

# Registration and Confidential Health History Form



*The YMCA is committed to healthy children and families. To process your child's registration, please complete this form and return it to **Membership Services** at least one week before your child's start date.*

**OFFICE USE ONLY**

Start Date: \_\_\_\_\_  
 Allergy(s): \_\_\_\_\_  
 YMCA Staff Initials: \_\_\_\_\_  
 Admin Staff Initials: \_\_\_\_\_  
 Withdrawal Date: \_\_\_\_\_  
 Age Grouping: \_\_\_\_\_

**Child's Information**

First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Male  Female   
 Swim Ability:  Non-Swimmer  Swimmer  Average  
 Advanced Last swimming level attained: \_\_\_\_\_

**CUSTODY INFORMATION**

**Not Applicable**

Custody Parent: \_\_\_\_\_  
 Are there custody documents on file?  YES  NO  
 My child MAY NOT be released to: \_\_\_\_\_  
 Relationship to my child: \_\_\_\_\_

In order for the YMCA to enforce any legal custody actions, we require a copy of all legal binding court documents.

**PARENT/GUARDIAN 1**

**PARENT/GUARDIAN 2**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Home Phone No.: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Bus. Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Home Phone No.: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Bus. Phone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**EMERGENCY CONTACTS** *Other than parents/guardians*

**CONTACT 1** • Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**CONTACT 2** • Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**AUTHORIZED PICKUPS** *Other than parents/guardians*

**PICKUP 1** • Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PICKUP 2** • Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

# YMCA ROTARY CAMP TILlicum REGISTRATION & PROGRAM AGREEMENT

## MEDICAL INFORMATION

Doctor's Name: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Health Card No.: \_\_\_\_\_ \*\* Health Card Number is Optional  
Dietary Restrictions: \_\_\_\_\_ Other Illnesses: \_\_\_\_\_

## ALLERGIES

Drug: \_\_\_\_\_  
Food: \_\_\_\_\_  
Insect stings or bites: \_\_\_\_\_  
Other: \_\_\_\_\_  
Reactions: \_\_\_\_\_

Carries EPI Pen:  YES  NO  
Carries Puffer:  YES  NO

IMPORTANT: A doctor's note must accompany these medications.

## PAST HISTORY OF COMMUNICABLE DISEASES AND APPROXIMATE DATES

Chicken Pox: \_\_\_\_\_  Measles: \_\_\_\_\_  
 German Measles: \_\_\_\_\_  Mumps: \_\_\_\_\_  
 Scarlet Fever: \_\_\_\_\_  Hepatitis: \_\_\_\_\_  
 Mononucleosis: \_\_\_\_\_  Other: \_\_\_\_\_

## MEDICAL/HEALTH HISTORY (Please check any applicable areas)

Diabetes  Asthma  
 Epilepsy/Convulsions  Frequent Colds/Sinus Trouble  
 Dyslexia  Sight Difficulties  
 Severe Headaches  Frequent Ear Infections  
 Bleeding/Clotting Disorders  Hearing Difficulties  
 Cardiac Conditions  ADD/ADHD  
 Skin Conditions  Autism

Does your child have difficulties managing in large group setting or following directions?  YES  NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information that you feel we should know about your child regarding their medical/health history?

YES  NO

Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# YMCA ROTARY CAMP TILlicum REGISTRATION & PROGRAM AGREEMENT

## PROGRAM SURVEY

Is your child undergoing any treatment or taking any medication for an illness, condition or injury?  YES  NO

If so, please explain: \_\_\_\_\_

Will this condition limit or affect participation in activities?  
\_\_\_\_\_

Will there be any medication accompanying your child at camp? If so, please explain:  
\_\_\_\_\_

Recent illnesses, operations or injuries:  
\_\_\_\_\_

Is there any additional information that camp staff should be aware of to better care for your child?  
\_\_\_\_\_

## BEHAVIOUR MANAGEMENT AGREEMENT

The following behaviours are not acceptable and may result in the immediate removal of a participant for the remainder of the current day or the entire program. Unacceptable Behaviours: endangering the health, safety and well-being of participants, staff or volunteers; stealing or damaging YMCA or personal property; leaving the program without permission; continuing to disrupt the program and/or other participants, staff or volunteers; refusing to follow the behaviour guidelines; using profanity, vulgarity or obscenities frequently; or acting in an inappropriate manner.

The YMCA has **zero tolerance** for consistent intentional behaviour that goes against the YMCA Core Values or any behaviour that could harm a child, staff member or volunteer (physically or emotionally).

## CONSENT FOR SUNSCREEN AND INSECT REPELLANT

I understand that it is my responsibility to supply sunscreen of SPF 15 or higher every day for my child. It is recommended that I also supply insect repellent every day for my child. YMCA staff will assist or apply the sunscreen or insect repellent if my child requires assistance and according to the instructions on the label. Insect repellent will be applied after sunscreen is applied. The YMCA staff will keep an emergency supply of sunscreen and insect repellent onsite. All sunscreen and insect repellent must be labelled with your child's full name.

### Sunscreen

- Do NOT apply the emergency supply of sunscreen to my child because of a skin allergy or sensitivity.
- Apply emergency sunscreen to my child if he or she runs out that day or forgets to bring his/hers.

