



Easter Camp 2017

Ages 5 - 12 yrs April 17 - 21

Swimming and Gym Activities Daily

Camp Location: Marystown YMCA, 255-263 McGettigan Blvd., Marystown

Register Today!

Register at your convenience at Marystown YMCA or fax or mail a registration form to:

In Person:

Marystown YMCA
255-263 McGettigan Blvd.
Phone: 709-279-YMCA (9622)
Fax: 709-279-0587

By Mail:

Marystown YMCA
P.O. Box 1308
Marystown, NL A0E 2M0

Easter Camp 2017 Ages 5 - 12

April 17 - 21 (8:00 a.m. - 5:00 p.m.) Cost: \$200
Registration Deadline: April 3, 2017

Register your children for a week of activities that are fun and educational. The week long program will focus on age-appropriate activities to spark interest and imagination. Schedules are flexible enough to allow for individual differences and enable children to make choices and participate at their own pace. (Note: a separate form is required for each camper)

All payment methods are due at time of registration. Method: Visa/MC _____ Expiry _____
 Cash

Refund Policy: If a refund is requested due to extenuating circumstances, two weeks notice is required, or a doctor's note in case of illness. Fees will not be reduced for missed days.

Date of Birth (month/day/year): _____ Age: _____ Nick name: _____
 Child's Name: _____ Home Telephone: _____
 Address: _____

Postal Code: _____

Emergency Contact Person: (other than parent)
 Name: _____
 Address: _____
 Home Phone: _____
 Work Phone: _____

Parent 1 / Guardian
 Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____ Private

Name of person(s), other than parent to whom child may be released:
 1. _____
 2. _____

Parent 2 / Guardian
 Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Email: _____ Private

We will not release your child to any other person unless we receive written permission from you.

Can your child swim? Yes No

I, the undersigned, being parent/guardian of _____ do hereby give consent for the participation of my child in all activities in YMCA children's programs, including field trips, provided such activities are supervised by a YMCA staff member. I also grant permission for the YMCA to videotape and take photos of my child for promotional purposes.

Signature: _____ Relationship to child: _____ Date: _____

Has your child had all immunizations? _____ Medical Record: _____
 Does your child have allergies? If yes, please specify: _____

Is your child receiving medical treatment of any kind? (orthopedic, psychiatric, medication etc)? If yes, please give details: _____

Please describe the reaction and treatment: _____

Does your child have special needs? If yes, please give details: _____

Authorization for Consent for Treatment: Should a medical emergency arise whereby staff of the YMCA were unable to contact me, I the undersigned hereby authorize the staff of the YMCA to give consent for medical examination, diagnosis and treatment of _____ (name of child) until such time as I am notified.

MCP NUMBER: _____ Relationship to child: _____
 Signature: _____ Date: _____

Email Consent: By providing my email address I consent to receiving the YMCA of Newfoundland and Labrador's newsletter and other commercial messages regarding the YMCA of Newfoundland and Labrador's products and services. Consent may be withdrawn at any time using the unsubscribe link at the bottom of the newsletter or by contacting us at info@ymcanl.com. Please refer to our Privacy Statement below or contact us at 709-726-9622 ext. 240 for more details.