

# Rye Y Summer Camp 2018 Registration Checklist

Make sure you have completed all of these tasks to complete your camper's registration!

## Registration Completed in Full:

- Make sure we have all possible authorized pick-up and emergency contacts. If we do not have the person picking up your child listed and they are not holding a valid pick up card, we will not release your camper to them until we are able to get in contact with you. Any person picking up without a pick-up card will need a photo ID, including parents/guardians.
- In case of emergency, please be sure to note your most up to date insurance and medical information. We take your camper's care and safety very seriously!

## Group Number Chosen:

- Be sure to choose your camper's group number and note it so you can tell your camper's friends to register for the same group. Make sure to do this as soon as possible – to maintain a safe camper to counselor ratio, we cannot switch campers into groups that are already full.

## Payment Plan Set-Up:

- If you are breaking your camp payment up into installments, please fill out a payment plan form at the front desk with the payment method you would like to use and the dates on which you would like to be billed. Please note there is a \$50 payment plan set-up fee.

## Immunization Forms Submitted:

- Immunization forms should be submitted within 1 month of registration. Any immunization forms dated September 2016 (no earlier) to present are acceptable. Campers without immunization records submitted before the first day of camp, will not be able to attend camp. Immunization records must be re-submitted each year your child attends camp. Please direct any questions to [camp@ryeymca.org](mailto:camp@ryeymca.org). Submit to [camp@ryeymca.org](mailto:camp@ryeymca.org) or fax to 914-967-6398.

## Medication Authorization Form Submitted:

- If your camper will need to take medication at camp or will need medication held at camp, you will need to submit our RYE YMCA MEDICATION & OVER-THE-COUNTER Form filled out by BOTH your child's physician AND parent/guardian per EACH medication to be held at camp. We are not able to hold your child's medication without this form. Please ask for the form at the front desk or go to [ryeycamp.org](http://ryeycamp.org) to download it. Submit to [camp@ryeymca.org](mailto:camp@ryeymca.org) or fax to 914-967-6398.

## Medical Form for Gymnastics:

- If your camper is attending gymnastics camp, please fill out the Medical Form for Gymnastics available at the front desk. Please reach out to [Melissa@ryeymca.org](mailto:Melissa@ryeymca.org) for any questions.

## Review Camp Website

- Visit [www.ryeycamp.org](http://www.ryeycamp.org) and review camp handbooks, powerpoints and important information.

**RYE YMCA**  
21 Locust Avenue, Rye NY 10583  
Phone: 914-967-6363 Fax: 914-967-6398  
[www.ryeycamp.org](http://www.ryeycamp.org) email: [camp@ryeymca.org](mailto:camp@ryeymca.org)



# 2018 RYE YMCA CAMP REGISTRATION FORM

Please print clearly - One form is required for each camper - Complete in full and sign

CAMPER'S NAME					<input type="checkbox"/> <i>Returning Camper</i> <input type="checkbox"/> <i>New Camper</i> <i>*Please check one</i>		
BIRTHDATE	AGE (as of 6/25/2018)	GENDER	GRADE (completed as of 6/25/2018)	BEST PHONE			
STREET ADDRESS				CITY	STATE	ZIP	
MEDICATIONS: Please check yes or no - if yes, please explain on next page. <input type="checkbox"/> Yes <input type="checkbox"/> No				ALLERGIES: Please check yes or no - if yes, please explain on next page. <input type="checkbox"/> Yes <input type="checkbox"/> No			
PARENT/GUARDIAN 1 (Authorized Pickup)				PARENT/GUARDIAN 2 (Authorized Pickup)			
CELL PHONE				CELL PHONE			
WORK PHONE				WORK PHONE			
PARENT/GUARDIAN EMAIL (All camp updates, print clearly)				PARENT/GUARDIAN 2 EMAIL (All camp updates, print clearly)			

PARENTAL CUSTODY/SPECIAL ARRANGEMENTS (Please list here)

## EMERGENCY CONTACTS AND PICKUP AUTHORIZATIONS

In addition to parents/guardians, those listed below will be authorized to pick up the child identified on this registration form. In the event (emergency, last minute change) an individual needs to pick up your child that is not on this list, please call or email the corresponding camp office stating the name, relationship and telephone numbers applicable of the individual picking up that day. Please note every day individuals picking up must present either a license or Rye Y pickup card. Children will not be released at any time to any individual that is not listed below or has not been documented as the specific pickup for the corresponding day. We will contact you if the individual has picked up in the past, but is not listed on this form and is there to pick up. You are welcome to add or to delete from this list at any time (via telephone/ email). Please indicate if a non-custodial parent has limits on visitation or pick up. If a non-custodial parent has been denied visitation or has limited or restricted visitation by court order, a copy of the order must be given to the YMCA and kept on file on the camp site. NO camper will be released without direct counselor to guardian transfer. This policy does not apply to CITs who are allowed to leave on their own at the end of the camp day.