### Insect Repellent

- Do NOT apply insect repellent to my child.
- Apply emergency insect repellent to my child if he or she runs out that day or forgets to bring his/hers.

For more information on sunscreen and insect repellent guidelines and application, please visit the Health Canada Website @ [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca) or call the North Bay Public Health @ 474.1400.

## PERMISSION AGREEMENT

I hereby give my consent for my child to be involved in all activities associated with YMCA programming or field trips off the premises, as long as such activities are supervised by a YMCA staff member.

I understand that photos or videos of my child may be taken during program time for: program displays, staff training purposes, publicity brochures, newsletters, the YMCA Annual Report, media coverage and any material and articles promoting the YMCA. If I do not want my child's photo or video to be used as in the above-description, I will inform a YMCA staff at the time of registration to ensure my child is exempt from photos or video coverage.

# YMCA ROTARY CAMP TILlicUM REGISTRATION & PROGRAM AGREEMENT

## YMCA REGISTRATION FORM

**Full-time (FT)** care means registering for five complete days in any given week. If registering for **Part-time (PT)** camp please be advised that this is limited to a full 3-day (Monday, Wednesday, and Friday) schedule required and is based on **space availability**. The set days cannot be changed or rotated. Please indicate which weeks you are registering your child:

<input type="checkbox"/> July 4-8 FT (Mon-Fri)	<input type="checkbox"/> July 11-15 FT (Mon-Fri)	<input type="checkbox"/> July 18-22 FT (Mon-Fri)	<input type="checkbox"/> July 25-29 FT (Mon-Fri)
<input type="checkbox"/> July 4,6,8 PT (Mon, Wed, Fri)	<input type="checkbox"/> July 11,13,15 PT (Mon, Wed, Fri)	<input type="checkbox"/> July 18, 20, 22 PT (Mon, Wed, Fri)	<input type="checkbox"/> July 25, 27, 29 PT (Mon, Wed, Fri)
<input type="checkbox"/> Pre/Post Care	<input type="checkbox"/> Pre/Post Care	<input type="checkbox"/> Pre/Post Care	<input type="checkbox"/> Pre/Post Care
<input type="checkbox"/> Aug 2-5 FT (Tues-Fri)	<input type="checkbox"/> Aug 8-12 FT (Mon-Fri)	<input type="checkbox"/> Aug 15-19 FT (Mon-Fri)	<input type="checkbox"/> Aug 22-26 FT (Mon-Fri)
<input type="checkbox"/> Aug 3,5, PT (Wed, Fri)	<input type="checkbox"/> Aug 8,10,12 PT (Mon, Wed, Fri)	<input type="checkbox"/> Aug 15, 17, 19 PT (Mon, Wed, Fri)	<input type="checkbox"/> Aug 22, 24, 26 PT (Mon,Wed,Fri)
<input type="checkbox"/> Pre/Post Care	<input type="checkbox"/> Pre/Post Care	<input type="checkbox"/> Pre/Post Care	<input type="checkbox"/> Pre/Post Care
<input type="checkbox"/> Aug 29-Sept 2 (Mon-Fri)			
<input type="checkbox"/> Aug 29, 31, Sept 2 PT (Mon, Wed, Fri)			
<input type="checkbox"/> Pre/Post Care			

### FEES

- Camp Rotary Tillicum \$30.00 per day**       **\$4.00 per day for pre/post camp care (am/pm)**

\*Please Note: The pre/post camp care option is a combined fee.

## REFUND POLICY

Cancellation must be made in writing **TWO** weeks in advance to Membership Services. All Cancellations received **MUST** be in writing; otherwise, refunds will not be issued without notice.

Refunds are not applicable for illnesses, absent days or for circumstances out of the control of the YMCA, such as, weather conditions, power outages, etc...

## METHOD OF PAYMENT

- Visa**                       **MasterCard**                       **Pre-authorized debit**

Please complete the attached Pre-Authorized Payment (PAP) form and return it with your child's registration. Registrations will not be processed without a completed PAP form and all required medical/emergency information. Subsidy is available through Assisted Camperships, which are supported by the YMCA Strong Kids Campaign. Please see Membership Services for more information. You can also visit [www.dnssab.on.ca](http://www.dnssab.on.ca) for other subsidy opportunities.

## AUTHORIZATION

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, have completed the above registration and health history form and understand the YMCA's procedures and permit my child to participate in the full range of YMCA activities, except as noted. In the event of accident, injury or illness requiring immediate medical attention, I hereby give the YMCA permission to seek medical attention by calling 911. The health history information included on this agreement is correct as far as we know. Permission is hereby given to (1) provide ongoing health care, (2) select medical personnel and (3) order x-rays or routine tests or treatment as required by a health care professional (paramedic and/or medical doctor). I have read and understand the Behaviour Management Agreement, Payment, Refund and Cancellation Procedure.

Furthermore, I have enrolled my child at the YMCA and have read and fully understand the YMCA's Registration and Program Agreement. I understand that the YMCA cannot accept responsibility for the loss or damage of any personal belongings that my child may bring to camp.

Parent/Guardian: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## OUR PRIVACY COMMITMENT

YMCA of North Bay is committed to protecting personal information by following responsible information handling practices, in keeping with privacy laws. We collect and use personal data in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA programs, services and opportunities that may interest and benefit you.