



YMCA of Belleville and Quinte Summer Camp and Program Registration Form

		YMCA Member <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's last Name		First Name	Date of Birth YYYY/MM/DD	Age
Address		City	Postal Code	
Name of Parent or Gaurdian		Phone Number (H)	Phone Number (W)(C)	
Emergency Contact		Phone Number (H)	Phone Number (W)(C)	
Email Address		Who may pick up you child?		
Child's Doctor		Doctor's Phone Number		
Medical Conditions and/or Behaviours		Medications to Administer		
The YMCA has my permission to take photos of my child. Yes <input type="checkbox"/> No <input type="checkbox"/>				

Medical Release

Due to circumstances such as accident or emergency, I consent to medical treatment by a qualified individual and anesthetic if necessary

Signature of Parent/Guardian	Date
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To be completed by parent / guardian – **one for each medication to be administered**

Child's Name:	Medication:
Doctor's Name:	

Reason for Medication

- A) Prescription Drugs:** We will give these exactly as shown on the label only. All medication must be supplied in the proper prescription bottles.
- B) Other Drugs:** We will give these only if recommended by your doctor

Complete for Either A or B

Dosage:	Method of Administration:
Start date:	End Date:
Number of Times a Day and Time of Day	Other Instructions
Side effects to be aware of:	

I authorize this nursery/daycamp to administer the medication named above to my child and I certify that the instructions given are as recommended by a physician.

Date

Parent / Guardian Signature



Registration Form

(Please note that there are no programs running on August 2)

Please check the box for the session(s) you wish to register for:

Swim Lessons

Daytime Lessons

			Level	Cost	Time
Session #1	July 5-15 (8 lessons)	<input type="checkbox"/>	_____	\$40/\$45	_____
Session #2	July 19-29 (8 lessons)	<input type="checkbox"/>	_____	\$40/\$45	_____
Session #3	August 2 – 12 (7 lessons)	<input type="checkbox"/>	_____	\$35/\$40	_____
Session #4	August 16 – 26 (8 lessons)	<input type="checkbox"/>	_____	\$40/\$45	_____

Monday & Wednesdays (Evening)

Session #1	July 5 – July 28 (8 lessons)	<input type="checkbox"/>	_____	\$40/\$45	5pm
Session #2	August 4 – August 25 (7 lessons)	<input type="checkbox"/>	_____	\$35/\$40	5pm

Tuesdays & Thursdays (Evening)

Session #1	July 6 – July 29 (8 lessons)	<input type="checkbox"/>	_____	\$40/\$45	5pm
Session #2	August 3 – August 26 (8 lessons)	<input type="checkbox"/>	_____	\$40/\$45	5pm

Private Lessons

Date Booked: _____ Preferred Dates: _____
 Preferred Time: _____ # of lessons: _____
 Total cost: _____ Level to be taught: _____
 Notes: _____

Adult Lessons

Monday & Wednesdays (Evening)

Session #1	July 5 – July 28 (8 lessons)	<input type="checkbox"/>	_____	\$55	4pm
Session #2	August 4 – August 25 (7 lessons)	<input type="checkbox"/>	_____	\$50	4pm

Aqua Fitness

Monday, Wednesday & Friday (July 5-Sept. 3)	<input type="checkbox"/>	_____	\$125	12-12:45pm
Tuesday & Thursday (July 6 – Sept. 2)	<input type="checkbox"/>	_____	\$90	4-4:45pm

Bronze Medallion/Cross/SFA

Monday to Friday (July 19-30)	<input type="checkbox"/>	_____	\$	9am-12noon
Wednesdays (July 7-August 25)	<input type="checkbox"/>	_____	\$	5-8pm

Day Camp

	Discovery Day Camp <input type="checkbox"/>	Sports Adventure Camp <input type="checkbox"/>	
Week One (July 5-9)	<input type="checkbox"/>	Early Care <input type="checkbox"/>	Late Care <input type="checkbox"/> \$ _____
Week Two July (12-16)	<input type="checkbox"/>	Early Care <input type="checkbox"/>	Late Care <input type="checkbox"/> \$ _____
Week Three (July 19-23)	<input type="checkbox"/>	Early Care <input type="checkbox"/>	Late Care <input type="checkbox"/> \$ _____
Week Four (July 26-30)	<input type="checkbox"/>	Early Care <input type="checkbox"/>	Late Care <input type="checkbox"/> \$ _____
Week Five (August 3-6)	<input type="checkbox"/>	Early Care <input type="checkbox"/>	Late Care <input type="checkbox"/> \$ _____
Week Six (August 9-13)	<input type="checkbox"/>	Early Care <input type="checkbox"/>	Late Care <input type="checkbox"/> \$ _____
Week Seven (August 16-20)	<input type="checkbox"/>	Early Care <input type="checkbox"/>	Late Care <input type="checkbox"/> \$ _____
Week Eight (August 23-27)	<input type="checkbox"/>	Early Care <input type="checkbox"/>	Late Care <input type="checkbox"/> \$ _____
Week Nine (August 30 – September 3)	<input type="checkbox"/>	Early Care <input type="checkbox"/>	Late Care <input type="checkbox"/> \$ _____