



Camper Information Form

To be completed and signed by a parent/guardian and returned to cchy@ymcacalgary.org
or Camp Chief Hector YMCA, 101 3 Street SW, Calgary, AB T2P 4G6.

CAMPER INFORMATION

NAME _____ LAST FIRST		DATE OF BIRTH _____ YYYY MM DD		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Age at camp
CAMP SECTION (i.e. Chiniquay, Mistaya, Kananaskin, etc.)				CAMP DATES	
HEIGHT	WEIGHT	GRADE COMPLETED BY JUNE 2013			
Is your camper's birthday during her/his camp session? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of sibling(s) at camp:			Attending which section(s)?		
Cabin/Tipi Mate	Camp Chief Hector YMCA – Summer Camp supports a balanced tipi group by recognizing previous friendships and promoting new friendships. For campers from Chiniquay to Kananaskin age, we will try to honour one mutual request for campers of the same age and gender. Campers must be registered in the same camp and program option. Please indicate your cabin/tipi mate request to a maximum of two names.				
First Request			Second Request		

CAMPER RESIDES WITH (PARENT 1)

CAMPER RESIDES WITH (PARENT 2)

Name _____ LAST FIRST			Name _____ LAST FIRST		
Address			Address		
City	Province/State	Postal Code/Zip Code	City	Province/State	Postal Code/Zip Code
Home Phone ()	Business ()		Home Phone ()	Business ()	
Cell ()	Email		Cell ()	Email	
RELATIONSHIP TO CAMPER			RELATIONSHIP TO CAMPER		
Is there anyone who should not be contacting or picking up your child at camp?			Name		

EMERGENCY INFORMATION

Camper's Name:	Provincial Health Care #	Prov	Other Medical Insurance if applicable
Emergency Contact (in the event that the parent(s) cannot be reached): NOTE: This person must be available during your camper's camp session			
Name:			
Address:			
Home Phone ()	Business ()	Cell Phone ()	Relationship to child:

HOW IS YOUR CAMPER GETTING TO CAMP?

Please bring your camper's registration confirmation to assist in our check-in process.

Please keep a copy of your transportation request below for your records. All overnight camps start on Sunday and end on Friday.

For GRAY JAY CAMPERS - Kananaskin Horse female, Pioneer Gray Jay, Sr. Shotungwa and Leadership I Hike/Horse campers ONLY

<input type="checkbox"/> Bus from Crowfoot YMCA to Gray Jay	8100 John Laurie Blvd NW	Check-in 9:00 – 9:30am	Buses depart at 9:40am sharp!
<input type="checkbox"/> Pick up at Calgary Airport	Airline:	Flight #:	Arrival time:

For ALL other campers

<input type="checkbox"/> Bus from the Crowfoot YMCA	8100 John Laurie Blvd NW	Check-in 9:00 – 9:30am	Buses depart at 9:40am sharp!
<input type="checkbox"/> Bus from the Shawnessy YMCA	333 Shawville Blvd SE		If you arrive late you will need to drive your camper out to camp.
<input type="checkbox"/> Pick up at Calgary Airport	Airline:	Flight #:	Arrival time:
<input type="checkbox"/> Personal vehicle	Please arrive at camp at 11:00am – we cannot check-in your child earlier than 11:00am.		

HOW IS YOUR CAMPER GOING HOME?

<input type="checkbox"/> Bus to the Crowfoot YMCA	8100 John Laurie Blvd NW	Bus arrives at approximately 11:00am	Photo Identification will be required to pick up your child.
<input type="checkbox"/> Bus to the Shawnessy YMCA	333 Shawville Blvd SE	Bus arrives at approximately 11:30am	
<input type="checkbox"/> Flying from Calgary Airport	Airline:	Flight #:	Departure time/date:
<input type="checkbox"/> Personal vehicle	Please arrive at camp at 11:00am. Breakfast and the camp wrap-up finishes at 11:00am.		

If the primary guardian will not be picking up your child at camp or at the bus who is authorized to do so? Photo ID must be shown.

Name: _____ Relationship to child: _____ Phone: (____) _____ Cell: (____) _____

Please ensure your camper is aware of these transportation arrangements. Parental authorization is required for changes once this form has been submitted. Changes will be accepted by the Camp Chief Hector office **no later than 10 days prior to the camp start date.** For a last minute EMERGENCY ONLY change, call 1-403-679-9296.

PERSONAL INFORMATION

We want each camper's experience at Camp Chief Hector YMCA to be the best it can be. Please help us by answering the following questions carefully.

Camp Experience

How does your daughter/son feel about coming to camp this summer? _____

Is your camper prone to homesickness? Yes No

If so, what techniques have proved helpful? _____

Does your camper have any sleep habits of which we should be aware (i.e. bed wetting, sleep walking, nightmares, etc.)? Yes No

What are her/his coping techniques for these? _____

Have there been **significant events** in the last year that could influence your daughter/son's camp experience? Yes No

Is your camper a confident swimmer? Yes No

Can your camper swim in deep water unassisted? Yes No

HEALTH HISTORY

We encourage, but do not require, a medical examination. Please consider a medical examination of your camper prior to attending camp if there has been no exam in the past 12 months; if you have any doubts about your camper's ability to participate in all camp activities; if the camper has recently been hospitalized or treated; or if the camper has been exposed to any communicable diseases. Please **do not** send your child to camp if they are sick on the first day of their session.

