated by the Greater Saint John YMCA Inc., I, the undersigned, permit my child to participate in the full range of camp activities which include but are not limited to canoeing, kayaking, swimming, windsurfing, high and low ropes course, active games, overnight camping, outdoor living skills, hiking, drama and outdoor climbing wall. I give permission to take my child on outings, excursions and activities away from the facility, either on foot, or in a vehicle providing the driver of said vehicle are properly insured for the carrying of passengers. I authorize the "Camp" in the event of an accident or illness affecting the above named camper to authorize on my behalf all procedures necessary therein, as he/she may deem essential for the care and well-being of said camper. Such action is to be undertaken only when immediate contact with the undersigned cannot be made.

Parent or Guardian (print name): \_\_\_\_\_
Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Indemnity

In consideration of \_\_\_\_\_ (print camper's name) (hereinafter referred to as "Camper") being permitted by the "Camp" to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless the "Camp" from any and all claims, causes of action, actions or demands whatsoever which are in any way connected with such use or participation by the "Camper".

Parent or Guardian (print name): \_\_\_\_\_
Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Medical

In case of a medical emergency, I understand that every effort will be made to contact parents or guardians. In the event I cannot be reached, I hereby give permission to the physician selected by the "Camp" to hospitalize, secure proper treatment, provide over the counter medication, order injections, anesthesia or surgery for my child as named above. To the best of my knowledge, the information on this form is accurate.

Parent or Guardian (print name): \_\_\_\_\_
Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Publication & Privacy Act

I understand that the pictures taken at Camp may be used for promotional purposes. We collect, use and disclose personal data only 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 service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest you. We do not share this information with any other party.

Parent or Guardian (print name): \_\_\_\_\_
Signed: \_\_\_\_\_ Dated: \_\_\_\_\_



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## Payment

A deposit, (\$10.00 for Day Camp, \$50.00 for Little Voyagers and Adventurers, \$100.00 for Discoverer, Explorer, 2-week Leadership and \$200.00 for 3-week Leadership) is required for each Camp Glenburn program and for each camper that is registering. Deposits are non-refundable. The remaining balance of fees are refundable if a medical note is provided by a physician or if a cancellation is made 21 days prior to the first day of the program. Refunds are not provided for homesickness or inappropriate behaviour. All payments must be finalized on or before July 1, 2019. If registration occurs within the week before the session begins, full payment at the time of registration is required.

## Transportation Information

Travel arrangements for each camper are the responsibility of the parent and/or guardian..

## Yes, I will support the YMCA Strong Communities Campaign and help send a kid to camp

YMCA Strong Communities is an annual fund-raising campaign focused on raising much needed resources to support Y program participation. The YMCA provides children the opportunities they need to live healthier, happier lives now, and to grow into productive adults. A charitable tax receipt is available for all amounts over \$10.00.

Enclosed is my donation of:

- \$500.00
- \$100.00
- \$50.00
- Other: \$\_\_\_\_\_

## Discounts

Sibling Discount: Overnight Campers receive \$30.00 off each additional child after the first.  
Day Campers receive \$5.00 off each additional child after the first

## Payment Grid

\$ _____	Camp Fee
+ \$ _____	Donation
\$ _____	Discount
= \$ _____	TOTAL
- \$ _____	Deposit
= \$ _____	Balance

**Applying for Strong Communities Funding?**

*Please include your application form and deposit. The Glenburn office will contact you to complete your registration.*

## Payment Options

- Full Payment** by cheque, cash
- Deposit and Post Dated Payments**  
*Please attach all cheques and indicate all process dates equal to full payment. All payments must be finalized on or before July 1, 2019. Please send all post-dated cheques at time of registration.*
- Credit Card Payments**  
*Register online or call us*