



# 2012 BIG COVE YMCA CAMP REGISTRATION FORM



Online registration is available at [www.bigcove.org/registration](http://www.bigcove.org/registration)

Complete Steps 1, 2 & 3 and all required information

STEP ONE	STEP TWO				STEP THREE
Age Group	Session Desired				Transportation
<input type="checkbox"/> Juniors (Ages 7-11) <input type="checkbox"/> Seniors (Ages 12-15) <input type="checkbox"/> Leadership 1 (15-16) <input type="checkbox"/> Leadership 2 (16-17)	<b>One Week (7 Nights)</b> <b>\$580</b>	<b>One Week (6 Nights)</b> <b>\$530</b>	<b>Two Weeks</b> <b>\$955</b>	<b>Four Weeks</b> <b>L1: \$1590 L2: \$1545</b>	<input type="checkbox"/> Halifax to Camp \$39 <input type="checkbox"/> Camp to Halifax \$39
	<input type="checkbox"/> Session 1 (June 30-July 7) <input type="checkbox"/> Session 3 (July 14-21) <input type="checkbox"/> Session 5 (July 29-Aug 5) <input type="checkbox"/> Session 7 (Aug 12-19)	<input type="checkbox"/> Session 2 (July 7-13) <input type="checkbox"/> Session 4 (July 21-27) <input type="checkbox"/> Session 6 (Aug 5-11) <input type="checkbox"/> Session 8 (Aug 19-25)	<input type="checkbox"/> Session A (June 30-Jul 13) <input type="checkbox"/> Session B (July 14-27) <input type="checkbox"/> Session C (July 29-Aug 11) <input type="checkbox"/> Session D (Aug 12-25)	<input type="checkbox"/> Session E (June 30-July 27) <input type="checkbox"/> Session F (July 29-Aug 25)	<b>Caribou Ferry</b> <input type="checkbox"/> Ferry to Camp \$26 <input type="checkbox"/> Camp to Ferry \$26 <b>Airport</b> <input type="checkbox"/> Airport to Camp \$52 <input type="checkbox"/> Camp to Airport \$52
Camper's Name First _____ Last _____		Birth Date M _____ D _____ Y _____		Age at Camp _____	Gender _____ Grade _____
Street Address _____				City _____	
Province _____	Postal Code _____	Home Phone _____	E-mail Address _____		
Parent/Guardian _____		Relationship to Child _____	Home Phone _____	Business Phone _____	Cell Phone _____
Parent/Guardian _____		Relationship to Child _____	Home Phone _____	Business Phone _____	Cell Phone _____
Legal Custody: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian		Summer Contact Information (If different from above) _____			
Emergency Contact (If parents cannot be reached) _____		Relationship to Child _____	Home Phone _____	Business Phone _____	Cell Phone _____
Please list the names of all persons authorized to pick up your child from camp: _____					
Please list the names of anyone that should NOT contact, visit, or pick up your child from camp: _____					
How did you hear about Big Cove YMCA Camp? (Please Circle) <input type="checkbox"/> ATTENDED LAST YEAR <input type="checkbox"/> FRIEND <input type="checkbox"/> WEBSITE <input type="checkbox"/> YMCA <input type="checkbox"/> OTHER: _____					This is my _____ year at Big Cove
CABIN MATE REQUESTS (we will do our best to accommodate all requests for campers in the same age group: _____)				Is there anyone your child should not be in a cabin with? _____	
<b>Camper T-shirt:</b> Every camper will get a t-shirt when they come to camp (we will do our best to accommodate all t-shirt sizes submitted before June 1, 2012). Please mark your preferred size: <b>YOUTH:</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <b>ADULT:</b> <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL					
<b>PAYMENT INFORMATION (All fees include tax.)</b> Payment will be accepted in the form of <b>VISA, MASTERCARD, CASH, CHEQUE, DEBIT</b> (in person), or <b>PRE-AUTHORIZED DEBIT</b> (void cheque required). Full payment or a \$100.00 deposit (with scheduled payments) is due at the time of registration. All pre-authorized debits are scheduled on the first of each month. The last possible date for a pre-authorized debit transaction is June 1, 2012. <b>After June 1, 2012 we will only accept full payment in the form of CASH, VISA, MASTERCARD, or DEBIT.</b> Registrations are processed in the order in which they are received. Registrations are subject to availability and will be confirmed by e-mail. All refunds are subject to a \$25.00 administrative fee. The \$100.00 deposit is non-refundable after June 1, 2012. For more information about our cancellation policy, please visit <a href="http://www.bigcove.org">www.bigcove.org</a> . <b>SIBLING DISCOUNT:</b> Register more than one camper from the same family and receive a 10% discount for each additional child (discount is applied to child of the lesser fee). <b>EARLY BIRD DISCOUNT:</b> If you register your camper before January 31, 2012 you will receive a \$40.00 discount. If you register your camper before March 31, 2012, you will receive a \$20.00 discount.					
\$ _____ + \$ _____ = \$ _____ - \$ _____ - \$ _____ - \$ _____ = \$ _____ Base Fee      Transportation      Sub Total      Deposit      Sibling Discount      Early Bird Discount      Final Balance					
1. FULL PAYMENT METHOD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> DEBIT 2. PRE-AUTHORIZED PAYMENT PLAN: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> PRE-AUTHORIZED DEBIT (void cheque) Amount per payment: \$ _____ Start Date: 01/_____/____ End Date: 01/_____/____ Credit Card Number: _____ Expiry Date: _____					
<b>Yes, I will support the YMCA STRONG KIDS CAMPAIGN and help send a kid to camp!</b> Enclosed is my donation of: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 Other: _____ Method of Payment: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> CHEQUE <input type="checkbox"/> Same credit card as above					

