



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOOL'S OUT, THE Y'S IN!

Registration
now open!

For kids, days off from school are all about having fun. As a parent, you'd like a little bit more. The McBurney Y is ready to take over with a day's worth of structured games, gym activities, and swim led by trained and caring Y staff.

Holiday Camp helps kids grow stronger in spirit, mind, and body with fun activities that build independence while making new friends.

Please note, lunch will not be provided.

AGES 4-10
DATES Mon. 4/22 - Fri. 4/26
DAILY RATES

	<u>MEMBERS</u>	<u>NON-MEMBERS</u>
9 AM - 5 PM	\$90	\$95
8 AM - 9 AM	\$20	\$25
5 PM - 6 PM	\$20	\$25



REGISTER TODAY!

Return the following registration forms with payment to the McBurney YMCA. Enrollment is limited and not guaranteed.



**MCBURNEY YMCA HOLIDAY CAMP REGISTRATION FORM
APRIL 22ND – 26TH, 2019**

GENERAL INFORMATION

Child Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State & Zip Code: _____

Home Phone: _____ Cell Phone: _____

Race/Ethnicity: White Black Hispanic/Latino American Indian Asian Other: _____

Name of Parent/Caregiver #1: _____ Work Phone: _____

Cell Phone #: _____ Email Address: _____

Name of Parent/Caregiver #2: _____ Work Phone: _____

Cell Phone #: _____ Email Address: _____

In the event of an emergency, and Parent (s) is/are not available, please contact:

Name: _____ Relation: _____ Cell Phone: _____

Name: _____ Relation: _____ Cell Phone: _____

MEDICAL AND SOCIAL HISTORY

Doctor's Name: _____ Phone: _____

Medical Insurance: _____ Policy: _____

Allergies (Medication, Foods, etc.): _____

Please List any Medical Problems, including diagnosis: _____

Is your child currently on any medications, including inhalers? (Please Circle) Yes No If yes, name of medication: _____

If yes, does the medication need to be taken during Holiday Camp hours? Yes No

If yes, written permission must be submitted by the guardian allowing the child to self administer.

Is there anything else that would be helpful for us to know about your child? Please let us know.

(If you would like to discuss something confidential via phone or in person, please contact Jessica Diaz 212 912-2315)

WHEN WOULD YOU LIKE TO JOIN?					
<input type="checkbox"/>	Monday, April 22 nd , 2019		Extended Day?	AM <input type="checkbox"/>	PM <input type="checkbox"/>
<input type="checkbox"/>	Tuesday, April 23 rd , 2019		Extended Day?	AM <input type="checkbox"/>	PM <input type="checkbox"/>
<input type="checkbox"/>	Wednesday, April 24 th , 2019		Extended Day?	AM <input type="checkbox"/>	PM <input type="checkbox"/>
<input type="checkbox"/>	Thursday, April 25 th , 2019		Extended Day?	AM <input type="checkbox"/>	PM <input type="checkbox"/>
<input type="checkbox"/>	Friday, April 26 th , 2019		Extended Day?	AM <input type="checkbox"/>	PM <input type="checkbox"/>



**MCBURNEY YMCA HOLIDAY CAMP REGISTRATION FORM
APRIL 22ND – 26TH, 2019**

EMERGENCY RELEASE

I give permission, in the event of an emergency, for first aid to be administered to my child. I understand that this may include transportation by ambulance to the nearest hospital and that every effort will be made to contact me.

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

PHOTO RELEASE

- Yes, I give permission to allow my child's photograph to be taken during after school. I further give permission that these photographs may be published and used at the YMCA to promote YMCA OF GREATER NY programs.
- No, I do not give permission to allow my child's photograph to be used by the YMCA.

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

AUTHORIZED PICK UP & RELEASE

At dismissal, My child will: (Please check the one that applies)

- Be picked up by a parent or authorized adult
- Go Home on his/her own (MUST BE 10 YEARS OR OLDER)

Parent/Guardian: _____ Signature: _____ Date: _____
(Please Print)

****Individuals authorized to pick-up your child MUST be listed below and MUST have proper I.D. when picking up your child**
Any individual picking up the child must be at least 16 year of age or older.**

Please supply the names and phone numbers of individuals AUTHORIZED to pick your child up from McBurney Y Holiday Camp:

- 1) Name: _____ Contact Number: _____ Relationship: Parent/Guardian
- 2) Name: _____ Contact Number: _____ Relationship: Parent/Guardian
- 3) Name: _____ Contact Number: _____ Relationship: _____
- 4) Name: _____ Contact Number: _____ Relationship: _____
- 5) Name: _____ Contact Number: _____ Relationship: _____
- 6) Name: _____ Contact Number: _____ Relationship: _____

Child's Name: _____



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.

Name of Parent/Guardian

Signature

Child's Name

Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS
(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM McBurney YMCA – Holiday Camp

CHILD'S LAST NAME _____ FIRST NAME _____ BIRTHDATE ____/____/____

M F
SEX

Home Address: _____

Phone: _____

Parent or Guardian: _____

Phone: _____

Place of Employment: Father (Guardian) _____
Mother (Guardian) _____

Phone: _____

Phone: _____

In case of an emergency, notify _____

Phone: _____

If Parent, Guardian are not available in an emergency, notify:

1. _____
2. _____

Phone: _____

Phone: _____

Important:

Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:
Yes No (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check, giving approximate dates)

	<u>Allergies</u>	<u>Diseases</u>
Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Ivy Poisoning, etc. _____	Measles _____
Convulsion _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Other Contagious Illnesses _____
Asthma _____		

Other Past Illnesses _____

Operations or Serious Injuries (Dates) _____

Hospitalization (Dates) _____

Chronic or Recurring Illness _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permission for all program activities unless otherwise noted by Dr. _____

Appliance worn (glasses, contacts, etc.) _____

Medication Taken _____

Suggestion from Parent or/Guardian _____

PARENT/GUARDIAN PLEASE COMPLETE ALL FIELDS AND SIGN CONSENT FOR EMERGENCY MEDICAL TREATMENT

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____ Phone # _____