Dear Parent/Guardian,

We welcome you to the summer day camp program at the Prospect Park YMCA! The Prospect Park YMCA is ready to embark on yet another fun and exciting summer. Here, your child will participate in art, field trips, swimming, sports and more. This summer promises to be one filled with adventure, learning and fun. Thank you for choosing the Prospect Park YMCA!

Enclosed you’ll find the camp registration form for Summer Day Camp 2017. Did you know there’s absolutely NO registration fee...The registration form must be completed and signed when registering your child for camp. The ONLY form that can be turned in at a later date is your child’s completed medical record that MUST be signed and stamped by your child’s physician. The medical record is due by Monday, June 5th, 2017. A non-refundable $50.00 deposit is required for each camp session of interest. This $50.00 deposit is credited towards your camp balance. You will also find the payment schedule enclosed. Fees for session I are due on June 16th. Fees for session II are due on June 30th. Fees for session III are due on July 10th and fees for session IIII are due on July 28th. Payment is accepted in cash, credit cards and certified money order. The Park Slope Armory and the Prospect Park YMCA are open for registration Monday-Friday from 8am-8pm and Saturday and Sunday from 9am-4pm. Please note that no personal checks will be accepted.

Parent Manuals will be available at Parent Orientation. Parent Orientation will take place at the Park Slope Armory YMCA on Saturday, May 6th at 5pm, Saturday, May 20th at 5pm, and Saturday, June 10th at 3:30pm. Attendance at one of these Parent Orientations is mandatory.

The YMCA believes that every family and child should have the opportunity to be a part of camp. Financial assistance is available to all families in need. Scholarship applications must be submitted by May 20th and are available on our websites and at the front desk at either the Park Slope Armory YMCA or the Prospect Park YMCA.

If you have any questions or concerns, please do not hesitate contact us.

We look forward to a great summer!

Sincerely,

Andrew Bagli
Youth and Family Director
Park Slope Armory YMCA
212-912-2587
abagli@ymcanyc.org
2017 Prospect Park YMCA SUMMER CAMP REGISTRATION FORM

PARTICIPANT INFO

Child's Name ___________________________ Age ___________________________
D.O.B. ___________________________ Gender ___________________________
Grade in September 2017 ___________________________ School ___________________________
Mailing Address ___________________________ Apt.# ___________________________
City ___________________________ State ___________________________ Zip ___________________________
Home Phone (____) ___________________________ Email Address ___________________________
My child will: ❑ Be picked up ❑ Walk home (Only 10 yrs. or older, please sign bottom of page)

T-Shirt Size  
Child:  S  M  L  XL
Adult:  S  M  L  XL

PARENT/GUARDIAN INFO

Name of Parent/Guardian registering child ___________________________ Home Phone (____)
Work Phone (____) ___________________________ Cell Phone (____) ___________________________ Email ___________________________
Name of Parent/Guardian ___________________________ Home Phone (____)
Work Phone (____) ___________________________ Cell Phone (____) ___________________________ Email ___________________________

EMERGENCY CONTACT INFO

Please list two (2) contacts not already listed on this form, to be used if the parents/guardians cannot be reached
Name ___________________________ Relation ___________________________ Home Phone (____)
Work Phone (____) ___________________________ Cell Phone (____)
Name ___________________________ Relation ___________________________ Home Phone (____)
Work Phone (____) ___________________________ Cell Phone (____)

PHYSICIAN INFO

Name ___________________________ Telephone Number (____)
Address ___________________________ City ___________________________ State ___________________________ Zip ___________________________

AUTHORIZATION / CONSENT

EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a YMCA program, a designated employee of the Prospect Park YMCA will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated or hospitalized by a licensed physician or hospital selected by the Prospect Park YMCA.

Parent/Guardian Name ___________________________ Parent/Guardian Signature ___________________________
Participant Signature ___________________________ Date ___________________________
PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities of the Prospect Park YMCA.

I hereby grant permission for my child to leave the Prospect Park YMCA premises, under proper supervision of Prospect Park YMCA staff, for neighborhood walks, park activities and field trips. It is my understanding that these trips will be taken over the camp session without further consent from me.

Child's Name

Parent/Guardian Signature

Date

Camp Type

AUTHORIZED PICK-UP FORM

The following individuals are 18 years old or older and are allowed to pick up my child from the Prospect Park YMCA Programs:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand that no one else will be allowed to pick up my child unless I notify the Prospect Park YMCA in advance and in writing. This person will also be asked for their photo ID for verification.

Parent/Guardian Signature

Date

Contact Telephone Number:

UNESCORTED DISMISSAL AUTHORIZATION

My child is ten years of age or older and may go home without an escort at the end of the day.

