

# YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

## McBurney YMCA

We welcome all our returning and new campers to our 2019 Day Camp programs. We are delighted to have you join us this year and look forward to having a safe and fun-filled Camp experience.

To best support you in the registration process, we've designed this checklist to help you organize the things you need to successfully enroll in our Day Camp program. Below are some important facts and dates.

### Important Dates to Remember

- ❖ **Day Camp Open Houses:** 1/26; 3/23; 4/27 and 5/18
- ❖ **Day Camp Session Dates:**
  - Session 1: 7/1-7/12
  - Session 2: 7/15-7/26
  - Session 3: 7/29-8/9
  - Session 4: 8/12-8/23
- ❖ **Payment Due Dates:** 6/8 for all 4 sessions. Please note, there is a \$25 late fee for anyone paying after the session due dates.
- ❖ **Camp Family Orientation Dates:** 6/8 1:00pm-2:00pm; 6/26 6:00pm-7:00pm

### Things to Remember

- ❖ **Deposit:** A \$250 non-refundable deposit per 2-week session is due at the time of registration. This will secure your slot.
- ❖ **Refund Policy:** Credit/Refund requests must be submitted by Sunday, 6/16. Credits/Refunds are granted for medical reasons, supported by a doctor's note and approved by the Director. Please note, all requests must be submitted with a credit request form (located at Member Services) and supporting documentation.
- ❖ **Discounts:** Take advantage of our 10% Early Bird discount by paying off your entire balance by 4/27. Discounts cannot be combined.
- ❖ **Medical Forms:** Medical forms must be completed by a physician and include a signature and stamp. **Medical forms must be submitted by 6/26.**
- ❖ **Change Form:** Any families interested in adding, dropping, or switching their camp session will need to fill out an official Change Form, available at Member Services. Please note, there is a \$25 change fee per child.
- ❖ **Financial Assistance:** Financial Assistance inquiries should be directed to Nanda Khan, [dkhan@ymcanyc.org](mailto:dkhan@ymcanyc.org).

### Important Facts

- ❖ **SEITs:** All SEITs/Aides/Volunteers must go through a prescreening process before they can come into our programs and interact with our campers. Our screening process includes a background check and a drug test, which can take up to 2 weeks. Please have your SEITs/Aides contact Shonnell Griffith, [sgriffith@ymcanyc.org](mailto:sgriffith@ymcanyc.org), to start the process. ***Please note, without clearance, they will not be able to provide SEIT services during our Camp program.***
- ❖ **Grouping Requests:** All grouping requests must be submitted by 6/15 to Shonnell Griffith, [sgriffith@ymcanyc.org](mailto:sgriffith@ymcanyc.org). Please note, our traditional Day Camp is broken up by age, so children must be the same age and registered in the same session and camp program.

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



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Branch: **McBurney**

Camp Site: **PS 41**

Camp Type: \_\_\_\_\_

## PARTICIPANT INFO

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade in September 2019: \_\_\_\_\_

School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

My child will:  Be picked up  Walk home (Only 10 yrs. or older, please sign bottom of page 2)

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

## PARENT/GUARDIAN INFO

Name of Parent/Guardian registering child: \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of 2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

## 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: \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## PHYSICIAN INFO

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 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's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date



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## PERMISSION FORM

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

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

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date

## AUTHORIZED PICK-UP FORM

The following individuals are 16 years old or older and are allowed to pick up my child from the McBurney YMCA Summer Camp Program. Those authorized to pick up your child will be asked for photo ID for verification.

Name	Relationship	Phone Number
	Parent/Guardian	
	Parent/Guardian	

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## ARRIVAL & SIGN-IN PROCEDURES

I understand that my child must be escorted into the building and a parent/guardian must sign the child in at arrival.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## UNESCORTED DISMISSAL AUTHORIZATION

My child is 10 years of age or older and may sign themselves out and go home without an escort at the end of the day.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## AGREEMENT

I, the undersigned, give permission for my child to participate in Summer Camp. I am aware that a completed medical form signed by a physician is required before my child may begin Summer Camp. I understand that enrollment is based on availability. Lastly, I fully understand that my child is responsible for their possessions. I have read, signed, and agreed to the registration requirements.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# MCBURNNEY SUMMER CAMP FEE SCHEDULE

