

SILVER BAY

YMCA

87 Silver Bay Road • Silver Bay, NY 12874
518-543-8833

2012 Silver Camp Enrollment Form

| For office use only | |
|-----------------------|-------|
| Received | |
| Membership Type | |
| Payment | |
| Open Pathways % | |
| Confirmation Sent | |
| Medical Form | |
| Medical Authorization | |
| Climbing Wall | |
| Photo Authorization | Y - N |

| First Name | Nickname | Last Name | Date of Birth | Entering Grade | Sex |
|------------|----------|-----------|---------------|----------------|-----|
|------------|----------|-----------|---------------|----------------|-----|

Parents/Guardian First Name

Parents/Guardian Last Name

| Permanent Address | |
|-------------------|-----------------|
| Street/PO Box: | _____ |
| City: | _____ |
| State: _____ | Zip Code: _____ |
| Home Phone: | _____ |
| Work Phone: | _____ |
| Cell Phone: | _____ |
| Email Address: | _____ |

| Summer Address(if applicable) | |
|--|-----------------|
| Street/PO Box: | _____ |
| City: | _____ |
| State: _____ | Zip Code: _____ |
| Summer Phone: | _____ |
| Summer Dates from: | _____ to _____ |
| Do you prefer to receive mail at this address? | |
| Yes | No |

Camp Group

- Robins (6 weeks to 18 months)
- Crickets (18 months to 3 years)
- Wee Woozles (3 years to kindergarten & potty trained)
- Woozles (entering 1st & 2nd grade)

- Chippies (entering 3rd & 4th grade)
- Ravens (entering 5th & 6th grade)
- Eagles (entering 7th & 8th grade)
- Falcons (entering 9th to 12th grade)
- CIT (entering 9th to 12th grade)

Attendance Dates

- Session 1 (June 25 – June 29, 2012)
- Session 2 (July 2 – July 6, 2012)
- Session 3 (July 9 – July 13, 2012)
- Session 4 (July 16 – July 20, 2012)
- Session 5 (July 23 – July 27, 2012)
- Session 6 (July 30 -August 3, 2012)
- Session 7 (August 6 – August 10, 2012)
- Session 8 (August 13 – August 17, 2012)

Is there anything we should know about your child to make sure this is a healthy and fun experience?

(i.e. allergies, phobias, etc...) _____

Does your child have any special needs? _____

Pick Up / Emergency Information

The following individuals may pick up my child as well as be contacted in case of an emergency when we cannot reach a parent or guardian:

Name and Relationship: _____

Phone/Pager # _____

The following individuals are **NEVER** to pick up my child:

Name: _____

Name: _____

I give full permission for my child to:

- Participate in walking field trips and activities on the Silver Bay Campus _____
- To be involved in video recordings and photographs _____
- Participate in free swim (only for those entering 1st Grade or older) _____
- Participate in water games & wading at the beach _____
- Ride on a Silver Bay golf cart for emergency purposes only _____

Initial

I agree to the following:

- I will inform the staff when I cannot be reached at the numbers on this form or if any information has changed on this form or other forms at the center. _____
- I understand and agree to policies, procedures, and activities outlined in the Silver Camp Handbook. _____

Parent or Guardian's Signature _____

Date: _____

| Programs – June 25 thru August 17, 2012 <i>See registration form for a list of sessions and dates - Circle all that apply.</i> | | Time | Daily | Weekly | **Family Unlimited Weekly | **Family Unlimited Season |
|--|--|------------------------------|--------------|---------------|----------------------------------|----------------------------------|
| *Program Member or On Campus Guest Rates | | | | | | |
| Silver Camp ½ Day | 6 wks -entering 12 th | 8:30am-11:30am | \$12 | \$38 | \$140 | \$875 |
| **Silver Camp Full Day | Entering 1 st -8 th grade | 8:30am-3:30pm | \$28 | \$76 | | |
| Bus Transportation | Ticonderoga & Hague | Before & After Full-Day Camp | | \$20 | | |
| CIT | Entering 9 th -12 th grade | 8:00am-12:00pm & Mon 7pm-9pm | | \$60/Weekly | | \$360/Season |
| Member or Non-Member Rates | | | | | | |
| Silver Camp ½ Day | 6 wks-entering 12 th | 8:30am-11:30am | \$19 | \$57 | | |
| **Silver Camp Full Day | Entering 1 st -8 th grade | 8:30am-3:30pm | \$39 | \$114 | | |
| Bus Transportation | Ticonderoga & Hague | Before & After Full-Day Camp | | \$30 | | |
| CIT | Entering 9 th -12 th grade | 8:00am-12:00pm & Mon 7pm-9pm | | \$90/Weekly | | \$540/Season |
| | | | | | Total | |

* In order to qualify for this rate all program package fees must be paid in full or reservations must be booked. Visit www.silverbay.org/forms to download a 2012 On Campus Reservation Request or Off Campus Program Package Form.

**Program include Swim Lessons and a swim lessons registration form must be filled out for all participants

Form of Payment: Make Checks Payable to Silver Bay YMCA

Check # _____

Credit Card

Exp. Date: _____

Credit Card No.: _____

3 Digit Security Code: _____

Print Name on Card: _____ Signature: _____

Open Pathways Scholarship Program (Town of Putnam, Warren and Essex County Residents), please provide a copy of your 2011 tax return.

**Please return form to: Bonnie Brod | Silver Bay YMCA | 87 Silver Bay Rd | Silver Bay, NY 12874
FOR SECURITY REASONS PLEASE DO NOT SUBMIT CREDIT CARD INFORMATION OVER EMAIL.**

AUTHORIZATION

For Medical Treatment of Minors

If your child needs medical, dental or hospital 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 other adults to act for you, in your absence, regarding the treatment of your child. This is a legal document. After you complete this form give a copy to each adult you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should 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.

Identification

Name of Minor _____ Birth date _____

Known allergies _____

Special Conditions _____

Date of Last Tetanus _____

Medications now being taken _____

Hospitalization Coverage for Above Minor

Insurance Company or Government Plan _____

ID or Contract Number _____

Family Physician

Name _____ Phone _____

Address _____

I, being the parent of custody or legal guardian of the above named minor, do hereby appoint: **Silver Bay YMCA of the Adirondacks** to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor in my absence

Signature _____ Date _____

Address _____

Phone _____
Home _____ Work _____

Signature of Witness _____

Address _____ Date _____

(Witness must be different from person authorized to provide care)

This form is valid for a period of one year from date signed