

# IDEAS KIDS CAMP REGISTRATION 2008

Camper Name: First \_\_\_\_\_

Last \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Male  Female Weight: \_\_\_\_\_ kgs

Birthdate (y/m/d): \_\_\_\_/\_\_\_\_/\_\_\_\_

Age (as of Jan 1, 2008): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent 1/Guardian 1: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Parent 2/Guardian 2: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (w): \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who can pick up your child (unless otherwise specified, your child will not be allowed to go home with anyone other than a parent): \_\_\_\_\_

Anyone who cannot pick up your child: \_\_\_\_\_

Custody:  Mother  Father  Both  Other \_\_\_\_\_

Swim Level: \_\_\_\_\_

Allergies, medical conditions, medication or special assistance your child will require: \_\_\_\_\_

\_\_\_\_\_

Number of medical visits within the last 6 months: \_\_\_\_\_ Reason: \_\_\_\_\_

Any special diet or eating habits: \_\_\_\_\_

Any information about bladder or bowel routines that will help us enhance your child's camp experience: \_\_\_\_\_

\_\_\_\_\_

Please indicate surgery type:    \_\_\_ Colostomy                           \_\_\_ Ileostomy  
  \_\_\_ Urostomy                               \_\_\_ Continent Ostomy  
  \_\_\_ None

Any other information that will help us enhance your child's camp experience: \_\_\_\_\_

\_\_\_\_\_

*(extra space is provided on the second page to elaborate on any of the answers)*

## IDEAS SUMMER CAMPS

Camp: \_\_\_\_\_

- Aug 4-8\*    Aug 11-15  
 Aug 18-22    Aug 25-29

*\*Camp at the South Slope Y begins on BC day.  
For all other camps, the week begins after the  
holiday on Aug 5<sup>th</sup>.*

## HOURS AND EXTENDED CARE

Summer Camp Hours: 9:00am-4:00pm

Supervised Extended Care Hours:

8:00am-9:00am and 4:00pm-5:00pm

*Most camp hours run during these times. The YMCA  
has specified extended care hours. There is no extra  
charge for extended care.*

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2008**

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**TRANSPORTATION**

If you will need transportation to and from the kids day camps, please indicate the days and times:

Monday (\_\_am/ \_\_pm) Tuesday (\_\_am/ \_\_pm) Wednesday (\_\_am/ \_\_pm) Thursday (\_\_am/ \_\_pm)  
Friday (\_\_am/ \_\_pm)

And please check 'yes' if you permit your child to have transportation: \_\_Yes/ \_\_No

**PAYMENT**

In partnership with South Slope YMCA, and with the support of generous sponsors, IDEAS sends children and youth to camp at no cost.

**HOW DID YOU HEAR ABOUT US**

- |  |   |
|--|---|
| <input type="checkbox"/> Received IDEAS Kids flyer in the mail | <input type="checkbox"/> Searched for IDEAS Kids site on the internet |
| <input type="checkbox"/> Through a friend                      | <input type="checkbox"/> From IDEAS school talks or IBD day           |
| <input type="checkbox"/> Other                                 |   |

Please specify: \_\_\_\_\_

In permitting my child to attend IDEAS Kids and YMCA Day Camp, I, the undersigned permit my child to participate in the full range of camp activities and authorize the Youth Manager or their 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 any 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 Medical Care Cost.

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

I authorize IDEAS and the YMCA to use any photos of my child obtained while engaging in YMCA Camping programs to create a story for publication in our newsletters, annual reports, brochures, websites or other IDEAS and YMCA promotional uses.

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