WELCOME TO SUMMER CAMP

We welcome all of our returning and new campers to our 2017 Summer Camp Programs. We are excited to embark on another summer of fun and learning with you and your children. Some quick reminders:

DISCOUNTS
We invite you to take advantage of our 10% Early Bird Special or 10% Sibling Discounts. Please note that discounts cannot be combined.

DEPOSIT
We require a $75 non-refundable deposit per week of camp/$150 per 2-week session. Our camps are structured in 2-week sessions. We encourage you to sign up for two successive weeks whenever possible. If this is not feasible, you are welcome to enroll in any combination of weeks you choose.

FINANCIAL AID
The deadline for financial aid is April 14. We will do our best to accommodate all applications, but cannot guarantee awards for applications received after the April 14 deadline.

CHANGE FORM
Any families interested in adding, dropping, or switching their camp weeks will need to fill out an official Change Form. These forms are available from Camp Directors and the Registration Desk.

REFUND POLICY
There will be no refunds given after Summer Camp begins. Deposits are also non-refundable.

AUTO-DRAFTS
If you choose to sign up to have your camp fees auto-drafted from your credit card on June 15 and July 15, this will be done with the one credit card you keep on file with the YMCA. We are not able to keep multiple credit cards on file.

CAMP ORIENTATION DATES
Once registered, join us for a required parent orientation to learn more about what summer has in store on either June 6 or June 21 from 6:00 - 7:00 PM.

Thank you for choosing our Y Summer Camp. We look forward to getting to know your camper!

Sincerely,
Tashana Pace, Program Director, 212-749-8500

YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

Branch: West Side YMCA	Camp Site: Grosvenor Neighborhood House	Camp Group:

PARTICIPANT INFO

Child's Name_____Age_____D.O.B._____

☐ Female ☐ Male How did you hear about us? ☐ Facebook ☐ Postcard ☐ Friend ☐ TV/Radio ☐ Other: _____

Grade in September_____School_____

Mailing Address_____Apt.#_____

City_____State_____Zip_____

Home Phone (_____) _____Email Address_____

My child will: ☐ Walk home (10 yrs. or older) ☐ Be picked up

T-Shirt Size Child: XS ☐ S ☐ M ☐ L ☐ Adult: S ☐ M ☐ L ☐ XL ☐

PARENT INFO

Name of Parent/Guardian registering child_____ Home Phone (____)_____

Work Phone (___) _____Cell Phone (___) _____Email _____

Name of Parent/Guardian_____ Home Phone (____)_____

Work Phone (___) _____Cell Phone (___) _____ Email _____

EMERGENCY CONTACT INFO

Please list two (2) contacts not already listed on this form, to be used if the parents/guardians cannot be reached

Name_____Relation_____Home Phone (___)_____

Work Phone (___) _____ Cell Phone (___) _____

Name_____Relation_____Home Phone (___)_____

Work Phone (___) _____ Cell Phone (___) _____

PHYSICIAN INFO

Name_____Telephone Number (____)_____

Address_____City_____State_____Zip_____

PARENTAL AUTHORIZATION / CONSENT

EMERGENCY AUTHORIZATION: I understand that in the event of an emergency affecting my child while participating in a YMCA program, a designated employee of the YMCA will attempt to contact me and inform me as soon as possible. In the event I cannot be reached, I hereby give permission for my child to be treated or hospitalized by a licensed physician or hospital selected by the YMCA.

_____ Parent/Guardian Name

_____ Parent/Guardian Signature

_____ Participant Signature

_____ Date

the YMCA

2017 GROSVENOR YMCA SUMMER CAMP FEE SCHEDULE

*** Session dates DO NOT include Saturday and Sunday. ***

Kinder Camp

Ages 4 to 5.5

SESSION		DATES
☐ Session I	$432	July 3 - July 14
☐ Session II	$480	July 17 - July 28
☐ Session III	$480	July 31 - August 11
☐ Session IV	$480	August 14 - August 25

Day Camp

Ages 5.5 to 11.5

SESSION		DATES
☐ Session I	$358	July 3 - July 14
☐ Session II	$398	July 17 - July 28
☐ Session III	$398	July 31 - August 11
☐ Session IV	$398	August 14 - August 25

Extended Kinder Camp Hours

Ages 4 to 5.5

SESSION	FEE PER WEEK	TIME
☐ AM Session	$45	8:00 - 9:00 AM
☐ PM Session	$45	5:00 - 6:00 PM
☐ AM & PM Session	$80	

(Circle Session) 1 2 3 4

Extended Camp Hours

Ages 5.5 to 11.5

SESSION	FEE PER WEEK	TIME
☐ AM Session	$45	8:00 - 9:00 AM
☐ PM Session	$45	5:00 - 6:00 PM
☐ AM & PM Session	$80	

