

# 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
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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 1<sup>st</sup> 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:** \_\_\_\_\_

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

\* 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](http://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.**

## Medical History Form Silver Bay YMCA

<b>Name</b>	Date of Birth / /	Date / /
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### IMMUNIZATION

If one or more of the required medical immunization is deemed detrimental to this child's health, attached certificate specifying which immunization(s) and complete and sign medical exemption statement on back form.

<b>DPT</b>	1 <sup>st</sup> / /	2 <sup>nd</sup> / /	3 <sup>rd</sup> / /	Booster / /	Booster / /
<b>ORAL POLIO</b>	1 <sup>st</sup> / /	2 <sup>nd</sup> / /	3 <sup>rd</sup> / /	Booster / /	Booster / /
<b>Hib (conjugate preferred)</b>	1 <sup>st</sup> / /	2 <sup>nd</sup> / /	3 <sup>rd</sup> / /	4th / /	
<b>Hepatitis B</b>	1 <sup>st</sup> / /	2 <sup>nd</sup> / /	3 <sup>rd</sup> / /		
<b>MMR</b>	1 <sup>st</sup> / /	2 <sup>nd</sup> / /			

Type	Date / /
Type	Date / /
Type	Date / /

### TESTS

HEALTH SPECIFICS	Comments:
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there allergies? (Specify)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is medication regularly taken? Specify drug and Condition)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Is a special diet required? (Specify diet and condition)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any hearing, visual or dental condition requiring special attention?	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are there any medical or developmental conditions requiring special attention?	

On the basis of my findings as indicated above and on my knowledge of the above named child, I find that: (s)he is free from contagious and communicable disease  Yes  No and is able to participate in day camp  Yes  No

Signature of Parent	Address	Phone
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# AUTHORIZATION

## For Medical Treatment of Minors

If your child needs medical, dental or hospital services, under the law, you as a parent or guardian 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 or guardian consent would result in a delay which would increase the risk to the child's life or health.

Identification

I, being the parent of custody or legal guardian of the above named minor, do hereby appoint:

Name of Minor \_\_\_\_\_ Birthdate \_\_\_\_\_

**SILVER BAY YMCA OF THE ADIRONDACKS**

Known allergies \_\_\_\_\_

to act on my behalf in authorizing unexpected medical, dental, surgical care and Hospitalization for the above named minor in my absence

Special Conditions \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

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

Medications now being taken \_\_\_\_\_

Address \_\_\_\_\_

Hospitalization Coverage for Above Minor \_\_\_\_\_

Phone \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_

Insurance Company or Government Plan \_\_\_\_\_

ID or Contract Number \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Family Physician

Address \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

(Witness must be different from person authorized to provide care)  
This form is valid for a period of one year from date signed

Address \_\_\_\_\_