Parent/Guardian Signature

Date

Contact Telephone No.:
# 2017 Prospect Park YMCA SUMMER CAMP FEE SCHEDULE

*Session dates DO NOT include Saturday and Sunday.*

## Kinder Camp
*Ages 4½ to 5*

<table>
<thead>
<tr>
<th>Session</th>
<th>Member</th>
<th>Non-Member</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$540.00</td>
<td>$620.00</td>
<td>July 3 - July 14</td>
</tr>
<tr>
<td>II</td>
<td>$540.00</td>
<td>$620.00</td>
<td>July 17 - July 28</td>
</tr>
<tr>
<td>III</td>
<td>$540.00</td>
<td>$620.00</td>
<td>July 31 - August 11</td>
</tr>
<tr>
<td>IV</td>
<td>$540.00</td>
<td>$620.00</td>
<td>August 14 - August 25</td>
</tr>
</tbody>
</table>

## Swim Camp
*Ages 7 to 12*

<table>
<thead>
<tr>
<th>Session</th>
<th>Member</th>
<th>Non-Member</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$550.00</td>
<td>$630.00</td>
<td>July 3 - July 14</td>
</tr>
<tr>
<td>II</td>
<td>$550.00</td>
<td>$630.00</td>
<td>July 17 - July 28</td>
</tr>
<tr>
<td>III</td>
<td>$550.00</td>
<td>$630.00</td>
<td>July 31 - August 11</td>
</tr>
<tr>
<td>IV</td>
<td>$550.00</td>
<td>$630.00</td>
<td>August 14 - August 25</td>
</tr>
</tbody>
</table>

## Express Camp
*Ages 6 to 8*

<table>
<thead>
<tr>
<th>Session</th>
<th>Member</th>
<th>Non-Member</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$490.00</td>
<td>$560.00</td>
<td>July 3 - July 14</td>
</tr>
<tr>
<td>II</td>
<td>$490.00</td>
<td>$560.00</td>
<td>July 17 - July 28</td>
</tr>
<tr>
<td>III</td>
<td>$490.00</td>
<td>$560.00</td>
<td>July 31 - August 11</td>
</tr>
<tr>
<td>IV</td>
<td>$490.00</td>
<td>$560.00</td>
<td>August 14 - August 25</td>
</tr>
</tbody>
</table>

## Sports Camp
*Ages 7 to 12*

<table>
<thead>
<tr>
<th>Session</th>
<th>Member</th>
<th>Non-Member</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$550.00</td>
<td>$630.00</td>
<td>July 3 - July 14</td>
</tr>
<tr>
<td>II</td>
<td>$550.00</td>
<td>$630.00</td>
<td>July 17 - July 28</td>
</tr>
<tr>
<td>III</td>
<td>$550.00</td>
<td>$630.00</td>
<td>July 31 - August 11</td>
</tr>
<tr>
<td>IV</td>
<td>$550.00</td>
<td>$630.00</td>
<td>August 14 - August 25</td>
</tr>
</tbody>
</table>

## Adventure Camp
*Ages 9 to 11*

<table>
<thead>
<tr>
<th>Session</th>
<th>Member</th>
<th>Non-Member</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$490.00</td>
<td>$560.00</td>
<td>July 3 - July 14</td>
</tr>
<tr>
<td>II</td>
<td>$490.00</td>
<td>$560.00</td>
<td>July 17 - July 28</td>
</tr>
<tr>
<td>III</td>
<td>$490.00</td>
<td>$560.00</td>
<td>July 31 - August 11</td>
</tr>
<tr>
<td>IV</td>
<td>$490.00</td>
<td>$560.00</td>
<td>August 14 - August 25</td>
</tr>
</tbody>
</table>

## Teen Camp
*Ages 12 to 14*

<table>
<thead>
<tr>
<th>Session</th>
<th>Member</th>
<th>Non-Member</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$484.00</td>
<td>$545.00</td>
<td>July 3 - July 14</td>
</tr>
<tr>
<td>II</td>
<td>$484.00</td>
<td>$545.00</td>
<td>July 17 - July 28</td>
</tr>
<tr>
<td>III</td>
<td>$484.00</td>
<td>$545.00</td>
<td>July 31 - August 11</td>
</tr>
<tr>
<td>IV</td>
<td>$484.00</td>
<td>$545.00</td>
<td>August 14 - August 25</td>
</tr>
</tbody>
</table>

## Lisabeth Camp (Three week Session)
*Ages 5 to 12*

<table>
<thead>
<tr>
<th>Session</th>
<th>Member</th>
<th>Non-Member</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>$725.00</td>
<td>$825.00</td>
<td>July 17 - August 4th</td>
</tr>
</tbody>
</table>

