



YMCA-YWCA

We build strong kids,
strong families, strong communities.

Easter Camp 2009



Easter Camp 2009 Ages 6 - 12 - 8:00am - 6:00pm

April 13 - 17 & 20. Cost: \$130 per child

Registration Deadline: April 3, 2009

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 St. John's Y - 34 New Cove Road, P.O. Box 21291, St. John's, NL A1A 5G6

Phone 709-754-2960, Fax: 709-576-0410

or Mount Pearl Y, 25 Holden Street - Phone: 709-748-1082 or Fax: 709-748-1087

Mount Pearl Y, Holden Street St. John's Y, New Cove Road

(a separate form is required for each camper)

All payment methods are due at time of registration. Method: Visa/MC _____ Expiry _____

Cash Cheque

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: _____

Emergency Contact Person: (other than parent)

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Parent 1 / Guardian

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

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

1. _____

2. _____

Parent 2 / Guardian

Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

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:

Does your child have special needs?

Please describe the reaction and treatment:

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: _____

PRIVACY STATEMENT: YMCA-YWCA (the "Association") is committed to protecting the privacy of the personal information of its members, employees, donors and other stakeholders by following responsible information handling practices in keeping with privacy laws, including the Personal Information Protection and Electronic Documents Act ("PIPEDA") and provincial privacy legislation. The Association values the trust of those we deal with, and of the public, and recognizes that maintaining this trust requires that we be transparent and accountable in how we treat the information that you choose to share with us.

During the course of our operations, projects and activities, the Association occasionally gathers and uses personal information. Anyone from whom we collect such information should expect that it will be carefully protected and that any use of or other dealing with this information is subject to consent. The Association's privacy practices are designed to achieve this.

www.ynortheastavalon.com
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