### ADDITIONAL AUTHORIZED PICKUP & CONTACTS - Guardian, Friends, Nanny, Babysitter, Relatives, etc.

NAME	RELATIONSHIP	CELL #	HOME/WORK #

## CAMPER HEALTH HISTORY INFORMATION

This section is required for your camper's care and is mandated by the State of NY and the ACA to be completed in full

- May participate in all activities (see the camp guide for the full list)
- Please restrict from these activities: \_\_\_\_\_
- I will hand-in, fax, or email a current copy of my camper's immunization records within one month of registering my child for summer camp. I understand that my child will not be able to attend camp if my child's immunization record is not submitted before the first day of camp or is dated before September 1, 2016. All records must be within two years of when the child is attending summer camp and must be re-submitted each year a child will attend camp.

## CAMPER HEALTH HISTORY INFORMATION, cont.

Please describe any past medical treatment that this camper has received or any medical/health/behavioral information helpful to know in a camp setting (attach an additional page if needed):

Insurance Carrier: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

What do you find to be most successful in terms of encouraging positive behavior and discipline?

**Allergies?** No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
**Medications?** No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list (oral, topical, inhalant medications): \_\_\_\_\_

*(If your child will need any kind of medication administered throughout the day – including epi pens, inhalers, etc. a "Rye YMCA Medication and Over-The-Counter Authorization Form" must be completed and submitted. We cannot administer medication without this form complete. This form is located in the Resources and Forms section of ryeycamp.org and must be submitted to the camp office/camp director on the first day of attendance.) We are unable to accept school administration of medication forms, you must submit the **RYE YMCA MEDICATION & OVER-THE-COUNTER AUTHORIZATION form.***

**Dietary restrictions?** Please list: \_\_\_\_\_

### REGISTRATION RELEASE

I am aware of all camp activities (camp brochure/website) and allow my child to participate fully unless otherwise noted above. I hereby certify that my child named herein is in normal health and capable of safely participating in camp activities including field trips and swimming. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with the YMCA camps from liability for any harm that befalls my child as a result of participation in YMCA camp. I consent that photographs and video taken of him or her are the property of the Rye YMCA and may be reproduced and publicized as the YMCA desires, free of claims on my part. I give the Y permission to transport my child for trips and swim. My child's immunizations are up to date to the best of my knowledge. I have either written them in or supplied a copy of the record.

In case of illness or emergency, I authorize the Camp Director or trained and certified personnel to provide first aid care or secure the services

of a doctor if necessary. I understand that medical information and personal data will be used only in camp, when necessary, to protect a child's well being. I agree to adhere to all camp policies listed in this brochure and in the Parent Handbook. I understand that participant's membership must remain current during all weeks attended. Unless noted otherwise, registration acknowledges acceptance of policies regardless of signature on the following page.

### RYE YMCA CAMP REFUND POLICY

**CAMP REFUND POLICY: there are no refunds available after May 21, 2018.** Exceptions to this include family emergencies or health-related events accompanied by a doctor's note. All exceptions must be communicated to the Camp Director ASAP. **Cancellations prior to May 21, 2018 are subject to a \$25/week processing charge.**

### MEMBERSHIP IS REQUIRED FOR CAMP ENROLLMENT

With the exception of Teen Fitness Camp

**NO REFUNDS AFTER  
MAY 21, 2018**

\$ \_\_\_\_\_ **Youth Membership of \$297.50** (if not a member)

\$ \_\_\_\_\_ **Total Fees Due at this Time**

### SUPPORT CAMPAIGN CONTRIBUTION

Every year the Rye YMCA helps more than 400 families afford child care, camp, family memberships and other rewarding and necessary programs for their own development. Your contribution can help a family experience the magic of camp!

**I would like to pledge the following amount to a family in need:**

\_\_\_\$50 \_\_\_\$100 \_\_\_1 Week of Camp (\$300) \_\_\_\_\_ Other

**MAIL** Camp Office, Rye YMCA, 21 Locust Ave, Rye, NY 10580

**EMAIL** camp@ryeymca.org

**FAX** (914) 967-6398, Attn. Camp Registrar

### PAYMENT METHOD

I have enclosed a check for \$ \_\_\_\_\_

Credit / Debit Card (circle one)

VISA AMEX Mastercard Discover

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

By providing my signature below  
I authorize the Rye YMCA to charge me \$ \_\_\_\_\_

**SIGN** \_\_\_\_\_ **DATE** \_\_\_\_\_

By signing below I acknowledge and accept the stated Registration Release, Refund Policy/Processing Fee and Rye YMCA camp policies

**PARENT / GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



# CAMPS LOCATED AT THE RYE YMCA\*

\*Leaders in Training and CITs are located at both the Rye Y and the Osborn School.