**INCOMPLETE REGISTRATIONS (REGISTRATIONS WITHOUT PAYMENT OR SIGNATURES) WILL NOT BE PROCESSED**

# 2012 BIG COVE YMCA CAMP REGISTRATION FORM (PAGE 2)

## MEDICAL INFORMATION (REQUIRED): If additional space is needed, please include a separate sheet of paper.

Health Card Number: \_\_\_\_\_

This camper is not covered by Nova Scotia Health Care (please include a photocopy of your province's health card).

This camper is not covered by Canadian Health Care (please include a copy of the camper's health insurance coverage).

Does your child require special medical attention? If so, please provide the details below:

Medical Condition: \_\_\_\_\_ Treatment/Medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

Does your child have limitations that may require program adaptation?  YES  NO

If yes, please provide details: \_\_\_\_\_

**ALLERGIES:** My child is allergic to: \_\_\_\_\_

Mild  Moderate  Severe Treatment/Comments: \_\_\_\_\_

**ADDITIONAL INFORMATION:** Is there anything else we need to know to ensure a positive camp experience for your child?

(Example: Night terrors, sleep walking, bed-wetting, homesickness) Please describe: \_\_\_\_\_

## MEDICAL AUTHORIZATION:

I authorize the camp nurse or their delegate to administer medication to my camper that was sent with him/her at the recommended interval described on the registration form and prescription bottle. **All prescriptions bottles must be in ENGLISH.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIETARY INFORMATION:**  Vegetarian  Vegan  Lactose Intolerant

Food Allergies Please explain: \_\_\_\_\_

## CAMPER'S COMMITMENT:

I want to become a camper at Big Cove YMCA Camp. I agree to abide by the camp rules. I will do my best to make this a good experience for myself and my fellow campers. I understand that failure to live up to this promise will result in my dismissal from camp.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT'S COMMITMENT:

I have discussed the Camper's and Parent's Commitments with my child and can confirm that this camper agrees to participate in the full program, to follow safety instructions, and refrain from behaviour that is harmful to his/herself or others. I understand and support the camp policy that prohibits possession or use of tobacco, alcohol or non-prescription drugs. I understand that use or possession of any prohibited substance and/or abusive behaviour is cause for the dismissal from camp without refund.

## PHOTO RELEASE:

I authorize the YMCA to use any photos of my child obtained while engaged in Big Cove Camp programs for promotional purposes.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION:

In permitting my child to attend Big Cove YMCA Camp, I, the undersigned permit my child to participate in the full range of camp activities. In the event of accident or illness affecting the above named camper, I authorize the Camp Director or his appointee to (on my behalf) authorize all procedures, including admission to hospital and necessary treatment therein, as he/she may deem as essential for the care and well-being of the camper. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the camp is not responsible for the cost of medical care.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## SEND YOUR COMPLETED REGISTRATION FORM WITH PAYMENT TO:

BIG COVE YMCA CAMP  
1565 SOUTH PARK STREET  
HALIFAX, NS B3J 2L2

TEL: (902) 425-9622 ext. 235  
FAX: (902) 422-2469  
WEB: [www.bigcove.org](http://www.bigcove.org)