



Camp Kanannaq Program Registration Form

COMPLETE ALL REQUIRED INFORMATION.
INCOMPLETE REGISTRATION FORMS WILL NOT BE PROCESSED.

<p>CAMP KANANNAQ</p> <p><input type="checkbox"/> Solaris (Ages 7 – 12) <input type="checkbox"/> Polaris (Special Needs ages 13-18)</p> <p>T-shirt Size <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> XL <i>*Size not guaranteed</i></p> <p>Drop off & pick up location <input type="checkbox"/> Massey Drive <input type="checkbox"/> Highland <input type="checkbox"/> Highland Early Drop-off (7am onwards) \$20 per week</p>	<p>SELECT WEEK(S) 8:30am – 4:30pm</p> <p><input type="checkbox"/> Week 1: July 4-7 (closed July 3)\$163 <input type="checkbox"/> Week 2: July 10 - 14\$203 <input type="checkbox"/> Week 3: July 17 - 21.....\$203 <input type="checkbox"/> Week 4: July 24 - 28.....\$203</p>	<p><input type="checkbox"/> Week 5: July 31 – August 4.....\$203 <input type="checkbox"/> Week 6: August 8 - 11 (closed August 7)\$163 <input type="checkbox"/> Week 7: August 14 - 18.....\$203 <input type="checkbox"/> Week 8: August 21 - 25.....\$203</p>
<p>AURORA LEADERSHIP</p> <p>Includes t-shirt and three night out trip</p> <p>T-shirt Size <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <i>*Size not guaranteed</i></p>	<p>SELECT SESSION(S) 8:30am – 4:30pm</p> <p><input type="checkbox"/> Session 1: July 3 - 14\$475 Carp Lake <input type="checkbox"/> Session 2: July 17 – 28.....\$475 Mt. Robson <input type="checkbox"/> Session 3: July 31– August 11.....\$475 Bowron Lakes</p> <p>Drop off location (<i>Prince George only</i>) <input type="checkbox"/> Massey Drive <input type="checkbox"/> Highland</p>	<p><input type="checkbox"/> Vanderhoof/ Fort St. James: Mt. Robson August 20- 24.....\$295</p>
<p>WINTER CAMP</p> <p>T-shirt Size <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> XL</p>	<p>SELECT SESSION(S) 8:00am- 4:30pm</p> <p><input type="checkbox"/> Session 1: December 18- 22.....\$203 <input type="checkbox"/> Session 2: December 27- 29.....\$122</p>	<p>Drop off & pick up location <input type="checkbox"/> Massey Drive <input type="checkbox"/> Highland <input type="checkbox"/> Highland Early Drop-off</p>

CAMPER INFORMATION (REQUIRED FOR ALL PROGRAMS – PRINT LEGIBLY)

First Name: _____ Last Name: _____

Birthdate (yy/mm/dd): _____ / _____ / _____ Male Female Age (as of camp start): _____

Street Address: _____ City/Prov _____

Postal Code: _____ Email: _____ Emergency Phone: _____

Parent (A)/Guardian (A): _____ Res Phone: _____

Cell: _____ Work Phone: _____

Parent (B)/Guardian (B): _____ Res Phone: _____

Cell: _____ Work Phone: _____

Alternative Emergency Contact: _____ Phone: _____

Custody (Parent A/Parent B/Both/Other): _____

Who can pick up your child? _____

Who **should not** be contacting/visiting/picking up your child? _____

Photo ID is required for pick up

BRITISH COLUMBIA CHILD CARE LICENSING REQUIRES THE YMCA TO HAVE A CURRENT, GOOD QUALITY PHOTOGRAPH OR DIGITAL IMAGE OF EACH CHILD. Please attach with this form or email to corrine.hemeryck@nbcy.org.

Did you register with a friend (s)? Yes No If YES, name (s): _____

Is this your first time at: Camp Kanannaq Yes No Aurora Leadership Program Yes No

MEDICAL INFORMATION (REQUIRED) *Health Care Coverage Required*

Care Card #: _____ Child covered by BC Medical

Alternative Healthcare If yes to Alternative Healthcare, attached details on separate sheet.

Child doctor's name: _____ Phone #: _____

Child dentist's name: _____ Phone #: _____

Is your child's immunization current? Yes

Does your child require special medical attention or take daily medications? Yes No

Is your child currently on a medication vacation? Yes No

If yes, provide details:

Does your child have difficulties, which may require some program adaptations including extra behavioural guidance? Yes No If yes, provide details:

ALLERGIES OR DIET RESTRICTIONS (REQUIRED)

Does your child have any allergies, diet restrictions? Yes No

If yes, please provide details of allergy and/or dietary restrictions:

Mild Moderate Severe Anaphylactic

Treatment & comments:

CONSULTATION REQUEST

I require a consultation with the Camp/Child Care Coordinator regarding elements of my child's participation:

Yes No

ADDITIONAL INFORMATION

Is there anything we need to know to ensure a positive care experience for your child? (Separation anxiety, Behavioural, etc...)

