

2024 RYE YMCA CAMP REGISTRATION FORM

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

CAMPER'S NAME				<input type="checkbox"/> <i>Returning Camper</i> <input type="checkbox"/> <i>New Camper</i> <i>*Please check one</i>			
BIRTHDATE	AGE (as of 7/1/2024)	GENDER	GRADE (completed as of 7/1/2024)	BEST PHONE			
STREET ADDRESS				CITY	STATE	ZIP	
MEDICATIONS: Please check yes or no - if yes, please explain on next page. <input type="checkbox"/> Yes <input type="checkbox"/> No				ALLERGIES: Please check yes or no - if yes, please explain on next page. <input type="checkbox"/> Yes <input type="checkbox"/> No			
PARENT/GUARDIAN 1 (Authorized Pickup)			PARENT/GUARDIAN 2 (Authorized Pickup)				
CELL PHONE			CELL PHONE				
WORK PHONE			WORK PHONE				
PARENT/GUARDIAN EMAIL (All camp updates, print clearly)			PARENT/GUARDIAN 2 EMAIL (All camp updates, print clearly)				
PARENTAL CUSTODY/SPECIAL ARRANGEMENTS (Please list here)							

EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS

In addition to parents/guardians, those listed below will be authorized to pick up the child identified on this registration form. In the event (emergency, last minute change) an individual needs to pick up your child that is not on this list, please call or email the corresponding camp office stating the name, relationship and telephone numbers applicable of the individual picking up that day. Please note every day individuals picking up must present either a license or Rye Y pickup card. Children will not be released at any time to any individual that is not listed below or has not been documented as the specific pickup for the corresponding day. We will contact you if the individual has picked up in the past, but is not listed on this form and is there to pick up. You are welcome to add or to delete from this list at any time (via telephone/ email). 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 or restricted visitation by court order, a copy of the order must be given to the YMCA and kept on file on the camp site. 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 & physical records within one month of registering my child for summer camp. I understand that my child will not be able to attend camp if my child's immunization record is not submitted before the first day of camp. Immunization records must be up to date for the current school year.

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 any kind of medication administered throughout the day – including epi pens, inhalers, etc. a "Rye YMCA Medication and Over-The-Counter Authorization 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 ryecamp.org and must be submitted to the camp office/camp director on the first day of attendance.) We are unable to accept school administration of medication forms, you must submit the **RYE YMCA MEDICATION & OVER-THE-COUNTER AUTHORIZATION form.***

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.

Due to New York State Public Health Law, your permission is required for your child to possess sunscreen/ bug spray at camp, should you choose to send it with them. By signing your name below, you are consenting to have your child carry and use sunscreen/ bug spray she/he has brought to camp, which is FDA approved for over-the-counter use to avoid overexposure to the sun with the written permission of the parent/ guardian of the child. A record of such permission shall be maintained by the camp. A child who is unable to physically apply sunscreen/ bug spray may be assisted by an unlicensed personnel when directed to do so by the child, if permitted by a parent or guardian and authorized by the camp. By signing your name below, you are consenting the Rye YMCA staff to assist with the application of sunscreen and or bug spray. SPF 15 or higher is recommended.

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 allow my child to be transported by bus to field trips and swim. My child's immunizations are up to date to the best of my knowledge. I have or will supply 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

CAMP REFUND POLICY: there are no refunds available after May 15. 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 15 are subject to a \$25 per week processing charge.**

**NO REFUNDS AFTER
MAY 15**

Membership is not required. If you are not a member, join to receive priority registration and member camp rates.

\$ _____ **Youth Membership of \$379**

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

PAYMENT INFO. ON LAST PAGE

By signing below I acknowledge and accept the stated Registration Release, Refund Policy/Processing Fee and Rye YMCA camp policies

PARENT / GUARDIAN SIGNATURE _____ **DATE** _____

RYE Y CAMPS LOCATED AT THE OSBORN SCHOOL

10 Osborn Rd, Rye

*No camp July 4

DISCOVERY CAMP Please list preferred Discovery group number 1, 2, 3 or 4 If no preference, leave blank _____

9am-4pm Circle your choice(s)	Week 1 7/1-5*	Week 2 7/8-12	Week 3 7/15-19	Week 4 7/22-26	Week 5 7/29-8/2	Week 6 8/5-9	Week 7 8/12-16
	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member
	Explorers Ages 4-5	\$409/\$520	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532
Pioneers Completed Kindergarten	\$409/\$520	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532
Scouts Completed Grade 1	\$409/\$520	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532
Trailblazers Completed Grades 2-3	\$409/\$520	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532
Pathfinders Completed Grades 4-5	\$409/\$520	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532	\$421/\$532

SPORTS CAMP (Full day only)

9am-4pm Circle your choice(s)	Week 1 Basketball 7/1-5*	Week 2 Soccer 7/8-12	Week 3 Flag Football 7/15-19	Week 4 Baseball 7/22-26	Week 5 Basketball 7/29-8/2	Week 6 Soccer 8/5-9	Week 7 Multi-Sports 8/12-16
	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member
	Grp. 1: K & 1st Grade	\$372/\$463	\$465/\$579	\$465/\$579	\$465/\$579	\$465/\$579	\$465/\$579
Grp. 2: 2nd or 3rd Grade	\$372/\$463	\$465/\$579	\$465/\$579	\$465/\$579	\$465/\$579	\$465/\$579	\$465/\$579
Grp. 4th or 5th Grade	\$372/\$463	\$465/\$579	\$465/\$579	\$465/\$579	\$465/\$579	\$465/\$579	\$465/\$579

STEAM CAMP

9am-4pm Circle your choice(s)	Week 1 7/1-5*	Week 2 7/8-12	Week 3 7/15-19	Week 4 7/22-26	Week 5 7/29-8/2	Week 6 8/5-9	Week 7 8/12-16
	Space Station Vacation	Engi-nuity	LEGO	Aquatopia	Harry Potter	Prehistoric Times	Escape the Week
	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member
Ages 6-11	\$484/\$601	\$499/\$612	\$499/\$612	\$499/\$612	\$499/\$612	\$499/\$612	\$499/\$612

AM EXTENDED CARE - (7:30 am - Camp)

Circle your choice(s)	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member
	Osborn Site	\$94/\$197	\$97/\$208	\$97/\$208	\$97/\$208	\$97/\$208	\$97/\$208

PM EXTENDED CARE - (to 6:00)

Circle your choice(s)	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member
	Osborn Site	\$129/\$243	\$134/\$243	\$134/\$243	\$134/\$243	\$134/\$243	\$134/\$243

ADVENTURE CAMP

Circle your choice(s)	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member	Member/Non-Member
	Grades 6-10	\$477/\$624	\$515/\$624	\$515/\$624	\$515/\$624	\$515/\$624	\$515/\$624

ALL ABOARD CAMP - 8/19-23 - Ages 5-12 \$515/\$624 (at the Rye Y)

www.ryeycamp.org



PAYMENT INFORMATION

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 (\$379) ___ 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** _____