

2017 SUMMER CAMP REGISTRATION FORM

This form must be completely filled out with form of payment to be processed or the form is considered void. You may register more than 1 camper on a form.

Camper Last Name: _____ Parent's Name(s): _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Email 2: _____

Friendship Request (only 1 allowed/must be reciprocal/must be requested by June 1st): _____

Camper First Name:	Fall '17 Grade:	Camp Name:	Days of the Week:	1	2	3	4	5	6	7	8	9	10	Fees:

Summer School Pick-Up Camper Name	Maple/11:30am	NBJH/12:30pm	Maple/12:30pm	Fees

\$10 Multi-Child

Additional Fees

TOTAL ALL FEES:

T-SHIRT SIZE: (options)

YS (6-8), YM (10-12), YL (14-16), Adult S, Adult M, Adult L, Adult XL

Additional camp shirts are available to purchase for \$10. Contact the registrar to purchase yours today!

PAYMENT PLAN OPTIONS: (For Members only and must end by 7/15/17)

I would like a payment plan using my membership draft

Draft account on: 1st of month 15th of month

Starting on: _____ Ending on: _____

I would like to pay in full

Check Visa Mastercard American Express Discover

Credit Card #: _____ Exp.: _____

Name on Card: _____

I understand that if I fail to make a payment that my camper(s) will not be allowed to attend camp until payment is made. If payment is not made by the Wednesday before the camp starts or my camper will lose his/her spot in camp. I also understand that if I incur any processing fees, whether late registrations or change requests, late pick up, t-shirt, or extended care charges, I authorize the North Suburban YMCA to charge my account on file from the camp registration form or membership draft payment on file.

Signature: _____

MEMBERSHIP:

Members must have a consecutive membership for 4 months to receive the special members-only discount. See member policy on page 15.

I am already a member of the NSYMCA.

I would like to become a member of the NSYMCA today. Please set up a membership draft using my credit card and/or checking account. **I understand that the membership form must be turned in with the camp registration form for my camp registration form to be processed.**

SELECT ONE:

- Youth: \$30/month (ages 1-26)
- 01 Adult & 1 child: \$65/month
- 01 Adult & 2+ children \$75/month
- 02 Adults & 1 child: \$85/month
- 02 Adults & 2+ children \$95/month

Get 7% off any annual membership.

The NSYMCA reserves the right to collect any unpaid membership dues.

The Joiner's fee equaling one month's membership dues, is paid at the time of joining the YMCA. It is re-assessed if membership lapses more than 30 days. Tax-deductible.

PRE-CAMP CONFIDENTIAL QUESTIONNAIRE

ONE FORM MUST BE COMPLETELY FILLED OUT FOR EACH CAMPER AND TURNED IN AT TIME OF REGISTRATION

For additional forms visit www.nsymca.org. All forms can be turned in at the Y or emailed to registrar@nsymca.org.

Child's Full Name: _____ DOB: _____ Grade: _____

What should we know about your camper? Please give any information which will help us make this your camper's best summer ever! Include behavior management techniques that your camper responds to positively. Let us know what activities interest your camper.

Allergies: List all known (medication, food, insect stings, etc.) _____

List any medications your child has taken in the last 12 months _____

Medical Restrictions (if any) _____

Does your child have an IEP? Yes _____ No _____

Please describe any accommodations made during the school year for your child. e.g: OT, PT, speech, behavior therapy, social work, counseling _____

If your child needs any other special accommodations please describe _____

Registration for H.A.W.K.S camps requires an additional special services questionnaire

PARENT/GUARDIAN CONTACT INFORMATION:

Parent/Guardian 1 Name: _____

Home: _____ Work: _____ Cell: _____

Parent/Guardian 2 Name: _____

Home: _____ Work: _____ Cell: _____

Emergency Contact (when parent/guardian cannot be reached): _____

Home: _____ Work: _____ Cell: _____

PICK-UP (when parent/guardian is not available):

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

PARENT STATEMENT OF UNDERSTANDING

Please read the information carefully, sign this form and return to the North Suburban YMCA. No child can attend any camp unless all completed forms are on file.

1. I understand that the North Suburban YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA camp program, with the exception of relationships established outside of the YMCA prior to the start of the camp session. Immediate disciplinary action will be taken toward staff and volunteers if a violation is discovered.

2. I understand that I am not to leave my child at the North Suburban YMCA or any off-site NSYMCA location unless a YMCA camp staff is there to receive and supervise my child.

3. I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed in my child's registration forms or a note written and signed by a parent or legal guardian at least one day prior to the pick up.

4. I understand that should a person arrive to pick up my child who is obviously under the influence of alcohol or drugs, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

5. I understand that the North Suburban YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

6. I understand that the North Suburban YMCA Camp Directors reserve the right to dismiss a camper from camp. Such situations will mean the total loss of camper fees as paid by the parent or scholarships given to the child.

7. I have received, read, and understand the statements above and the North Suburban YMCA's Camp policies.

8. If I have filled out the medication portion of this form, I hereby give permission to the NSYMCA Summer Day Camp Staff to administer medication to my child.

9. I give the North Suburban YMCA the right to take pictures and video and use them for marketing materials for the North Suburban YMCA.

10. I give permission for the North Suburban YMCA to transfer the child named above off the property for the purpose of medical care or program activities as deemed appropriate by the Director and in the event I cannot be reached in an EMERGENCY. I hereby give my permission to the physician selected by the Camp Director, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

11. I attest that this registration form in its entirety is correct to my knowledge and understand any changes to the information must occur in writing. The person herein described has permission to engage in all camp activities except as noted.

Camper Name (please print)

Parent Signature

Date