



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SILVER BAY YMCA

5 YEARS TO 17 YEARS OLD

SILVER CAMP ENROLLMENT FORM

CHILD INFORMATION please fill in each blank completely

LAST NAME _____ FIRST NAME _____

BIRTHDAY _____ AGE as of Sept 1, 2019* _____ GENDER M F

**Children aged 4 or under, as of 9/01/19, should fill out the 6 weeks to 4 years old enrollment form*

PARENT/GUARDIAN INFORMATION please fill in each blank completely

PARENT 1 FIRST NAME	PARENT 1 LAST NAME
STREET ADDRESS	CITY
STATE ZIP CODE	PRIMARY PHONE
EMAIL	OTHER PHONE
PARENT 2 FIRST NAME	PRIMARY PHONE
PARENT 2 LAST NAME	OTHER PHONE

ADDITIONAL PERSONS AUTHORIZED FOR PICK UP AND EMERGENCY CONTACTS

Cell phone service can be unreliable in this area. If possible, please provide a landline for all emergency contacts. Emergency contacts do not need to be on site.

NAME	RELATIONSHIP TO CHILD	PRIMARY PHONE	SECONDARY PHONE
NAME	RELATIONSHIP TO CHILD	PRIMARY PHONE	SECONDARY PHONE

DO NOT PICK UP & CUSTODY AGREEMENTS: If you have a custody agreement that affects a parent/guardian's access to this child, a copy of the legal documentation stating this must be attached with this enrollment form.

NAME	RELATIONSHIP TO CHILD
NAME	RELATIONSHIP TO CHILD

FOR STAFF USE ONLY	HD	FD	Sess	GROUP	Medical History	Consents & Authorizations				
Received	Guest	PRG	NON	Missing or incomplete information	Meds.	Y	N	Climbing Wall	Y	N
Registered	Discount	EB	MC		Allergies	Y	N	Medical Auth.	Y	N
Conf. Sent	Late Fee	Y	N		Contacted	Diet	Y	N	Golf Cart	Y
	Payment			Received	Other	Y	N	Water Games	Y	N
								Free Swim	Y	N

STEP 1: CHOOSE YOUR DATES

Half Day Full Day			Session 1 June 24- June 28	Half Day Full Day			Session 4 July 15 - July 19	Half Day Full Day			Session 7 August 5 - August 9
			Session 2 July 1 - July 5				Session 5 July 22 - July 26				Session 8 August 12 - August 16
			Session 3 July 8 - July 12				Session 6 July 29 - August 2				

STEP 2: DOES YOUR CHILD NEED BUS TRANSPORTATION?

NO (MOVE TO STEP 3)	When do you need transportation? AM PM BOTH	Weekly Cost	\$44 per child
YES (COMPLETE THIS SECTION)	Which sessions? 1 2 3 4 5 6 7 8	Pick up/ Drop Off Locations	Ticonderoga: Elks Club Hague: Community Building

STEP 3: CHOOSE YOUR FEE SCALE Circle the amount that applies to your child

PROGRAM PASS AND ON-CAMPUS GUESTS			
SILVER CAMP		DAILY	WEEKLY
HALF DAY CAMP	REGULAR	\$27	\$67
	EARLY BIRD DISCOUNT <small>For enrollment forms received by May 15</small>	\$24	\$61
	MULTI-CHILD DISCOUNT <small>Applied for families with 3 or more children enrolling during the same session</small>	\$23	\$57
	LATE FEE <small>For forms received less than 2 weeks before child's first day of camp</small>	\$10	
FULL DAY CAMP	REGULAR	\$51	\$126
	EARLY BIRD DISCOUNT <small>For enrollment forms received by May 15</small>	\$46	\$115
	MULTI-CHILD DISCOUNT <small>Applied for families with 3 or more children</small>	\$44	\$109
	LATE FEE <small>For forms received less than 2 weeks before the start of the child's first session</small>	\$10	

BASIC PASS AND NO PASS			
SILVER CAMP		DAILY	WEEKLY
HALF DAY CAMP	REGULAR	\$40	\$100
	EARLY BIRD DISCOUNT <small>For enrollment forms received by May 15</small>	\$36	\$91
	MULTI-CHILD DISCOUNT <small>Applied for families with 3 or more children enrolling during the same session</small>	\$34	\$86
	LATE FEE <small>For forms received less than 2 weeks before child's first day of camp</small>	\$10	
FULL DAY CAMP	REGULAR	\$76	\$190
	EARLY BIRD DISCOUNT <small>For enrollment forms received by May 15</small>	\$69	\$172
	MULTI-CHILD DISCOUNT <small>Applied for families with 3 or more children</small>	\$66	\$155
	LATE FEE <small>For forms received less than 2 weeks before the start of the child's first session</small>	\$10	

