



## Welcome to the YMCA of Kingston Winter Day Camps

We offer a full-day program for children from 4–12 years of age. The children will participate in activities, including crafts, swimming, sports, quiet games, and more. The Camp runs from 7:30am to 5:30pm, with organized camp activities from 9:00am to 4:00pm.

### Each child will need:

- a nut-free lunch & two snacks
- a refillable water bottle
- outdoor clothes
- 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.

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Custodial Parent/Guardian Signature

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Date

## Licensed Winter Break Camp Authorization Form 2018/2019

- School Age (Ages 6-12 years)
- Kinder (Ages 4-6 years)

<input type="checkbox"/> Thursday, December 27 <sup>th</sup> Winter Wonderland	<input type="checkbox"/> Friday, December 28 <sup>th</sup> New Year's Party	
<input type="checkbox"/> Wednesday, January 2 <sup>nd</sup> Funky Sock Day	<input type="checkbox"/> Thursday, January 3 <sup>rd</sup> Ugly Sweater Day	<input type="checkbox"/> Friday, January 4 <sup>th</sup> Crazy Hair & PJ Day

**Members: \$36.25    Non-Members: \$38.25**

***CAMPER INFORMATION***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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: \_\_\_\_\_

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

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

***EMERGENCY CONTACT***

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, you will be contacted by April Kirkpatrick, SAC Team Lead to get forms filled out before your child's first day of winter camp

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 – Licensed and Kinder ext. 234 to discuss their needs and availability of staff support.

YMCA of Kingston staff:	Date:	Extra: <input type="checkbox"/>	Inv#
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