## Extended Camp Hours
*Ages 4½ to 14*

<table>
<thead>
<tr>
<th>Session</th>
<th>Fee</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM Session</td>
<td>$80.00</td>
<td>8:00 - 9:00 am</td>
</tr>
<tr>
<td>PM Session</td>
<td>$80.00</td>
<td>5:00 - 6:00 pm</td>
</tr>
</tbody>
</table>

## Camp Fees

<table>
<thead>
<tr>
<th>Session</th>
<th>Fee</th>
<th>Extended Fees</th>
<th>Deposit/Discounts</th>
<th>Session Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Payment Information

- Credit Card
- Bank Draft
- Money Order

Credit Card #: ___________________________ Exp. Date: ___________________________

Bank Name: ___________________________ Account #: ___________________________
Routing #: ___________________________

Authorized Signature: ___________________________
PARENT AGREEMENT

I, the undersigned, give permission for my child to participate in the camp for the days he/she attends. I am aware that a completed medical form signed by a physician is required before my child may begin camp. In addition, I am fully aware that to reserve a space, I must make a deposit of $50 per two-week session and submit a registration form. I am fully aware that should my child change camps after the start of the session there is a $25 change fee. I fully understand and approve of my child being photographed for Prospect Park YMCA publicity. Lastly, I fully understand that my child is responsible for his/her possessions. I have read, signed, and agreed to the registration requirements.

Signature of Parent/Guardian: _____________________________ Date: __________

There is a non-refundable $50.00 deposit per session per child which is applied to session fee.
STANDARD RELEASE FORM

From time to time, the YMCA of Greater New York (the "YMCA") takes pictures or records videos of members and non-members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. Further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.

2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.

3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.

4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.

5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.

6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

_________________________             ___________________________
Signature                                             Date

_________________________             ___________________________
Name (printed)                                      Name of Parent/Guardian

_________________________
Mailing Address

_________________________
Phone Number (optional)

_________________________
Email (optional)
NAME OF PROGRAM: Prospect Park Summer Day Camp

Child's Last Name  
First Name  
/  /  
Male  Female  
Date of Birth  Sex  
Home Address:
Parent or Guardian:
Place of Employment:
Father Guardian:
Mother Guardian:
In Case of Emergency, please notify:
If Parent(s)/Guardian(s) are not available in an emergency, please notify:
1. 
2. 

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance.  
Yes  No  If yes, state type of exposure:

HEALTH HISTORY: (Check and give approximate dates)

<table>
<thead>
<tr>
<th>Ear Infections</th>
<th>Hay Fever</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatic Fever</td>
<td>Ivy Poisoning, etc.</td>
<td></td>
</tr>
<tr>
<td>Convulsion</td>
<td>Insect Stings</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Penicillin</td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td>Other Drugs</td>
<td></td>
</tr>
<tr>
<td>Asthmas</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Past Illnesses:
Operations or Serious Injuries (Dates):
Hospitalization (Dates):
Chronic or Recurring Illness:
Any specific activities to be encouraged?
Conditions that require activity to be restricted?
Permission for all program activities unless otherwise noted by doctor:
Appliance worn (glasses, contacts, etc.):
Medication taken:
Suggestion from Parent/Guardian:

**Parent/Guardian MUST sign this consent for Emergency Medical Treatment**

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship  
Signature  
Date  
Telephone No.

Department of Health  
The City of New York  
Bureau of Inspections
PHYSICAL EXAMINATION
(To be filled out by Physician. Please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information, which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY: This is a record of dates of basic immunization and most recent booster doses.

<table>
<thead>
<tr>
<th>Type</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DtaP, DTP or TD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPV/IPV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homophiles Influenza Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other (Specify):</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

MEDICAL EXAMINATION: To be filled out by license physician
Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code:  S = Satisfactory
       X = Not Satisfactory, Explain:
       O = Not examined

General Appearance:
Height: ______ Weight: ______ Blood Pressure: ______
Urinalysis: Date: ______ Posture & Spine: ______
Eyes Vision W/ Glasses ______ Extremities ______
Ears Hearing ______ Feet: ______ Lungs ______
Nose ______ Teeth ______ Abdomen ______
Genitalia ______
Neurological Findings
Describe Abnormal Findings and/or Handicapped Conditions ______

Has child ever received products containing horse serum?
Allergy: (Please specify) ______

Recommendations and restrictions while in After-school:
Special Diet: ______
Special Medicine (Name it) ______
Is parent/guardian sending special medicine? ______
Swimming ______ Diving ______
Activity Restrictions ______

General Appraisal: ______

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

______________________________
MD

______________________________
Physician’s Name (PLEASE PRINT) Examining Physician’s Signature

______________________________
Telephone: ____________________ Address: ____________________

Date of Examination: ____________

*Your child’s physician MUST sign and stamp this medical form. Otherwise, it will be returned.*