Total number of sessions _____	X	Cost per session _____	+	Late Fee <small>For forms received less than 2 weeks before the start of the child's first session</small> _____	=	Total amount _____
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STEP 4: CHOOSE YOUR PAYMENT METHOD

Cash		Check Number _____ Card Number _____ Exp. Date _____ Sec. Code _____ Reservation Name _____ Reservation Number _____	Please complete fully. Enrollment cannot be completed until payment is received. Spaces are limited and will not be held for campers lacking payment.
Check			
Credit Card			
Bill to Reservation			

NAME _____

WE CANNOT PULL MEDICAL INFORMATION FROM PREVIOUS YEARS.

IMMUNIZATION HISTORY

This information is required by the New York State Department of Health and is MANDATORY. This section must include all dates of basic immunizations as well as booster doses. Minimum requirements are listed below. Parents/ Guardians may fill in the attached section or can attach an immunization history sheet from the child's Physician.

DPT	1st	2nd	3rd	Booster	Booster
Oral Polio	1st	2nd	3rd	Booster	Booster
Hib (conjugate preferred)	1st	2nd	3rd	4th	
Hepatitis B	1st	2nd	3rd		
MMR	1st	2nd			
Tetanus within 10 years of 1st series	1st	2nd			
Varicella (Chicken Pox)	specify immunization or disease	Booster	Booster		
Other					

MEDICAL HISTORY

This information is required by Silver Bay YMCA and is MANDATORY.

Please complete each section fully even if you are attaching a medical history sheet from your child's Physician.

Physician Name _____

Physician Phone _____

Should Activities be limited? Y N If yes, please explain

Is this Camper on Medication? Y N If yes, please explain

Is this camper on a Special Diet? Y N If yes, please explain

PLEASE LIST ALLERGIES MEDICATIONS _____

FOODS _____

BEES: Y N

OTHER _____

Use this space to list any additional causes that could affect your child's functional ability to participate in in camp.

This health history is correct, so far as I know, and the person herein described has permission to engage in all camp activities, except as noted by myself above.

Parent Signature _____

Date _____

AUTHORIZATION FOR THE MEDICAL TREATMENT OF MINORS

If your child needs medical, dental, or health services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to the Silver Bay YMCA Staff to act for you, in your absence regarding the treatment of your child. If your child needs unexpected medical treatment the Silver Bay YMCA Staff will present this document to the appropriate person - physician, dentist, or hospital representative. When a true emergency exists, a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health. **I, being the parent of custody and/or legal guardian of the minor named, do hereby appoint SILVER BAY YMCA STAFF at 87 Silver Bay Road, Silver Bay NY 12874 to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the minor named in my absence.** I have read and understand the authorization for medical treatment.

Parent/Guardian Signature _____

Date _____

CONSENTS AND AUTHORIZATIONS

- Y N My child is allowed to ride on a Golf Cart when deemed necessary by the Youth and Teen Director
- Y N My child can participate in water games and wading at the beach during beach days.
- Y N My child can participate in free swim at the beach during beach days

I understand program participants may be photographed for publicity purposes and that if I do not wish my child to be photographed, a Do Not Photograph request must be submitted, in writing to the Silver Bay YMCA Marketing Director, prior to my child's first day in Silver Camp.

I understand that Camp Staff are able to help my child apply bug spray and sunscreen ONLY if these products are provided by a parent/guardian.

Parent/Guardian Signature _____

Date _____

FOR FULL DAY CAMPERS ONLY - SWIM LESSONS

Half Day Campers can sign up for Swim Lessons by filling out a separate registration form and paying a small fee.

I understand there are certain hazards involved in participating in swimming/water activities. I have reviewed the swim lesson information section, including the swimming skills checklist, located in the Children's Program information booklet. I hereby give permission for my child to participate in swim lessons.

What level swimmer is your child?

LEVEL 1

LEVEL 2

LEVEL 3

LEVEL 4

LEVEL 5

LEVEL 6

Parent/Guardian Signature _____

Date _____

PLEASE DRESS APPROPRIATELY FOR THE WEATHER! Closed toe shoes should be worn at all times. Flip flops/sandals will only be allowed during beach days and swim lessons. Full Day Campers must have a bathing suit, towel, and bagged lunch. Water bottles, bug spray, and sunscreen are recommended.