



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camp Y 2018

Oswego YMCA • 265 West First St. • 315-342-6082 • www.oswegoymca.org
* Y Summer Camp *

Child's Full Name: _____ Male Female
D.O.B. ____/____/____
Grade Entering Fall 2018: _____ T-Shirt Size: Child Adult S M L XL
Parent/Guardian: Name _____
Address _____

Home # _____ Cell # _____
Work # _____ Email _____

Emergency Contact (Besides Parent/Guardian listed above)

Name _____ Home # _____
Work # _____ Cell # _____

PERSONS ALLOWED TO PICK UP YOUR CHILD

NAME _____ PHONE# _____

NAME _____ PHONE# _____

ANYONE NOT ALLOWED TO PICK UP YOUR CHILD:

NAME _____

| Week | 5 Day (YMCA Mem- ber) \$130 per/wk | 5 day (Non-member) \$150 per/wk | 3 day (YMCA Member) \$95 per/wk | 3 day (Non-member) \$120 per/wk | Friday Fieldtrip (Additional Fee) | Date Balance Due |
|------------------------------------|---|---------------------------------------|--|---------------------------------------|---|---------------------|
| July 9-July 13 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rosamond Gifford Zoo- \$12 | July 8th |
| July 16-July 20 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Museum of Science & Technology - \$15 (Syracuse) | July 15th |
| July 23-July 27 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Harborfest Children's Park (FREE) | July 22nd |
| July 30-August 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fairhaven Beach State Park \$8 | July 29th |
| August 7-August 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Oswego Farmers Market Free (Thursday) | July 28th |
| Aug 13-Aug 17 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wonderworks \$15 (Syracuse) | August 4th |
| Aug 20-Aug 24 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fort Ontario History Walk (FREE) | August 11th |
| Elim Grace Aug 27-Aug 31 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BBQ (FREE) | August 18th |

Friday Field Trip Permission (Please initial each agreement)

- I give my child(ren) permission to attend the following Field Trips with the Oswego YMCA Summer Day Camp. _____
- I understand he/she will be transported by bus to and from designated trip, and I will arrange to pick my child(ren) up at the Camp Location once returned _____
- I understand that my child(ren) will not be permitted to attend the Field Trip without a parent/guardian signature on this form. _____
- I understand that there is an additional charge per child for Field Trips that must be paid prior to the day of the trip. _____

Print Name _____

Signature _____

Date _____

Staff Initials: _____ Date Received: _____

Health Information

TO BE FILLED OUT BY PARENT OR GUARDIAN ***(Current IMMUNIZATIONS records need to be submitted at time of registration)***

HEALTH HISTORY

Has your child had any of the following diseases?

| | |
|---------------------|--------------------------|
| Sickle Cell | <input type="checkbox"/> |
| Chicken Pox | <input type="checkbox"/> |
| Rubella | <input type="checkbox"/> |
| Measles | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> |
| Rheumatic Fever | <input type="checkbox"/> |
| Scarlet Fever | <input type="checkbox"/> |
| Poliomyelitis | <input type="checkbox"/> |
| Tuberculosis | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> |
| Hepatitis | <input type="checkbox"/> |
| Other (please list) | <input type="text"/> |

Does your child have any allergies?

| | |
|---------------------|--------------------------|
| Hay Fever | <input type="checkbox"/> |
| Poison Ivy | <input type="checkbox"/> |
| Bee Stings | <input type="checkbox"/> |
| Insect Bites | <input type="checkbox"/> |
| Penicillin | <input type="checkbox"/> |
| Other (please list) | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |

Does your child have a tendency to get:

| | |
|---------------------|--------------------------|
| Constipation | <input type="checkbox"/> |
| Diarrhea | <input type="checkbox"/> |
| Eczema | <input type="checkbox"/> |
| Stomach Aches | <input type="checkbox"/> |
| Ear Infections | <input type="checkbox"/> |
| Eye Infections | <input type="checkbox"/> |
| Respiratory | <input type="checkbox"/> |
| Infections | <input type="checkbox"/> |
| Other (please list) | <input type="text"/> |
| | <input type="text"/> |
| | <input type="text"/> |

Does your child wear glasses? _____ Does your child have a hearing difficulty? _____
If your child is a girl, has she begun to menstruate? YES NO If not, does she know about the menstrual cycle? YES NO
Does your child have any chronic or recurring illness? YES NO If yes, what is the nature of this illness?

