



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Parents/Guardians,

We welcome all of our returning and new campers to our 2017 Summer Camp Program. We are excited to embark on another summer of fun and learning with you and your children. From sports and swimming to arts and culture, YMCA camps span a broad range of interests, while focusing on developing young minds and bodies.

In 2016 the YMCA served over 12,000 campers in communities throughout New York City. We are proud that in our Brooklyn neighborhood, the Dodge YMCA will be able to engage your child in a summer of new friendships, skills and exploration.

Attached you will find the 2017 Summer Camp Registration Forms. Please make sure the application is filled out in its entirety before returning it to the Membership Desk as only completed applications will be accepted.

Please make sure everything on the check list is completed:

- Application with payment information
- Medical Form (due one week prior to start date)
- Standard Release Form
- Recent photo of the child
- Authorized Pick-Up Form

Promotional Offers:

Early Bird Discount: 10% discount for participants who are registered by May 20th and have paid in full.

Sibling Discounts: 10% off each additional sibling. Discounts cannot be combined.

Thank you for choosing the Dodge Y summer camp. We look forward to getting to know your camper!

Yours in the interest of Youth Development,

Kiamer Dorvil, Justin Martinez & Frankie Barretta
Camp Leadership Team

The Y: We're for youth development, healthy living and social responsibility.

2017 DODGE YMCA SUMMER CAMP REGISTRATION FORM

Branch: DODGE

Camp Site: _____

Camp Type: _____

PARTICIPANT INFO

Child's Name _____ Age _____

D.O.B. _____ Gender _____

Grade in September 2016 _____ 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 2)

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 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 YMCA.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Participant Signature _____

Date _____



YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

PERMISSION FORM

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

I hereby grant permission for my child to leave the Dodge YMCA premises, under proper supervision of Dodge 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

Camp Type

Parent/Guardian Signature

Date

AUTHORIZED PICK-UP FORM

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

Name	Relationship	Phone Number
	Parent/Guardian	
	Parent/Guardian	

I understand that no one else will be allowed to pick up my child unless I notify the Coney Island 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 DODGE YMCA SUMMER CAMP FEE SCHEDULE

* Session dates DO NOT include Saturday and Sunday.*

Kinder Camp Ages 4 to 5.5

SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session I	<u>\$567.00</u>	<u>\$667.00</u>	July 3 - July 14
<input type="checkbox"/> Session II	<u>\$630.00</u>	<u>\$730.00</u>	July 17 - July 28
<input type="checkbox"/> Session III	<u>\$630.00</u>	<u>\$730.00</u>	July 31 - August 11
<input type="checkbox"/> Session IV	<u>\$630.00</u>	<u>\$730.00</u>	August 14 - August 25

Camp Ages 6 to 16

SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session I	<u>\$477.00</u>	<u>\$567.00</u>	July 3 - July 14
<input type="checkbox"/> Session II	<u>\$530.00</u>	<u>\$630.00</u>	July 17 - July 28
<input type="checkbox"/> Session III	<u>\$530.00</u>	<u>\$630.00</u>	July 31 - August 11
<input type="checkbox"/> Session IV	<u>\$530.00</u>	<u>\$630.00</u>	August 14 - August 25

Science Ages 7 to 10

SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session I	<u>\$518.00</u>	<u>\$608.00</u>	July 3 - July 14
<input type="checkbox"/> Session II	<u>\$575.00</u>	<u>\$675.00</u>	July 17 - July 28
<input type="checkbox"/> Session III	<u>\$575.00</u>	<u>\$675.00</u>	July 31 - August 11
<input type="checkbox"/> Session IV	<u>\$575.00</u>	<u>\$675.00</u>	August 14 - August 25

Sports Camp Ages 7 to 12

SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session I	<u>\$518.00</u>	<u>\$608.00</u>	July 3 - July 14
<input type="checkbox"/> Session II	<u>\$575.00</u>	<u>\$675.00</u>	July 17 - July 28
<input type="checkbox"/> Session III	<u>\$575.00</u>	<u>\$675.00</u>	July 31 - August 11
<input type="checkbox"/> Session IV	<u>\$575.00</u>	<u>\$675.00</u>	August 14 - August 25

