

2017 RYE YMCA CAMP REGISTRATION FORM

Please print clearly - One form is required for each camper - Complete in full and sign

CAMPER'S NAME					___ <i>Returning Camper</i> ___ <i>New Camper</i> <i>*Please check one</i>		
BIRTHDATE	AGE (as of 6/27/2017)	GENDER	GRADE (as of 1/1/17)	BEST PHONE			
STREET ADDRESS				CITY	STATE	ZIP	
PARENTAL CUSTODY (If applicable)				ALLERGIES			
PARENT/GUARDIAN 1 (Authorized Pickup)			PARENT/GUARDIAN 2 (Authorized Pickup)				
CELL PHONE			CELL PHONE				
WORK PHONE			WORK PHONE				
EMAIL (All camp updates, print clearly)							

SECURITY CODE: Please create a password or pin which will be used to verify your identity when authorizing changes via phone or email.

EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS

In addition to parents, ONLY those on the below list will be allowed to pickup a camper from camp. Please list all additional persons authorized to pick up your child. In emergency situations only, parent/guardian may give verbal (with confirmation) and/or written permission for an individual, who is not on this list, to pick up child. No child will be released without emergency verbal/written permission. You are welcome to add or to delete from this list at any time, however you will be responsible for retrieving any invalid parent pickup cards. Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited visitation by court order, a copy of the order must be given to the YMCA and kept on file at camp. NO camper will be released without direct counselor to guardian transfer. This policy does NOT apply to CITs who are allowed to leave on their own at the end of the camp day.

ADDITIONAL AUTHORIZED PICKUP & CONTACTS - Guardian, Friends, Nanny, Babysitter, Relatives, etc.

NAME & RELATIONSHIP	CELL #	HOME/WORK #

CAMPER HEALTH HISTORY INFORMATION

This section is required for your camper's care and is mandated by the State of NY and the ACA to be completed in full

- May participate in all activities (see the camp guide for the full list)
- Please restrict from these activities: _____
- I will hand-in, fax or email a current copy of my camper's immunization records. Due June 1. Campers will not be allowed to attend camp without first submitting their immunization records.

Current Medical, Mental or Psychological Condition pertinent to routine care of camper including any current treatment/care:

CAMPER HEALTH HISTORY INFORMATION, cont.

Please describe any past medical treatment that this camper has received or any medical/health/behavioral information helpful to know in a camp setting (attach an additional page if needed):

Insurance Carrier: _____ Insurance Policy #: _____

Camper's Physician: _____ Physician's Phone #: _____

What do you find to be most successful in terms of encouraging positive behavior and discipline?

Allergies? No _____ Yes _____ If yes, please list: _____

Medications? No _____ Yes _____ If yes, please list (oral, topical, inhalant medications): _____

(If your child will need medication administered throughout the day – including epi pens, inhalers, etc. a Rye Y "Authorization to Administer Medication" form must be completed and submitted. We cannot administer medication without this form complete. This form is located in the Resources and Forms section of ryeycamp.org and must be submitted to the camp office/camp director on the first day of attendance.)

Dietary restrictions? Please list: _____

REGISTRATION RELEASE

I am aware of all camp activities (camp brochure/website) and allow my child to participate fully unless otherwise noted above. I hereby certify that my child named herein is in normal health and capable of safely participating in camp activities including field trips and swimming. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with the YMCA camps from liability for any harm that befalls my child as a result of participation in YMCA camp. I consent that photographs and video taken of him or her are the property of the Rye YMCA and may be reproduced and publicized as the YMCA desires, free of claims on my part. I give the Y permission to transport my child for trips and swim. My child's immunizations are up to date to the best of my knowledge. I have either written them in or supplied a copy of the record.

In case of illness or emergency, I authorize the Camp Director or trained and certified personnel to provide first aid care or secure the services

of a doctor if necessary. I understand that medical information and personal data will be used only in camp, when necessary, to protect a child's well being. I agree to adhere to all camp policies listed in this brochure and in the Parent Handbook. I understand that participant's membership must remain current during all weeks attended. Unless noted otherwise, registration acknowledges acceptance of policies regardless of signature on the following page.

RYE YMCA CAMP REFUND POLICY

PLEASE NOTE A CHANGE TO OUR CAMP REFUND POLICY: there are no refunds available after May 19, 2017. Exceptions to this include family emergencies or health-related events accompanied by a doctor's note. All exceptions must be communicated to the Camp Director ASAP. Cancellations prior to May 19, 2017 are subject to a \$25/week processing charge.

