

YMCA OF GREATER NEW YORK SUMMER CAMP REGISTRATION FORM

Branch: North Brooklyn YMCA

Camp Site: North Brooklyn Branch

Camp Type: _____

PARTICIPANT INFO

Child's Name _____ Age _____

D.O.B. _____ Gender _____

Grade in September 2019 _____ School _____

Mailing Address _____ Apt.# _____

City _____ State _____ Zip _____

Home 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 Youth: XS S M L XL Adult: S M L XL

PARENT/GUARDIAN 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 _____

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 _____



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PERMISSION FORM

I hereby grant permission for my child to use all equipment and participate in all activities (including swimming instruction) of the North Brooklyn YMCA.

I hereby grant permission for my child to leave the North Brooklyn YMCA premises, under proper supervision of North Brooklyn 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.

Child's Name

Camp Type

Parent/Guardian Signature

Date

AUTHORIZED PICK-UP FORM

The following individuals are 18 years old or older and are allowed to pick up my child from the North Brooklyn YMCA Programs:

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 North Brooklyn YMCA in advance and in writing. This person will also be asked for their photo ID for verification.

Parent/Guardian Signature

Date

Contact Telephone Number: _____

UNESCORTED DISMISSAL AUTHORIZATION

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

Parent/Guardian Signature

Date

Contact Telephone No.: _____



2019 NORTH BROOKLYN SUMMER CAMP FEE SCHEDULE

* Session dates DO NOT include Saturday and Sunday. *

Kinder Camp Ages 4 to 5				Day Camp Ages 6 to 12					
SESSION	MEMBER	NON-MEMBER	DATES	SESSION	MEMBER	NON-MEMBER	DATES		
0	Session 1	\$420.00	\$509.00	July 1 - July 12	0	Session 1	\$400.00	\$490.00	July 1 - July 12
0	Session 2	\$420.00	\$509.00	July 15 - July 26	0	Session 2	\$400.00	\$490.00	July 15 - July 26
0	Session 3	\$420.00	\$509.00	July 29 - August 9	0	Session 3	\$400.00	\$490.00	July 29 - August 9
0	Session 4	\$420.00	\$509.00	August 12 - August 23	0	Session 4	\$400.00	\$490.00	August 12 - August 23

Swim Camp Ages 7 to 10				Day Camp Extended Day Ages 4 to 12					
SESSION	MEMBER	NON-MEMBER	DATES	SESSION	Fee	Time	DATES		
0	Session 1	\$450.00	\$540.00	July 1 - July 12	0	Session 1	\$85.00/week	8am-9am 5pm-6pm	July 1 - July 12
0	Session 2	\$450.00	\$540.00	July 15 - July 26	0	Session 2	\$85.00/week	8am-9am 5pm-6pm	July 15 - July 26
0	Session 3	\$450.00	\$540.00	July 29 - August 9	0	Session 3	\$85.00/week	8am-9am 5pm-6pm	July 29 - August 9
0	Session 4	\$450.00	\$540.00	August 12 - August 23	0	Session 4	\$85.00/week	8am-9am 5pm-6pm	August 12 - August 23

Payment & Fee/Discount Information (*Discounts cannot be combined*)

- A \$150 non-refundable deposit per child is required for each session you wish to register for.
- Siblings receive 10% discount when both children are registered.
- Early Bird discount of 10% for participants who are paid in full by April 27, 2019.
- Payment Deadlines:
Sessions 1&2: June 16, 2019
Sessions 3&4: July 15, 2019

Refund & Credit Policy

- Camp fees are non-refundable unless the YMCA cancels a camp. Credits will be issued at the Director's discretion.
- The YMCA reserves the right to cancel a camp if it does not meet enrollment requirements.
- The deposit of \$150 per session is non-refundable & non-transferable.
- There will be no credit/refund given for any missed days.
- To apply for a refund/credit you must submit a completed application with supporting documentation.
- Any refund/credit requests will be submitted to the Camp Director and will be granted under the discretion of the Director, Youth & Family.
- Credit/Refund requests for medical reasons will not be accepted after September 15, 2019.
- Refunds/Credits may take up to 4-6 weeks to process.



PARENT AGREEMENT

I, the undersigned, give permission for my child to participate in all summer camp and aquatic activities 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. I am aware that to reserve a space, I must make a deposit of \$150 per 2 week session and submit a completed registration form. I am aware of the 2019 payment, fees and discount information. I am aware of the refund & credit policy. I understand that my child is responsible for his/her possessions. I have read, signed, and agreed to the registration requirements.

Signature of Parent or Guardian: _____ Date: _____

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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.

Signature

Date

Name (printed)

Name of Parent/Guardian

Mailing Address

Phone Number (optional)

Email (optional)

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