Swim Camp Ages 7 to 9

SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session I	<u>\$527.00</u>	<u>\$617.00</u>	July 3 - July 14
<input type="checkbox"/> Session II	<u>\$585.00</u>	<u>\$685.00</u>	July 17 - July 28
<input type="checkbox"/> Session III	<u>\$585.00</u>	<u>\$685.00</u>	July 31 - August 11
<input type="checkbox"/> Session IV	<u>\$585.00</u>	<u>\$685.00</u>	August 14 - August 25

Extended hours All ages

SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session I	<u>\$55.00</u>	<u>\$70.00</u>	July 3 - July 14
<input type="checkbox"/> Session II	<u>\$60.00</u>	<u>\$75.00</u>	July 17 - July 28
<input type="checkbox"/> Session III	<u>\$60.00</u>	<u>\$75.00</u>	July 31 - August 11
<input type="checkbox"/> Session IV	<u>\$60.00</u>	<u>\$75.00</u>	August 14 - August 25

Camp Fees

SESSION	FEE		EXTENDED FEES		DEPOSIT/ DISCOUNTS		SESSION TOTAL
<input type="checkbox"/> Session I	_____	+	<input type="checkbox"/> AM/PM _____	-	_____	=	_____
<input type="checkbox"/> Session II	_____	+	<input type="checkbox"/> AM/PM _____	-	_____	=	_____
<input type="checkbox"/> Session III	_____	+	<input type="checkbox"/> AM/PM _____	-	_____	=	_____
<input type="checkbox"/> Session IV	_____	+	<input type="checkbox"/> AM/PM _____	-	_____	=	_____
Session Total	_____	+	Total _____	-	Total _____	=	Grand Total _____

Payment Information

Check 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 \$100.00 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 the Dodge 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 \$100.00 deposit per session per child which is applied to session fee.

YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

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. I 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

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS

(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM: Dodge YMCA Summer Camp

Permit No. 85

_____/_____/_____
CHILD'S LAST NAME FIRST NAME BIRTHDATE SEX M F

Home Address: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Place of Employment: Father (Guardian) _____ Phone: _____

Mother (Guardian) _____ Phone: _____

In case of emergency, notify: _____ Phone: _____

If Parent, Guardian are not available in an emergency, notify:

Phone: _____

or 2. _____ Phone: _____

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, giving approximate dates)

Ear Infections _____ Hay Fever _____ Chicken Pox _____

Rheumatic Fever _____ Ivy Poisoning, etc. _____ Measles _____

Convulsion _____ Insect Stings _____ German Measles _____

Diabetes _____ Penicillin _____ Mumps _____

Behavior _____ Other Drugs _____ Other Contagious Illnesses _____

Asthma _____

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 Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication taken _____

Suggestion from Parent/Guardian _____

*****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 _____ Tele.# _____

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.

DpaP, DTP or TD	Date _____	Date _____	Date _____	Date _____	Date _____
Polio\	Date _____	Date _____	Date _____	Date _____	Date _____
MMR\	Date _____	Date _____	Date _____	Date _____	Date _____
Hemophilus Influenzae type b	Date _____	Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	Date _____
Varicella	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	_____	_____	_____	Date _____	Date _____

MEDICAL EXAMINATION – To be filled out by licensed physician

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory X = No Satisfactory (Explain) 0 = Not Examined

General Appearance _____

Height _____ Weight _____ Blood Pressure _____ Hgb. Test (Date) _____

Urinalysis (Date) _____ Posture & Spine _____ Throat – Tonsils _____

Eyes _____ Vision _____ w/Glasses _____ Extremities _____ Heart _____

Ears _____ Hearing _____ Feet _____ Lungs _____ Skin _____

Nose _____ Teeth _____ Abdomen _____ Hernia _____

Genitalia _____

Neurological Findings _____

Describe Abnormal Findings and/or Handicapping Conditions _____

Has child ever received products containing horse serum? _____

Allergy: (Please specify) _____

Recommendations and restrictions while in camp.

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.

EXAMINING PHYSICIAN (SIGNATURE)

PHYSICIAN'S NAME (PLEASE PRINT)

Telephone _____

Address _____

Date of Examination _____