MEMBERSHIP IS REQUIRED FOR CAMP ENROLLMENT

With the exception of Teen Fitness Camp

**NO REFUNDS AFTER
May 19, 2017**

\$ _____ **Youth Membership of \$289** (if not a member)

\$ _____ **Total Fees Due at this Time**

SUPPORT CAMPAIGN CONTRIBUTION

Every year the Rye YMCA helps more than 400 families afford child care, camp, family memberships and other rewarding and necessary programs for their own development. Your contribution can help a family experience the magic of camp!

I would like to pledge the following amount to a family in need:

____ \$50 ____ \$100 ____ 1 Week of Camp (\$300) ____ Other

MAIL Camp Office, Rye YMCA, 21 Locust Ave, Rye, NY 10580

EMAIL camp@ryeymca.org

FAX (914) 967-6398, Attn. Camp Registrar

PAYMENT METHOD

I have enclosed a check for \$ _____

Credit / Debit Card (circle one)

VISA AMEX Mastercard Discover

Name on Card: _____

Card #: _____

Exp Date: _____

By providing my signature below
I authorize the Rye YMCA to charge me \$ _____

SIGN _____ **DATE** _____

By signing below I acknowledge and accept the stated Registration Release and Rye YMCA camp policies

PARENT / GUARDIAN SIGNATURE _____ **DATE** _____

CAMPS LOCATED AT THE RYE YMCA*

*Leaders in Training located at Osborn School. CITs are located at both the Rye Y and the Osborn School.

KINDER CAMP

Circle your choice(s)

	Week 1 6/26-6/30	Week2 7/3- 7/7*	Week 3 7/10-7/14	Week 4 7/17-7/21	Week 5 7/24-7/28	Week 6 7/31-8/04	Week 7 8/7-8/11	Week 8 8/14- 8/18
Early Bird Rate*/Regular Rate (*Early Bird rate through 2/28-must be paid in full)								
Just 3's (8:30am-12pm) Age 3 (turning 3 by 6/27)	\$228*/232	\$183*/186	\$228*/232	\$228*/232	\$228*/232	\$228*/232	\$228*/232	\$228*/232
Half Day (8:30am-12pm) 4 & 5 year olds, 4 by 6/27	\$228*/232	\$183*/186	\$228*/232	\$228*/232	\$228*/232	\$228*/232	\$228*/232	\$228*/232
Full Day (8:30am-3pm) 4 - 6 year olds, 4 by 6/27	\$280*/284	\$223*/226	\$280*/284	\$280*/284	\$280*/284	\$280*/284	\$280*/284	\$280*/284

GYMNASTICS CAMP

Early Bird Rate*/Regular Rate (*Early Bird rate through 2/28-must be paid in full)

Circle your choice(s)

	Week 1 6/26-6/30	Week2 7/3- 7/7*	Week 3 7/10-7/14	Week 4 7/17-7/21	Week 5 7/24-7/28	Week 6 7/31-8/04	Week 7 8/7-8/11	Week 8 8/14- 8/18
Half Day (9am-1pm) Ages 6 and older	\$238*/242	\$190*/195	\$238*/242	\$238*/242	\$238*/242	\$238*/242	\$238*/242	\$238*/242
Full Day (9am-4pm) Ages 6 and older	\$362*/368	\$286*/290	\$362*/368	\$362*/368	\$362*/368	\$362*/368	\$362*/368	\$362*/368

GYMNASTICS CAMP: AM EXTENDED CARE

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Gymnastics Camp Located at Rye YMCA 8-9 am	\$66*/69	\$53*/56	\$66*/69	\$66*/69	\$66*/69	\$66*/69	\$66*/69	\$66*/69

COUNSELOR IN TRAINING (CITs) - Completed grades 8 or 9. Located at Osborn School or Rye Y
CIT candidates must apply, interview and be approved prior to registering. Applications are available at the Y and www.ryecamp.org. Once accepted, CITs may choose between camps and weeks (2 week minimum). \$120*/125 per week.

LEADERS IN TRAINING - located at 10 Osborn Rd., Rye

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
NEW! Completed grades 6-8	\$110*/115	\$110*/115	\$110*/115	\$110*/115	\$110*/115	\$110*/115	\$110*/115	\$110*/115

TEEN FITNESS CAMP No early bird rate

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
3 Day Members -Ages 11-14	\$210	\$145	\$210	\$210	\$210	\$210	\$210	\$210
3 Day Non-Members -Ages 11-14	\$275	\$185	\$275	\$275	\$275	\$275	\$275	\$275
5 Day Members -Ages 11-14	\$315	\$252	\$315	\$315	\$315	\$315	\$315	\$315
5 Day Non-Members -Ages 11-14	\$380	\$304	\$380	\$380	\$380	\$380	\$380	\$380

ALL ABOARD CAMP

Completed grades 1-7 Must have attended at least 1 week of camp this summer.	8/21 - 8/25 (\$479)
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Membership is required for all camps except Teen Fitness Camp

