



**LANCASTER FAMILY YMCA**  
 31 Central Ave.  
 Lancaster, NY 14086  
 P: 716-684-2395 F: 716-651-9745

OFFICE USE ONLY	
<input type="checkbox"/> Received registration packet	
Date _____	Initials _____

# LANCASTER FAMILY YMCA 2012 SUMMER CAMP REGISTRATION FORM

**CHILD'S INFORMATION**

Name (first/middle/last) \_\_\_\_\_ Nickname \_\_\_\_\_  
 Male  Female Date of Birth \_\_\_\_\_ Grade in Fall 2012 \_\_\_\_\_ Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 May we use your child's picture in publicity photos?  Yes  No

**FAMILY INFORMATION**

Parent/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

# PROGRAM FORM

Use this form to register for camp by checking the appropriate box for the desired weeks. For camps with 3-day options, please circle the days attending. The first price that is listed is for Y members, followed by non-member price. There is no camp on July 4, 2012. Camps will be prorated for the week of July 2-6, 2012.

**QUESTIONS? Call 716-684-2395 with questions or for more information!**

			WEEK STARTING									
			6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13	8/20	8/27
<b>YOUNG EXPLORERS</b> Ages 3-5			<b>FEE</b>									
William Street School 5201 William St, Lancaster	3 Day	\$115/\$130	M T W	M T W	M T W	M T W	M T W	M T W	M T W	M T W	M T W	
	5 Day	\$157/\$168	TH F	TH F	TH F	TH F	TH F	TH F	TH F	TH F	TH F	
<b>DAY CAMP</b> Grades 1-6												
Alden Middle School 13190 Park St, Alden	Per Week	\$141 \$160										
William Street School 5201 William St, Lancaster	Per Week	\$149 \$166										
YMCA Camp Tahigwa 2432 Richley Rd, Corfu	3 Day	\$118/\$130	M T W	M T W	M T W	M T W	M T W	M T W	M T W	M T W	M T W	M T W
	5 Day	\$160/\$175	TH F	TH F	TH F	TH F	TH F	TH F	TH F	TH F	TH F	TH F
<b>LEADERS IN TRAINING</b> Grades 7-8												
William Street School 5201 William St, Lancaster	Per Week	\$150 \$167										
YMCA Camp Tahigwa 2432 Richley Rd, Corfu	3 Day	\$120/\$130	M T W	M T W	M T W	M T W	M T W	M T W	M T W	M T W	M T W	M T W
	5 Day	\$160/\$175	TH F	TH F	TH F	TH F	TH F	TH F	TH F	TH F	TH F	TH F
<b>COUNSELORS IN TRAINING</b> Grades 9-10												
William Street School 5201 William St, Lancaster	Per Week	\$67 \$75										
YMCA Camp Tahigwa 2432 Richley Rd, Corfu	Per Week	\$75 \$87										
<b>SPORTS CAMP</b> Grades 3-7												
Hillview Elementary 11 Pleasantview Dr, Lancaster	Per Week	\$155 \$165										
<b>SPECIALTY CAMPS</b>												
Mountain Biking Camp at YMCA Camp Tahigwa Grades 4-8 2432 Richley Rd, Corfu	Per Week	\$165 \$180										
Travel Camp at William Street School Ages 5-15 5201 William St, Lancaster	Per Week	\$185 \$200										

Select Extended Camp Hours  AM  PM  BOTH      YMCA Member  Yes  No

**Tahigwa Busing** (check one) AM:  William St  Alden Primary  Northeast Y  Cheektowaga HS  Maple West  Clarence HS  
 PM:  William St  Alden Primary  Northeast Y  Cheektowaga HS  Maple West  Clarence HS

**PAYMENT INFORMATION**  Check  MasterCard  Visa  Discover  AMEX  Automatic Draft (call branch for details)

Deposit Enclosed \$ \_\_\_\_\_ (A non-refundable, non-transferable deposit of \$30 must accompany each week selected, which is deducted from the weekly fee.)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

## EMERGENCY INFORMATION

In case of emergency, please contact the following first: Name \_\_\_\_\_ (p) \_\_\_\_\_

Child's Physician \_\_\_\_\_ (p) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Identification # \_\_\_\_\_ Group # \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Emergency Contact and Youth Pickups (if mother, father or guardian cannot be reached): People listed to pick up children must be 18 years of age or older and must have a photo ID with them when picking up children:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ (p) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ (p) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ (p) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ (p) \_\_\_\_\_

**CAMPER HEALTH HISTORY**

The following information must be completed by the parent/guardian. The intent of this information is to provide camp staff the background to provide appropriate care. Provide complete information so that the camp is aware of your child’s needs.

**Allergies**

Describe reaction and management of the reaction

- Medications (e.g., penicillin) \_\_\_\_\_
- Food (e.g., eggs, dairy) \_\_\_\_\_
- Other (e.g., insect stings, hay fever) \_\_\_\_\_

**Medications**

Medications require a separate form. Please contact the camp director or staff for more information.

