



Dear Parents/Guardians,

We welcome all of our returning and new campers to our 2018 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.

Attached you will find the 2018 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 April 21st 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!

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

YMCA OF GREATER NEW YORK SUMMER DAY CAMP REGISTRATION FORM

Branch: _____ Camp Site: _____ Camp Type: _____

PARTICIPANT INFO:

Child's Name: _____

Date of Birth: _____ Gender: _____ Grade in September 2018: _____

School: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Email: _____

My child will: Be picked up Walk Home (Only campers 10 years or older. Please sign bottom of page 2.)

T-Shirt Size: Child: XS Small Medium Large XL Adult: XS Small Medium Large XL

PARENT/GUARDIAN INFO:

Name of Parent/Guardian Registering Child: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email: _____

Name of 2nd Parent/Guardian: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email: _____

EMERGENCY CONTACT INFO:

Please list two (2) additional contacts, to be used if the parents/guardians cannot be reached.

Name: _____ Relation: _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

Name: _____ Relation: _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

PHYSICIAN INFO:

Name: _____ Phone: (_____) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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 by a medical professional or hospitalized by hospital selected by the YMCA.

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Child's Name: _____ Date: _____

YMCA OF GREATER NEW YORK SUMMER DAY CAMP REGISTRATION FORM

PERMISSION FORM

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

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

Parent/Guardian Name: _____ Parent/Guardian Name: _____
Child's Name: _____ Date: _____ Phone: (_____) _____

AUTHORIZED PICKUP FORM:

The following individuals are 16 years old or older and are allowed to pick up my child from the YMCA Summer Camp Program. Please include the Parents/Guardians. Those authorized to pick up your child, will be asked for photo ID for verification.

Name	Relationship	Phone Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian Signature: _____ Date: _____

AUTHORIZED PICKUP FORM:

My child is 10 years of age or older and may sign themselves out and go home without an escort at the end of the day.

Parent/Guardian Signature: _____ Date: _____

AGREEMENT

I, the undersigned, give permission for my child to participate in Summer Camp. I am aware that a completed medical form signed by a physician is required before my child may begin Summer Camp. I understand that enrollment is based on availability. Lastly, I fully understand that my child is responsible for their possessions. I have read, signed, and agreed to the registration requirements.

Parent/Guardian Name: _____ Parent/Guardian Name: _____
Child's Name: _____ Date: _____



YMCA OF GREATER NEW YORK SUMMER DAY 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.

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Child's Name: _____ Date: _____ Phone: (_____) _____

Email (optional): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

2018 DODGE YMCA SUMMER CAMP FEE SCHEDULE
 * Session dates DO NOT include Saturday and Sunday.*

<p align="center">Kinder Camp Age: 3 – 5.5 Member: \$640 per session Non-Member: \$740 per session</p> <p><input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2</p> <p><input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4</p>	<p align="center">Day Camp & Teen Camp Age: 5.5 – 16 Member: \$540 per session Non-Member: \$640 per session</p> <p><input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2</p> <p><input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4</p>
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<p align="center">Sports Camp Age: 7 – 10 Member: \$590 per session Non-Member: \$690 per session</p> <p><input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2</p> <p><input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4</p>	<p align="center">Swim Camp Age: 7 – 12 Member: \$595 per session Non-Member: \$695 per session</p> <p><input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2</p> <p><input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4</p>
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<p align="center">Dance Camp Age: 8 – 12 Member: \$575 per session Non-Member: \$675 per session</p> <p><input type="checkbox"/> N/A Session 1 <input type="checkbox"/> Session 2</p> <p><input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4</p>	<p align="center">Science Camp Age: 7 – 10 Member: \$600 per session Non-Member: \$700 per session</p> <p><input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2</p> <p><input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4</p>
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<p>Extended Hours: 5:00PM – 6:00PM Member: \$75 per session Non-Member: 95 per session</p> <p><input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2</p> <p><input type="checkbox"/> Session 3 <input type="checkbox"/> Session 4</p>	
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Payment Information	
Credit Card # _____	Exp. _____
Authorized Signature: _____	

PARENT AGREEMENT	
<p>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.</p>	
Signature of Parent/Guardian: _____	
Date: _____	
<small>There is a non-refundable \$100.00 deposit per session per child which is applied to session fee.</small>	

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: _____

Child's Last Name: _____ Child's First Name: _____

Birthdate: ____/____/____ Sex: Male Female

Home Address: _____

Parent/Guardian: _____ Phone: (____) _____

Place of Employment: Parent/Guardian #1: _____ Work Phone: (____) _____

Parent/Guardian #2: _____ Work Phone: (____) _____

In case of emergency, notify: _____ Phone: (____) _____

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

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 Infection: _____ Hay Fever: _____ Measles: _____

Rheumatic Fever: _____ Ivy Poisoning, etc.: _____ German Measles: _____

Convulsion: _____ Insect Stings: _____ Mumps: _____

Diabetes: _____ Penicillin: _____ Other Contagious Illnesses: _____

Behavior: _____ Other Drugs: _____

Asthma: _____ Chicken Pox: _____

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 New York City's YMCA staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature: _____ Relationship: _____

Date: _____ Phone: (____) _____

PHYSICAL EXAMINATION

(To be filled out by Physician – please note information on opposite page)

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 YMCA 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) **O** = 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): _____ Date of Examination: _____

Physician's Name (Please Print): _____

Address: _____ Zip Code: _____ Phone: (____) _____