IS YOUR CHILD TAKING ANY PRESCRIBED MEDICATION REGULARLY?

Please list:

Physician's Name _____ Phone # _____
Dentist's Name _____ Phone # _____

I hereby certify the information contained herein is true and accurate.

Parental / Guardian Consent

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the Oswego YMCA and staff from any and all responsibility and liability of any nature, including claims of injury, illness, death, loss or damage, resulting from my child's participation in any program activities.

Medical Consent

As the parent, legal guardian, or authorized representative, I hereby give consent to the Oswego YMCA to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DO) or dentist (DDS) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

Participation Agreement *Please go over these items with your child. (Please initial each statement)*

- _____ Participant agrees to abide by rules and regulations set by the program for the health, safety and welfare of the participants.
 - _____ All medications will be brought directly to the site staff in accordance with the Medications Policy.
 - _____ Willful destruction of property will be the responsibility of the participant's parent / guardian.
 - _____ Participants must remain within established boundaries wherever the program occurs on and off YMCA property.
 - _____ Participants are not allowed to be in possession of any tobacco, alcohol, illegal drugs, firecrackers, firearms, or knives.
 - _____ The YMCA is not responsible for lost, damaged or stolen personal belongings.
 - _____ Any participant who poses a threat to themselves or to others will be dismissed from the program with no refund. This may include fighting.
 - _____ The Program Director reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.
- We reserve the right to dismiss any participant from the program at the parent/guardian's expense and liability for violating any of the above.

Media Release: I give my permission for any pictures taken of my child(ren) participating in Oswego YMCA events to be used for publicity purposes in all media forms.

By Signing Below, I Agree That:

- ✓ I have read and understand the parent/guardian consent.
- ✓ I have read and understand the Medical Consent
- ✓ The named minor has my permission to participate in the YMCA Camp.
- ✓ I give my permission for any pictures taken of my child participating in YMCA events to be used for publicity purposes.

Signature of Parent/ Guardian Or Authorized Representative

Print Name

Date



Camp Y 2016

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Parent/Guardian Permission: Use of Sunscreen/Insect Repellent at Camps

Camper's Name: _____

Self Application

I give permission for _____,
to carry and self apply sunscreen/repellent. I understand that the following conditions must be met in order to promote proper and safe use of sunscreen at Camp:

The sunscreen will only be used to prevent overexposure to the sun.

Only sunscreen approved by the FDA for over the counter use will be permitted for use by the camper.

Signature _____ Date _____

Assisted Application

If _____,
is unable to apply the sunscreen themselves, I give permission for the camp staff to assist in the application of the sunscreen/insect repellent.

Signature _____ Date _____



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OSWEGO YMCA BANK DRAFT WITHDRAWAL AUTHORIZATION

Authorization Agreement for Automated Clearing House Entries (ACH)

I hereby authorize Oswego YMCA to initiate ACH entries and, if necessary, adjustments for any entries in error to my *please select one* :

() Checking () Savings or () Credit Card account

and my bank (named below) to credit or debit the same to my account.

Commercial Banks Only

Customer's Bank Name _____ Branch _____

City _____ State _____ Zip Code _____

Bank Transit Routing /ABA Number _____

Customer Account/Card Number _____ EXP Date: _____

Please attach a photocopy of check/credit card:

Please initial; Your initial indicates understanding and acceptance of the policy described

____ I understand my account will be drafted on Friday the week prior to my child(ren) scheduled camp week.

Please indicate which week(s) I approve the YMCA to draft Camp Fee: (Drafts will occur on due date)

- | | |
|-----------------------------|------------------------------------|
| ____ Week 1: July 9-13 | Due Date: July 6th, 2018 |
| ____ Week 2: July 16-20 | Due Date: July 13th, 2018 |
| ____ Week 3: July 23-27 | Due Date: July 20th, 2018 |
| ____ Week 4: July 30- Aug 3 | Due Date: July 27th, 2018 |
| ____ Week 5: Aug 6-Aug 10 | Due Date: August 3rd, 2018 |
| ____ Week 6: Aug 13-17 | Due Date: August 10th 2018 |
| ____ Week 7: Aug 20-24 | Due Date: August 17th, 2018 |
| ____ Week 8: Aug 27-31 | Due Date: August 24th, 2018 |

____ I understand I will be charged an additional fee of \$18 for failed Bank Drafts. (**NO** Exceptions)

Print Name: _____

Signature: _____ Date _____