Complete all required information - Incomplete registrations will not be processed

Child's Commitment: I want to participate in YMCA of Northern BC Camp programs. I agree to abide by the YMCA Child Care Rules. I will do my best to make this a good experience for myself and fellow children. I understand that failure to live up to this promise might result in my dismissal from the camp program.

Child's Signature: _____

Parent's Commitment: I have discussed the Child's and Parent's Commitment with my child and confirm that this child agrees to participate in the full program including field trips and lake visits by bus, to follow safety instructions and/or refrain from behaviour that is harmful to oneself and others. I understand and support the Child Care policy that prohibits the possession or use of tobacco, alcohol or non-prescription drugs and understand their use as well as abusive behaviour is cause for dismissal without refund of Child Care fees. *I have read and understand the above. Please initial here:* _____

Field Trips: In permitting my child to attend YMCA Camp Programs, I the undersigned permit my child to participate on various field trips. These may include unscheduled, spontaneous local trips walking or on public transportation or on planned outings using YMCA transportation.

Name of Parent/Guardian (please print): _____ Date: _____

Parent/Guardian's signature: _____

I authorize the YMCA to use any photos and/or videos of my child obtained while engaged in YMCA programs for promotional purposes. *I have read and understand the above. Please initial here:* _____

In permitting my child to attend YMCA Camp Programs, I the undersigned permit my child to participate in the full range of activities and authorize the Camp Coordinator or his/her appointee, in the event of accident or illness affecting this above named child to authorize on my behalf all procedures, including transportation by ambulance, admission to hospital and necessary treatment there in, as he/she may deem essential for the care and well-being of the child. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood the YMCA is not responsible for medical care or ambulance costs. *I have read and understand the above. Please initial here:* _____

Aurora Campers ONLY

I authorize the YMCA Aurora Staff to administer any necessary medication to my child while on the Aurora Leadership out-trip. *Parent/Guardian initial here* _____

I allow my child to depart the Aurora Leadership program at the end of the day without parent/guardian sign out. *Parent/Guardian initial here* _____

I, the undersigned, release and discharge any and all rights and claims for damages and causes of suit or action that I or my child have at any time against the YMCA of Northern BC, Diversified Ltd., School District 57, the City of Prince George and Girl Guides of Canada; along with their employees and agents; for any and all injuries or losses suffered by my child as a result of participating in YMCA Camp Programs. The YMCA is not responsible for any lost or damaged personal items such as clothing, electronic devices.

I have read and understand the above. Please initial here: _____

Print Name: _____ Signature of Parent /Guardian: _____

Date: _____

Please note: For a full list of our policies please visit www.nbcy.org.

Registrations without payment will not be processed. Full payment or a non-refundable \$75.00 per child is required.

Refund Policy: Cancellations SEVEN DAYS prior to the session start date will receive a full refund less the deposit of \$75. Parents are responsible for the full fee.

PRE-AUTHORIZED PAYMENT CONTRACT

Date:	Parent Surname:	Parent First Name:
Program: Camp Kanannaq	Child's Last Name:	Child's First Name:

Form of pre-authorized payment:

- Void Cheque VISA Mastercard Amex Interac/ Cash (at YMCA)

Name: _____ Exp. ____/____

Credit Card Number: _____

I hereby authorize the YMCA of Northern BC to deduct child care fees from my financial institution or credit card on the 1st/15th or 20th of each month and a non refundable \$75.00 non-refundable deposit at time of registration.

I understand that a service charge of \$20.00 will be charged to my child care and camp account for any returned payments.

My child care and camp services will be cancelled if payment plan is not received within five (5) days of dated letter.

Cancellations seven days prior to the session start date will receive a full refund less the deposit.

I have read and understand the refund will not be given if a child is sent home for misconduct.

Authorization: I authorize the YMCA of Northern BC to process the above payment to be applied to YMCA Camp program. I have read the refund policy.

Signature: _____

Date: _____

The YMCA of Northern BC is committed to protecting personal information by following responsible information handling practices in keeping with Canada's privacy laws. We collect and use personal data in order to better meet service needs, to ensure the safety of our participants, to properly care for children, for statistical purposes, to assist with administration of all financial transactions, to inform participant/members about YMCA programs and to satisfy government and regulatory obligations. Program participants, registrants and member may also hear from us periodically about YMCA programs, services and opportunities that may be of interest to you. This may include philanthropic activities. We collect information that you provided to us voluntarily. We do not sell, trade or rent any of this personal information.

PLEASE COMPLETE ONE FORM FOR EACH CHILD.

Send completed registration forms, with signatures and payment to:

YMCA of Northern BC

Attn: Child Care Administration

P.O. Box 1808 – 2020 Massey Drive

Prince George, BC V2L 4V7

Fax 250 596 0480