



Welcome to the YMCA of Kingston Day Camps

We offer a full-day programming for children from 6–12 years of age. The children will participate in activities, including crafts, swimming, sports, quiet games, and more. The Camp runs organized activities from 9:00a.m. to 4:00p.m, with extended care being offered from 7:30am-9:00am and 4:00pm-5:30pm at no additional fee.

Each child will need:

- a nut-free lunch & two snacks
- a refillable water bottle
- outdoor clothes
- proper indoor shoes
- a bathing suit and towel

Waiver: I _____ allow my child to participate in the full range of YMCA Camp activities, including offsite trips. I authorize the YMCA Staff, in the event of accident, injury, or illness affecting the camper, to authorize on my behalf all medical and other procedures, including ambulance transfer, admission to hospital and all other necessary treatment, as deemed essential for the care and well-being of the camper. Such action is to be taken only when immediate contact with the undersigned cannot be made.

We are participating voluntarily and do so at own risk. I agree to fully release the YMCA and its officers, directors, agents, staff, instructors and volunteers from all claims or lawsuits for any injuries, death, property damage or theft, losses, or any other liability of any kind. These include any claims for damages resulting from and arising out of either the negligence of the directors, officers, agents, staff and volunteers of the YMCA or the negligence of any other person or guest using the facilities that may arise directly or indirectly out of participation in YMCA programs and/or use of any YMCA equipment of facilities.

Loss/Theft: The YMCA of Kingston is not responsible for any loss or theft of participants' belongings or money. Parents/guardians will be responsible for reimbursement of any theft, willful destruction to property incurred as a result of their child's actions.

Program Removal: The YMCA of Kingston has a no-nit policy. We do lice checks regularly, and do not accept participants with lice or nits. Participant behavior that puts the participant or others at physical or emotional risk may result in immediate dismissal. Possession of alcohol, weapons, tobacco products and illegal or harmful substances will result in immediate dismissal from program. Parents/guardians must be available to pick up participants promptly should the participant be dismissed from the program. No refund will be given to campers leaving camp prior to the end of the session due to disciplinary action.

Refunds and Cancellations: I understand there will be a \$15 fee for any cancellations, 3 business days prior to the scheduled camp day/week; cancellations after this time will be granted for emergencies only and at the discretion of the Supervisor. Refunds will not be issued if a participant is removed from the camp program at the choice or request of the participant or the participant's parent/guardian or due to behavioural issues once the camp has started.

Custodial Parent/Guardian Signature

Date

2018 Recreation Winter Break Camps

<input type="checkbox"/> Thursday, December 27th Winter Wonderland	<input type="checkbox"/> Friday, December 28th Superhero Day	<input type="checkbox"/> Monday, December 31st **YMCA Olympics	<input type="checkbox"/> Wednesday, January 2nd Animal Planet Day	<input type="checkbox"/> Thursday, January 3rd Outer Space Day	<input type="checkbox"/> Friday, January 4th Beach Day
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**December 31st – Half Day (care runs from 7:30am-12:30pm)

Members: \$36.25 Non-Members: \$38.25
 Members: \$20.00 Non-Members: \$21.00 ****December 31st ONLY**

CAMPER INFORMATION

Last Name: _____ First Name: _____ Age: _____

Address: _____ City: _____ Postal Code: _____

Date of Birth: _____ Home Phone #: _____

PARENT/GUARDIAN

PARENT/GUARDIAN 2

Last Name: _____ Last Name: _____

First Name: _____ First Name: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Home Address: _____ Home Address _____

Cell Phone: _____ Cell Phone: _____

Please list ALL other adults (first and last name) authorized to pick up your child:

EMERGENCY CONTACT (must be available to pick up child in-case of emergency)

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

HEALTH HISTORY

Please describe previous health concerns/illnesses:

ALLERGIES OR MEDICAL CONDITIONS

Please describe reaction and treatment:

Does the camper carry an EpiPen/Asthma inhaler or require medication to be administered at camp? *** YES * NO**

*If yes, please ensure a medication dispensing form is completed and hand in to the camp staff on campers first day.

Has your child been identified within the School Board or been diagnosed with special needs? *** YES * NO**

*If you answered yes to your child being identified or diagnosed with special needs, please contact our office at 613-546-2647 –ext. 245, to discuss their needs and availability of staff support.

YMCA of Kingston staff:	Date:	Extra: <input type="checkbox"/>	Receipt #
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***SEE REVERSE FOR WAIVER* → → →**