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

Kinder Camp Ages 4 to 5*				Day Camp Ages 6 to 11*			
SESSION	MEMBER	NON-MEMBER	DATES	SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$720.00	\$770.00	JUL 1 – JUL 12	<input type="checkbox"/> Session 1	\$670.00	\$720.00	JUL 1 – JUL 12
<input type="checkbox"/> Session 2	\$720.00	\$770.00	JUL 15 – JUL 26	<input type="checkbox"/> Session 2	\$670.00	\$720.00	JUL 15 – JUL 26
<input type="checkbox"/> Session 3	\$720.00	\$770.00	JUL 29 – AUG 9	<input type="checkbox"/> Session 3	\$670.00	\$720.00	JUL 29 – AUG 9
<input type="checkbox"/> Session 4	\$720.00	\$770.00	AUG 12 – AUG 23	<input type="checkbox"/> Session 4	\$670.00	\$720.00	AUG 12 – AUG 23
Sports Camp Ages 7 to 12*				Basketball Camp Ages 7 to 12			
SESSION	MEMBER	NON-MEMBER	DATES	SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$670.00	\$720.00	JUL 1 – JUL 12	<input type="checkbox"/> Session 1	\$720.00	\$770.00	JUL 1 – JUL 12
<input type="checkbox"/> Session 2	\$670.00	\$720.00	JUL 15 – JUL 26	<input type="checkbox"/> Session 2	\$720.00	\$770.00	JUL 15 – JUL 26
<input type="checkbox"/> Session 3	\$670.00	\$720.00	JUL 29 – AUG 9	<input type="checkbox"/> Session 3	\$720.00	\$770.00	JUL 29 – AUG 9
<input type="checkbox"/> Session 4	\$670.00	\$720.00	AUG 12 – AUG 23	<input type="checkbox"/> Session 4	\$720.00	\$770.00	AUG 12 – AUG 23
Middle/Teen Camp Ages 12 to 16				Robotics Camp Ages 6 to 8			
SESSION	MEMBER	NON-MEMBER	DATES	SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$670.00	\$720.00	JUL 1 – JUL 12	<input type="checkbox"/> Session 1	\$960.00	\$1,010.00	JUL 1 – JUL 12
<input type="checkbox"/> Session 2	\$670.00	\$720.00	JUL 15 – JUL 26	<input type="checkbox"/> Session 2	\$960.00	\$1,010.00	JUL 15 – JUL 26
<input type="checkbox"/> Session 3	\$670.00	\$720.00	JUL 29 – AUG 9	<input type="checkbox"/> Session 3	\$960.00	\$1,010.00	JUL 29 – AUG 9
<input type="checkbox"/> Session 4	\$670.00	\$720.00	AUG 12 – AUG 23	<input type="checkbox"/> Session 4	\$960.00	\$1,010.00	AUG 12 – AUG 23
Circus Camp Ages 5 to 7				Theatre Camp with TADA Ages 5 to 7			
SESSION	MEMBER	NON-MEMBER	DATES	SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$840.00	\$890.00	JUL 1 – JUL 12	<input type="checkbox"/> Session 3	\$840.00	\$890.00	JUL 29 – AUG 9
<input type="checkbox"/> Session 2	\$840.00	\$890.00	JUL 15 – JUL 26	<input type="checkbox"/> Session 4	\$840.00	\$890.00	AUG 12 – AUG 23
Pee-Wee Soccer Camp Ages 6 to 7				LEAD Camp Ages 7 to 9			
SESSION	MEMBER	NON-MEMBER	DATES	SESSION	MEMBER	NON-MEMBER	DATES
<input type="checkbox"/> Session 1	\$720.00	\$770.00	JUL 1 – JUL 12	<input type="checkbox"/> Session 3	\$670.00	\$720.00	JUL 29 – AUG 9
<input type="checkbox"/> Session 2	\$720.00	\$770.00	JUL 15 – JUL 26	<input type="checkbox"/> Session 4	\$670.00	\$720.00	AUG 12 – AUG 23
<b>*Please note, the following Camps are grouped by age:</b> 1. <b>Kinder Camp</b> (4 & 5) 2. <b>Day Camp</b> (6, 7, 8-9 & 10-11) 3. <b>Sports Camp</b> (7-9 & 10-12)				Extended Camp Hours Ages 4 to 16			
				SESSION	FEE	TIME	
				<input type="checkbox"/> AM Session	\$90.00/\$95.00	8:00 – 9:00am	
<input type="checkbox"/> PM Session	\$90.00/\$95.00	5:00 – 6:00pm					
				(Check Session) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			

## Payment Information (INTERNATIONAL APPLICANTS ONLY)

Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Security (CVC) Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

## PARENT AGREEMENT

I, the undersigned, give permission for my child to participate in the camp for the days he/she is registered. 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 **NON-REFUNDABLE** deposit of **\$250.00** per two-week session and submit a completed registration form. I am fully aware that should my child change/add camps after the start of the session **there is a \$25 change fee**. I fully understand and approve of my child being photographed for McBurney YMCA publicity. Lastly, I fully understand that my child is responsible for his/her possessions. I have read, signed, and agreed to the registration requirements.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**There is a non-refundable \$250.00 deposit per session per child which is applied to session fees.**



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## 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. I 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.

\_\_\_\_\_  
Participant's Name (printed)

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