**Immunization History** – Attach a copy of child’s immunization records and list the month/day/year administered below.

DPT Series	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	MMR	__/__/__	__/__/__
Tetanus/Diphtheria	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	or measles	__/__/__	__/__/__
Tetanus	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	or mumps	__/__/__	__/__/__
Polio OPV (Sabin)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	or rubella	__/__/__	__/__/__
HIB Vaccine	__/__/__	__/__/__	__/__/__	__/__/__			Varicella	__/__/__	__/__/__
Hepatitis B	__/__/__	__/__/__	__/__/__				TB Mantoux Test	__/__/__	
Haemophilus Influenza B	__/__/__						TB Test Results	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative

**Has participant had:**

- |   |                              |                             |  |                              |                             |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| 1. Measles                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 15. Recent injury, illness or infectious disease                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Chicken Pox                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 16. Chronic or recurring illness/condition                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. German Measles                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 17. Heart defect/disease/murmur  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Mumps  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 18. Eating disorder  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Hepatitis A/B/C                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 19. Diarrhea/constipation  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Mononucleosis                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 20. Wear glasses, contacts or protective eye wear                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Frequent ear infections                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 21. Orthodontic appliance (e.g., retainer)                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Asthma                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 22. Hypertension (high blood pressure)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Diabetes                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 23. Emotional difficulties for which professional help was sought                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Seizures/Convulsions                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 24. Any specific activities that child cannot participate in or needs assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Frequent headaches                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 25. Dizzy/passed out after physical activity                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Head Injury                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |                              |                             |
| 13. Knocked unconscious                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |                              |                             |
| 14. Skin Problems<br>(e.g., itching rash, acne) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date of last physical _____  |                              |                             |

Please explain any "YES" answers, noting the applicable number \_\_\_\_\_

Any additional information about the participant’s behavior and physical, emotional or mental health the camp should be aware of: \_\_\_\_\_

**PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE**

Yes  No I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the participant. This completed form may be photocopied for trips out of camp.

**FIELD TRIP ACKNOWLEDGEMENT**

Yes  No I give my son/daughter permission to attend all Y field trips for the sessions that he/she is registered. My child also has my permission to participate in swimming activities on field trips, including aquatic amusement park activities.

**PERMISSION TO SUPERVISE APPLICATION OF TOPICAL ITEMS** (Sunscreen, Bug Spray, Lip Balm)

Type of Topical Item \_\_\_\_\_ Prescription # \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Days to be Taken M T W TH F Time of Day \_\_\_\_\_ Amount (Dosage) \_\_\_\_\_

Yes  No I request that the camp staff supervise my child taking the above medication or applying the topical items as indicated.

I acknowledge that the information stated on this form is accurate and factual.

**Parent/Guardian Signature ONLY:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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### **REGISTRATION & REFUND POLICIES**

- Space is limited in all YMCA programs. We encourage early registration for our popular camp programs to avoid being closed out of the sessions of your choice.
- Registration begins Jan. 2 for the 2012 season.
- A non-refundable, non-transferable deposit must accompany each week selected. Reserve your child's spot during Early Bird Registration, Jan. 2 - Feb. 29, for only a \$10 deposit per week, per camper. This is deducted from the weekly fee.
- Additional child pricing is available for YMCA full privilege members when enrollments are made at the same time and for the same session. The first child in the program will be charged the full member fee; each subsequent child of the same family will be charged 10% less than the full member fee.
- In the case of serious or prolonged illness or injury, all paid fees (except the deposit) will be refunded with a written note from your child's physician.
- Pre-payment is required.
- Children will not be admitted into camp without a completed health form and proof of immunizations.
- Failure to make payment on time may forfeit your child's spot.
- Campers are assigned by their grades as of Fall 2012. Requests to be assigned with other campers cannot be guaranteed.
- Pre-registration for morning and/or afternoon extended care is required to ensure proper staffing ratios and safety.
- Prices are subject to change without notice.

### **SAFETY**

Parents can feel confident that their child will enjoy a safe camp experience as all camps are certified by the county health department and are subject to on-site inspections. Counselors are carefully selected for their experience and interest in working with children and low camper-to-counselor ratios are enforced, allowing your child to receive the personal attention he or she deserves. All YMCA staff undergo a criminal background check, a thorough reference check, and participate in child abuse prevention training.

### **BULLYING POLICY**

The Y is committed to providing a caring, friendly, and safe environment for children in our care, so that they can learn in a relaxed and secure atmosphere. Bullying of any kind is unacceptable. That is, any use of aggression with the intention of hurting another person (including, but not limited to, physical, emotional, verbal, sexual) is not tolerated. Serious incidents of targeted aggression are documented by YMCA staff, and ongoing monitoring of the situation will occur. When attempts to change unacceptable behavior are unsuccessful, the consequences of repeated bullying may include suspension and/or termination from the program.

### **CONVENIENT HOURS**

FREE extended hours are offered from 7:00-8:30 am and 4:30-6:00 pm, allowing for the flexibility you need for your busy lifestyle. Pre-registration is required to ensure proper staffing ratios.

### **AFFORDABLE**

Financial assistance is available through our Strong Kids Campaign, which helps us to make camp accessible to everyone. Additionally, the YMCA accepts third-party payments through the Department of Social Services and allows children to earn their way to camp through a candy sale Jan. 2 - July 2. Call or visit your branch for more information.