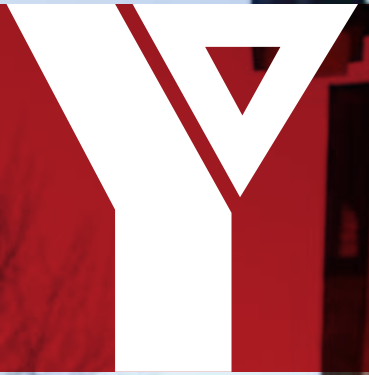


YMCA - YWCA of Northeast Avalon
Christmas Camp 2011



Register Today!

Register at your convenience at Ches Penney Family Y or Mount Pearl Y or fax or mail this registration form to:

YMCA-YWCA of Northeast Avalon
P.O. Box 21291, St. John's, NL A1A 5G6

Ches Penney Family Y
Phone: 709-726-YMCA (9622)
Fax: 709-576-7763

Mount Pearl Y
Phone: 709-748-1082
Fax: 709-748-1087



www.ynortheastavalon.com
Charitable Registration #108225533RR0001

Christmas Camp 2011 Ages 6 - 12 - 8:00am - 6:00pm

Week 1 - December 22, 23 8:00am - 6:00pm. Cost: \$65.00 per child
Week 2 - December 27, 28, 29, 30 8:00am - 6:00pm. Cost: \$150.00 per child

Registration Deadline: December 9, 2011

Register your children for a week of activities that are fun and educational. The week long program will focus on age-appropriate activities to spark interest and imagination. Schedules are flexible enough to allow for individual differences and enable children to make choices and participate at their own pace.

**Register at any time at the Ches Penney Family Y, 35 Ridge Road, P.O. Box 21291, St. John's, NL A1A 5G6
Phone 709-726-YMCA (9622) Fax: 709-576-7763
or Mount Pearl Y, 25 Holden Street - Phone: 709-748-1082 or Fax: 709-748-1087**

Mount Pearl Y, 25 Holden Street **Ches Penney Family Y, 35 Ridge Road**
(a separate form is required for each camper)

All payment methods are due at time of registration. Method: Visa/MC _____ Expiry _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
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Refund Policy: If a refund is requested due to extenuating circumstances, two weeks notice is required, or a doctor's note in case of illness. Fees will not be reduced for missed days.

Date of Birth (month/day/year): _____ Age: _____ Nick name: _____
Child's Name: _____ Home Telephone: _____
Address: _____

Postal Code: _____
Parent 1 / Guardian
Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact Person: (other than parent)
Name: _____
Address: _____
Home Phone: _____
Work Phone: _____

Parent 2 / Guardian
Name: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Name of person(s), other than parent to whom child may be released:
1. _____
2. _____

We will not release your child to any other person unless we receive written permission from you.

I, the undersigned, being parent/guardian of _____ do hereby give consent for the participation of my child in all activities in Y children's programs, including field trips, provided such activities are supervised by a Y staff member. I also grant permission for the YMCA-YWCA to videotape and take photos of my child for promotional purposes.

Signature: _____ Relationship to child: _____ Date: _____

Has your child had all immunizations? _____ Medical Record: _____
Is your child receiving medical treatment of any kind? (orthopedic, psychiatric, medication etc)? If yes, please give details: _____

Does your child have allergies? If yes, please specify: _____

Please describe the reaction and treatment: _____
Does your child have special needs? If yes, please give details: _____

AUTHORIZATION FOR CONSENT FOR TREATMENT:
Should a medical emergency arise whereby staff of the YMCA-YWCA were unable to contact me, I the undersigned hereby authorize the staff of the YMCA-YWCA to give consent for medical examination, diagnosis and treatment of _____ (name of child) until such time as I am notified.

MCP NUMBER: _____ Relationship to child: _____
Signature: _____ Date: _____