(Circle Session) 1 2 3 4

Camp Fees

SESSION	FEE		EXTENDED FEES		DEPOSIT/DISCOUNTS		SESSION TOTAL
☐ Session I	_____	+	☐ AM/PM _____	-	_____	=	_____
☐ Session II	_____	+	☐ AM/PM _____	-	_____	=	_____
☐ Session III	_____	+	☐ AM/PM _____	-	_____	=	_____
☐ Session IV	_____	+	☐ AM/PM _____	-	_____	=	_____
Session Total	_____	+	Total _____	-	Total _____	=	Grand Total _____

Credit Card Information / Auto Draft

☐ I authorize the Grosvenor YMCA to charge my credit card immediately for the full amount of $_____.

☐ I authorize the Grosvenor YMCA to charge my credit card immediately for the deposit of $75 per week, and then $_____ on _____.

☐ I authorize the Grosvenor YMCA to charge my credit card account immediately for the deposit of $75 per week, and then arrange billing payment for Session 1 & 2 in the amount of $_____ on Thursday, June 15; for Session 3 & 4 in the amount of $_____ on Saturday, July 15 in fulfillment of my child's summer day camp payment obligation.

Credit Card # _____ Expiration Date: _____ Security Code: _____

Cardholder's Name (Print) _____ Authorized Signature _____

PARENT AGREEMENT/REFUNDS/CREDIT

I, the undersigned, give permission for my child to participate in the camp for the days he/she attends. I am aware that a completed medical form signed by a physician is required before my child may begin camp. In addition, I am fully aware that to reserve a space, I must make a deposit of $75 per week and submit a registration form. I fully understand and approve of my child being photographed for Grosvenor YMCA publicity. I understand that all camp payments are non-refundable after June 15, 2017. Lastly, I fully understand that my child is responsible for his/her possessions. I have read, signed, and agreed to the registration requirements. I also acknowledge that camp fees are non-refundable and non-transferable. If your child cannot attend camp due to illness or medical emergency for a period of time paid, you may submit a request for credit/refund stating the reason along with supporting documentation. Any credit/refund will be granted under the discretion of the Director. There will be no refunds or credits granted after June 15, 2017.

Signature of Parent or Guardian:_____ Date: _____

There is a non-refundable $150.00 deposit per session per child which is applied to the session fee.

YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities of the Grosvenor YMCA.

I hereby grant permission for my child to leave the Grosvenor YMCA premises, under proper supervision of Grosvenor YMCA staff, for neighborhood walks, park play and field trips. It is my understanding that these trips will be taken over the camp session without further consent from me.

_____ _____

Child's Name Child's Group

_____ _____

Parent/Guardian Signature Date

AUTHORIZED PICK-UP FORM

The following person/s is 18 & up and will be allowed to pick up my child from the Grosvenor YMCA Programs:

NAME	RELATIONSHIP	PHONE NUMBER

I understand that no one else will be allowed to pick up my child unless I notify the Grosvenor YMCA in advance, or in writing. This person will also be asked for their ID for verification.

_____ _____

Parent/Guardian Signature Date

Contact Telephone Number: _____

My child may go home without an escort at the end of the day. **Your child must be ten years of age or older.**

_____ _____

Parent/Guardian Signature Date

Contact Telephone No.: _____

YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

STANDARD RELEASE FORM

From time to time, the YMCA of Greater New York (the "YMCA") takes pictures or records videos of members and non-members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.

2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.

3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.

4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.

5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.

6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

_____ _____

Signature Date

_____ _____

Name (printed) Name of Parent/Guardian

_____ _____

Mailing Address Phone Number

YMCA OF GREATER NEW YORK SUMMER CAMP IDENTIFICATION FORM

PLACE REGISTERED CAMPER PHOTO BELOW

Child's Name_____Age_____ θ Female θ Male

T-Shirt Size Child: XS ☐ S ☐ M ☐ L ☐ Adult: S ☐ M ☐ L ☐ XL ☐

Place a Passport Size Photo of your Child Here

The photo must have been taken within 6 months from the start of camp.

Place a Passport Size Photo of your Child Here

The photo must have been taken within 6 months from the start of camp.

FOR OFFICE USE ONLY

Application Received By: _____

Date: _____/_____/_____

New York City's YMCA
WE'RE HERE FOR GOOD.™

the YMCA

YMCA OF GREATER NEW YORK SUMMER CAMP MEDICAL FORM

EPI-PEN ALLERGY CONSENT FORM

Child's Name_____Age_____D.O.B._____

SEVERE ALLERGY TO: _____ _____

_____ _____

Emergency Treatment

If camper experiences mild symptoms: Several hives, itchy skin, itchy red watery eyes or nasal symptoms
Or if and ingestion is suspected:

1. Bring student to Camp Office.
2. Contact parent or emergency contact person.
3. If exposed - have child wash face, hands and exposed area.
4. Stay with child; keep child quiet, monitor symptoms, until parent arrives.
5. Watch camper for more serious symptoms listed below.

