



# 2010 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 1	STEP 2				STEP 3
Age Group	Session Desired				Transportation
<input type="checkbox"/> Juniors (Ages 7-11) <input type="checkbox"/> Seniors (Ages 12-15) <input type="checkbox"/> Leadership 1 (Ages 15-16) <input type="checkbox"/> Leadership 2 (Ages 16-17)	One Week (6 nights) \$500.00	One Week (7 nights) \$550.00	Two Weeks \$900.00	Four Weeks L1: \$ 1 500.00 L2: \$ 1 400.00	<input type="checkbox"/> Halifax to Camp \$39.00 <input type="checkbox"/> Camp to Halifax \$39.00
	<input type="checkbox"/> Session 1 (July 10-16) <input type="checkbox"/> Session 2 (July 24-30) <input type="checkbox"/> Session 3 (Aug 8-14) <input type="checkbox"/> Session 4 (Aug 22-28)	<input type="checkbox"/> Session 1 (July 3-10) <input type="checkbox"/> Session 2 (July 17-24) <input type="checkbox"/> Session 3 (Aug 1-8) <input type="checkbox"/> Session 4 (Aug 15-22)	<input type="checkbox"/> Session 1 (July 3-16) <input type="checkbox"/> Session 2 (July 17-30) <input type="checkbox"/> Session 3 (Aug 1-14) <input type="checkbox"/> Session 4 (Aug 15 - 28)	<input type="checkbox"/> Session 1 (July 3-30) <input type="checkbox"/> Session 2 (Aug 1-28)	<b>Caribou Ferry</b> <input type="checkbox"/> Caribou Ferry to Camp \$26.00 <input type="checkbox"/> Camp to Caribou Ferry \$26.00 <b>Airport</b> <input type="checkbox"/> Airport to Camp \$52.00 <input type="checkbox"/> Camp to Airport \$52.00

Camper's Name		Birth date		Age at Camp	Male Female	Grade
First	Last	M	D	Y		
Mailing Address				City		
Province	Postal Code	Home Phone	E-mail			
Parent/Guardian		Home Phone	Business Phone		Relationship to Child	
Parent/Guardian		Home Phone	Business Phone		Relationship to Child	
Legal Custody: Mother Father Both Guardian		Summer Contact Information for Parent/Guardian (if different from above)				
Alternate Emergency Contact (if parents cannot be reached)		Phone		Relationship to Child		
Please list names of all persons authorized to pick up your child from camp						
Please list names of anyone that should NOT contact, visit, or pick up your child from camp						
How did you hear about Big Cove YMCA Camp? Attended last year Friend Website YMCA Other _____					This is my _____ year at Big Cove	
Is there anyone your child should not be in a cabin group with?		CABIN MATE REQUEST (we will try to accommodate all requests for campers in the same age group)				

### \*NEW FOR 2010\*

Every camper will get a t-shirt when they come to camp! Please let us know what size is preferred: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ Extra Large \_\_\_ 2X Large

### REGISTRATIONS WITHOUT PAYMENT OR SIGNATURES WILL NOT BE PROCESSED

#### PAYMENT (taxes are included in the fees)

Full payment or a deposit per child and post dated payments are required. **FINAL PAYMENT MUST BE DATED NO LATER THAN THE FIRST OF THE MONTH PRIOR TO YOUR CHILD GOING TO CAMP.** Payment can be made by VISA or MASTERCARD or pre-authorized debit (please attach a void cheque). Payment can be made in person with Interac or cash.

**EARLY BIRD SPECIAL:** If you register your camper before January 31, 2010 you will receive a \$40.00 discount. If you register your camper before March 31st, 2010, you will receive a \$20.00 discount

**SIBLING DISCOUNT:** Register more than one camper from the same family and receive a 10% discount for the second camper

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_ - \$ \_\_\_\_\_ - \$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Base Fee                      Transportation                      Sub Total                      Deposit                      Sibling Discount                      Early Bird Discount                      Final Balance

1. Full Payment Method: \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ Pre-Authorized Debit (attach void cheque) \_\_\_ Cash/Interac (in person)

2. Payment Plan: \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ Pre-Authorized Debit (attach void cheque)

3. Pre-Authorized Payments: Amount per payment \$ \_\_\_\_\_ Start date: 01/\_\_\_/\_\_\_ End on 01/\_\_\_/\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

#### AUTHORIZATION:

I hereby authorize The YMCA of Greater Halifax/Dartmouth to deduct camp fees from my Bank/Financial Institution or Credit Card (VISA or MASTERCARD). If funds are unavailable, The YMCA will attempt to withdraw fees a second time. The YMCA will charge a fee of \$25.00 if funds are unavailable the second time. The YMCA will not be responsible for any cost charged by the Bank/Financial Institution. I have read and understand the refund policy and payment plans.

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



**YES, I WILL SUPPORT THE YMCA STRONG KIDS CAMPAIGN AND HELP SEND A KID GO TO CAMP!**

Enclosed is my donation of \_\_\_\$25 \_\_\_\$50 \_\_\_\$75 \_\_\_\$100 Other: \$ \_\_\_\_\_

Method of Payment: \_\_\_ VISA \_\_\_ MASTERCARD \_\_\_ Cheque \_\_\_ Same as credit card above

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**INCOMPLETE REGISTRATIONS WILL NOT BE PROCESSED**

# 2010 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: \_\_\_\_\_

- This camper is not covered by Canadian Health Care; a copy of their health insurance is attached here  
 This camper is not covered by Nova Scotia Health Care; a copy of their Provincial health card is attached here

Does your child require special medical attention (i.e.—medication, etc) Yes \_\_\_\_\_ No \_\_\_\_\_

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

Does your child have difficulties, which may require some program adaptations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, 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? (i.e.—night terrors, sleep walking, bedwetting, homesickness, ADD, etc.)

### Dietary Information

Vegetarian \_\_\_\_\_ Vegan \_\_\_\_\_ Lactose Intolerant \_\_\_\_\_ Specific Food Allergies (please explain): \_\_\_\_\_

### MEDICATION AUTHORIZATION:

I authorize the camp nurse or their delegate to administer medication to my camper that were sent with him/her at the recommended interval, as per what is described on the registration form.

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

### 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 might result in my dismissal from camp.

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

### PARENT'S COMMITMENT:

I have discussed the Camper's and Parent's Commitment with my child and confirm that this camper agrees to participate in the full program. To follow safety instruction and/or refrain from behaviour that is harmful to oneself or others. I understand and support the camp policy that prohibits the possession or use of tobacco, alcohol or non-prescription drugs and understand their uses well as abusive behaviour is cause for the dismissal without refund of camp fees.

### 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/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION:

In permitting my child to attend YMCA Camp, I, the undersigned permit my child to participate in the full range of camp activities and authorize the Camp Director or his appointee, in the event of accident or illness affecting this above named camper to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem 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 COMPLETE REGISTRATION FORM, WITH SIGNATURES AND PAYMENT TO:**

**BIG COVE YMCA CAMP  
1565 SOUTH PARK ST  
HALIFAX NS B3J 2L2**

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

**PLEASE COMPLETE A FORM  
FOR EACH CAMPER.  
INCOMPLETE FORMS WILL  
NOT BE PROCESSED.**