## KINDER CAMP

Week 1 6/25-6/29	Week 2 7/2- 7/6*	Week 3 7/9-7/13	Week 4 7/16-7/20	Week 5 7/23-7/27	Week 6 7/30-8/03	Week 7 8/6-8/10	Week 8 8/13- 8/17
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Circle your choice(s)

Early Bird Rate\*/Regular Rate (\*Early Bird rate through 2/28-must be paid in full)

<b>Just 3's</b> (8:30am-12pm) Age 3 (turning 3 by 6/27)	\$235*/242	\$190*/198	\$235*/242	\$235*/242	\$235*/242	\$235*/242	\$235*/242	\$235*/242
<b>Half Day</b> (8:30am-12pm) 4 & 5 year olds, 4 by 6/27	\$235*/242	\$190*/198	\$235*/242	\$235*/242	\$235*/242	\$235*/242	\$235*/242	\$235*/242
<b>Full Day</b> (8:30am-3pm) 4 - 6 year olds, 4 by 6/27	\$290*/300	\$235*/240	\$290*/300	\$290*/300	\$290*/300	\$290*/300	\$290*/300	\$290*/300

## GYMNASTICS CAMP Early Bird Rate\*/Regular Rate (\*Early Bird rate through 2/28-must be paid in full)

Circle your choice(s)

Week 1 6/25-6/29	Week 2 7/2- 7/6*	Week 3 7/9-7/13	Week 4 7/16-7/20	Week 5 7/23-7/27	Week 6 7/30-8/03	Week 7 8/6-8/10	Week 8 8/13- 8/17
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<b>Half Day</b> (9am-1pm) Ages 5 and older	\$244*/250	\$195*/200	\$244*/250	\$244*/250	\$244*/250	\$244*/250	\$244*/250	\$244*/250
<b>Full Day</b> (9am-4pm) Ages 5 and older	\$366*/372	\$290*/296	\$366*/372	\$366*/372	\$366*/372	\$366*/372	\$366*/372	\$366*/372

## EXTENDED CARE at Rye Y

Circle your choice(s)

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
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<b>AM Care</b> Gymnastics only: 8-9 am	\$72*/75	\$59*/62	\$72*/75	\$72*/75	\$72*/75	\$72*/75	\$72*/75	\$72*/75
<b>PM Care (NEW!)</b> Gymnastics/Kinder 4-6pm	\$93*/95	\$75*/\$76	\$93*/95	\$93*/95	\$93*/95	\$93*/95	\$93*/95	\$93*/95
<b>AM/PM Care</b> Gymnastics only	\$150*/160	\$120*/130	\$150*/160	\$150*/160	\$150*/160	\$150*/160	\$150*/160	\$150*/160

**COUNSELOR IN TRAINING (CITs)** - Completed grades 8 or 9. Located at Osborn School or Rye Y  
CIT candidates must apply, interview and be approved prior to registering. Applications are available at the Y and [www.ryeycamp.org](http://www.ryeycamp.org). Once accepted, CITs may choose between camps and weeks (2 week minimum). \$135\*/\$150 per week.

## LEADERS IN TRAINING - Located at Osborn School or Rye Y

Circle your choice(s)

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
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<b>NEW!</b> Completed grades 6-8	\$200*/225	\$200*/225	\$200*/225	\$200*/225	\$200*/225	\$200*/225	\$200*/225	\$200*/225
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## TEEN FITNESS CAMP No early bird rate

Circle your choice(s)

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
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<b>3 Day</b> Members -Ages 11-14	\$216	\$149	\$216	\$216	\$216	\$216	\$216	\$216
<b>3 Day</b> Non-Members -Ages 11-14	\$286	\$192	\$286	\$286	\$286	\$286	\$286	\$286
<b>5 Day</b> Members -Ages 11-14	\$324	\$259	\$324	\$324	\$324	\$324	\$324	\$324
<b>5 Day</b> Non-Members -Ages 11-14	\$395	\$316	\$395	\$395	\$395	\$395	\$395	\$395

## ALL ABOARD CAMP: 8/20 - 8/24 (\$479)

Ages 6-14  
Must have attended at least 1 week of camp this summer.

I would like my child to attend All Aboard Camp

Membership is required for all camps except Teen Fitness Camp