ALLERGIES	Does your child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify below.
Drug allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please elaborate.
Food allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please elaborate.
DIETARY NEEDS / RESTRICTIONS	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Lactose intolerant <input type="checkbox"/> Gluten free <input type="checkbox"/> No pork <input type="checkbox"/> Other _____	

Please provide details:

Note: Camp is able to provide vegetarian, lactose free or gluten free options for those who have indicated. Please contact the Food Services Director at least two weeks prior to camp if your camper has more severe dietary requirements.

Other allergies (i.e. animals, insects plants, grasses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please elaborate.
Is your camper under any form of treatment for illness (communicable diseases, illness or special needs), conditions (emotional or recent events) or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please elaborate.
MEDICATIONS	Does your child carry an EpiPen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child wear a Medic-Alert bracelet or other type of alert (necklace, etc.)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be sending medications to camp?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: Please send medications in original containers.		If yes, please explain. Please attach an additional page if necessary.

VACCINATION	Are your camper's vaccinations up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child recently been in contact with any communicable diseases (i.e. Chicken Pox, Measles, Mumps, Hepatitis, Mononucleosis, etc.)?		If yes, please explain.
If appropriate, for female campers: has she menstruated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is menstrual history normal?
		If no, has she been told about it?

CARING, ACTIVE ENVIRONMENT

Camp Chief Hector YMCA – Summer Camp strives to be a fun, safe and active environment where everyone has a chance to be their best. All camp participants, staff and volunteers pledge to treat each other with dignity and respect. Behaviour that prevents others from enjoying a positive camp experience will not be permitted. If necessary, campers may be asked to leave based on inappropriate behaviour including swearing, aggression, or use of prohibited items such as but not limited to tobacco, alcohol, non-prescription drugs or offensive published materials. The Camper's Commitment is a very important aspect of Camp Chief Hector YMCA's philosophy and speaks to our core values of caring, respect, honesty and responsibility. We ask that you take time to read and discuss the Camper's Commitment with your child and have him/her sign or print their name in the area provided.

BOTH CAMPER AND PARENT SIGNATURES ARE MANDATORY.

CAMPER'S COMMITMENT

I want to be a camper at Camp Chief Hector YMCA. I agree to behave respectfully at camp. I will do my best to make this summer a great experience for myself and my fellow campers. I understand that failure to live up to my Commitment may mean that I am sent home from camp. I also understand that by making this Commitment, I can look forward to fair treatment and friendship from my cabin or tipi mates, fellow campers and staff.

Camper's name (please print) Camper's signature Date

PARENT'S COMMITMENT

I have discussed the Camper's Commitment with my son/daughter and confirm that he/she agrees to cooperate in the camp experience, to follow safety instructions and refrain from behaviour that is harmful or disruptive to themselves or other campers. I understand that by supporting this Commitment, my daughter/son may look forward to fair treatment and friendship from her/his cabin or tipi mates and fellow campers. I also understand that camp prohibits swearing, inappropriate behaviour, or use of tobacco, alcohol, or non-prescription drugs and acknowledge that their use is cause for my camper to be sent home without refund of camp fees.

Parent's name (please print) Parent's signature Date

TERMS AND CONDITIONS

- In submitting this form and registration, parents and guardians permit their registered daughter/son to attend Camp Chief Hector YMCA – Summer Camp, and to participate in the activities outlined in the camp literature.
- **Know the risks:** Parents and guardians acknowledge that they have read, understand and accept the Camp Chief Hector YMCA RISK AWARENESS DOCUMENT available at www.ymcacalgary.org.
- Cancellations received on or before April 15, 2013 are entitled to a full refund excluding a \$50 processing fee per child per camp. Cancellations received after April 15, 2013 and more than one month prior to the camp start date are entitled to a refund of 75% of the total camp fee. No refund will be issued for cancellations received less than ten days prior to the camp start date. Cancellations for medical reasons after April 15, 2013 are entitled to a full refund excluding \$100. Written notice of the cancellation and a doctor's note are necessary in order to qualify for a refund.
- No reduction of fees is allowed for campers arriving late or leaving early in the session for which they are registered for any reason.
- Refunds will not be issued in instances where the camper is removed from the camp program at the choice or request of the camper or camper's parent(s)/guardian(s) or is dismissed from camp for contravention of camp rules or the camp code of conduct for behaviour.
- Camp Chief Hector YMCA reserves the right to cancel registrations and to not accept responsibility for the camper either at camp or on the camp bus if the Camper Information Form is not signed or submitted to the camp office prior to the commencement of the camp session.
- Parents and guardians agree on behalf of themselves and the camper that photographs taken of the camper by the camp personnel or otherwise authorized by the Camp Director may be used without charge by Camp Chief Hector YMCA for YMCA promotional material, including brochures, slide shows, videos, websites and the CCH Y Facebook page.
- The safety of each individual is of the utmost importance to us. In order to ensure the safety and well-being of all participants, Camp Chief Hector YMCA reserves the right to alter the program at any time without compensation to participants, parents or guardians.
- Camp Chief Hector YMCA and YMCA Calgary are not responsible for loss, theft or damage to personal property.
- This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me. In the event I cannot be reached in a medical or mental health emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment from, and to order injection, anaesthesia or surgery for my child as named. I agree to pay any charges not covered by my medical plan (i.e. medications; ambulance; etc.).
- At the end of the camp session, a parent/camper feedback form will be emailed to you. We appreciate your comments and feedback and encourage you to fill it out with your camper.
- Camper Information is now submitted electronically at Family Zone. The information on this form will be entered for you at Family Zone. Go to <http://cch.campfax.com> to review the information this year. Next year, you can make any necessary changes and verify your information.

I agree to the terms and conditions outlined above.

Signature of parent/guardian _____ Date _____

Name of parent/guardian (please print) _____ Phone _____