



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Camp Y 2018

Oswego YMCA • 265 West First St. • 315-342-6082 • www.oswegoyymca.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"/>	Oswego Farmers Market Free (Thursday)	July 29th
August 6-August 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fairhaven Beach State Park 5\$	August 5th
Aug 13-Aug 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wonderworks \$15 (Syracuse)	August 12th
Aug 20-Aug 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y Olympics (FREE)	August 19th
<i>Elim Grace</i> Aug 27-Aug 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>BBQ</i> (FREE)	August 26th

I will pack lunch for my child _____ Please provide a Free lunch through OCO Summer food program _____

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	
Chicken Pox	
Rubella	
Measles	
Mumps	
Rheumatic Fever	
Scarlet Fever	
Poliomyelitis	
Tuberculosis	
Epilepsy	
Diabetes	
Hepatitis	

Other (please list) _____

Does your child have any allergies?

Hay Fever	
Poison Ivy	
Bee Stings	
Insect Bites	
Penicillin	

Other (please list)

Does your child have a tendency to get:

Constipation	
Diarrhea	
Eczema	
Stomach Aches	
Ear Infections	
Eye Infections	
Respiratory	
Infections	

Other (please list)

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.

Signature _____ Print Name _____ Date _____
****Please attach a copy of your child's IEP at the time of registration****

Financial Assistance As a licensed child care provider, the Oswego YMCA accepts financial assistance provided by the Department of Social Services. Please fill out a Provider Form and submit with registration.

Parental Agreements: (please initial each bullet)

Parent/Guardian Consent

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



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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 _____

Reminder: Sunscreen/Insect Repellent is considered a drug and shall be checked and logged by the camp as such in accordance with the policies and procedures set forth in the Safety Plan.



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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** _____