If symptoms progress and can cause a life threatening reaction:

- Hives spreading all over the body.
- Wheezing, difficulty swallowing/breathing, swelling (face, neck), tingling/swelling of tongue.
- Vomiting
- Signs of shock (extreme paleness/gray color, clammy skin, etc.), loss of consciousness.

1. **Call 911**
2. **Give EpiPen immediately**
3. (Place against upper outer thigh, through clothing if necessary).
4. EpiPen only lasts 20-30 minutes
   ****Paramedics should always be called if EpiPen is given****
5. Contact parents or emergency contact person. If parents not available, Camp Director should accompany the child to hospital.

_____ _____

Parent/Guardian Signature Date

_____ _____

Camp Supervisor Signature Date

YMCA OF GREATER NEW YORK SUMMER CAMP MEDICAL FORM

ALLERGY CONSENT FORM

Child's Name_____Age_____D.O.B._____

Dear Summer Camp Staff,

I (Parent/Guardian) _____ give permission for all faculty and staff members to be advised of (Child's name) _____ food allergies. The only food and/or beverages he/she can have must come from my home and sent into school with him/her. My child must not be allowed to consume any outside food or beverages thus causing him/her to go into Anaphylactic Shock which is life threatening.

The following is a list of ingredients my child is Allergic to and CANNOT have in any form:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Signature _____ Date _____

cc: Summer Kinder Camp/Day Camp/Arts Camp/Sports Camp Director and Group Counselor

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS

(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM _____

_____ (CHILD'S LAST NAME) _____ (FIRST NAME) ___/___/___ (BIRTHDATE) M ❑ F ❑ (SEX)

Home Address: _____ Phone: _____

Parent or Guardian: _____ Phone: _____

Place of Employment: Father (Guardian) _____ Phone: _____

Mother (Guardian) _____ Phone: _____

In case of emergency, notify: _____ Phone: _____

If Parent, Guardian are not available in an emergency, notify:

1. _____ Phone: _____

or 2. _____ Phone: _____

Important: Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes ❑ No ❑ (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check box if child has had afflictions, give appropriate dates)

- ❑ Rheumatic Fever _____
- ❑ Seizures _____
- ❑ Diabetes _____
- ❑ Asthma _____
- ❑ Chicken Pox _____

Allergies

- ❑ Hay Fever _____
- ❑ Poison Ivy, etc. _____
- ❑ Insect Stings _____
- ❑ Penicillin _____
- ❑ Other Drugs _____
- ❑ Food _____

Other Past Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication taken _____

Suggestion from Parent/Guardian _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____ Tel.#_____

PHYSICAL EXAMINATION

(To be filled out by Physician – please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY – This is a record of dates of basic immunization and most recent booster doses.

DTaP, DTP, DT, Td	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____	Date _____		
Hemophilus Influenzae type b (Hib)		Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____	Date _____	
Varicella	Date _____	Date _____			
Pneumococcal Conjugate (PCV)	Date _____	Date _____	Date _____	Date _____	Date _____
Other _____	Date _____	Other _____	Date _____	Other _____	Date _____

MEDICAL EXAMINATION – To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

Code: S = Satisfactory
X = Not Satisfactory (Explain)
0 = Not Examined

General Appearance _____

Genitalia _____

Height _____ Weight _____ Blood Pressure _____ Posture & Spine _____ Throat - Tonsils _____

Nose _____ Teeth _____ Abdomen _____ Hernia _____ Feet _____ Lungs _____ Skin _____

Hgb. Test (Date) _____ Urinalysis (Date) _____

Eyes _____ Vision _____ w/Glasses _____ Extremities _____ Heart _____

Ears _____ Hearing _____

Neurological Findings _____

Describe Abnormal Findings and/or Handicapping Conditions _____

_____

Allergy: *(Please specify)* _____

Recommendations and restrictions while in camp:

Special Diet _____

Special Medicine (dose, route of administration, when should it be administered) _____

Is parent/guardian sending special medicine? _____

Activity Restrictions _____

Swimming _____ Diving _____

General Appraisal: _____

_____

_____

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

_____ M.D.
EXAMINING PHYSICIAN (SIGNATURE)

_____
PHYSICIAN'S NAME (PLEASE PRINT)

Telephone _____ Address _____

Date of Examination _____ _____
ZIP CODE