**1-5 are to be turned in at time of registration.** ❶

## 2019 SESSIONS & TUITION

Camper Name:_____

Bus Stop (if using) AM_____ PM_____

| Check session (s) attending | | | Auburn or Skan, Y Member | General Public |
|---|---|---|---|---|
| | Day Camp 1 | June 24-28 | $205 | $255 |
| | Day Camp 2 | July 1-5 (no 7/4) | $165 | $215 |
| | Day Camp 3 | July 8-12 | $205 | $255 |
| | Day Camp 4 | July 15-19 | $205 | $255 |
| | Day Camp 5 | July 22-26 | $205 | $255 |
| | Day Camp 6 | July 29-Aug. 2 | $205 | $255 |
| | Day Camp 7 | Aug. 5-9 | $205 | $255 |
| | Day Camp 8 | Aug. 12-16 | $205 | $255 |
| | Day Camp 9 | Aug. 19-23 | $205 | $255 |
| | Resident Camp 1 | June 23-29 | $340 | $415 |
| | Resident Camp 2 | July 7-13 | $340 | $415 |
| | Resident Camp 3 | July 14-20 | $340 | $415 |
| | Resident Camp 4 | July 21-27 | $340 | $415 |
| | Resident Camp 5 | July 28-Aug. 3 | $340 | $415 |
| | Resident Camp 6 | Aug. 4-10 | $340 | $415 |
| | Resident Camp 7 | Aug. 11-17 | $340 | $415 |
| | Mini -Camp 1 | June 23-26 | $205 | $255 |
| | Mini -Camp 2 | June 30-July 3 | $205 | $255 |
| | LIT 1 | July 1- 13 | $545 | $620 |
| | LIT 2 | Aug. 5-17 | $545 | $620 |
| | CIT | July 14-Aug. 3 | $540 | $615 |
| TOTAL | | | | $ |
| Early registration savings #___ of sessions x $10 (through Mar, 31) | | | | -$ |
| Y-Family Credit (if available) up to $75 | | | | -$ |
| ★ Deposit of $50 per session. #____ sessions x $50 Balance due three weeks prior to camper session. | | | | -$ |
| Day Camp Sleepover Fee # _____ of sessions x $15 | | | | +$ |
| Send a child to camp donation (optional) | | | | +$ |
| Total Enclosed | | | | $ |

Payment Information: Visa MasterCard Discover Am EX

Credit Card #_____Exp. Date:_____

Signature:_____

Make checks payable to Auburn YMCA-WEIU.

❷

# 2019 CAMPER INFORMATION

Child's Last Name_____

Child's First Name_____

Is child a Auburn or Skaneateles Y-Member? ☐ Yes ☐ No

If yes, name of YMCA_____

Gender M F Age at camp_____ Grade in fall _____

Date of Birth _____ Years at Camp _____

Address_____

City _____State_____ Zip_____

If first year camper, name of another camper to be in tribe/cabin with (if necessary)_____

Has camper ever been away from home for more than 2 days?

_____Yes No _____

Has camper ever slept overnight at camp before?

_____Yes No _____

## Parent/Guardian Information #1

Name:_____

Address (if Different):_____

City:_____ State:_____ Zip:_____

Phone (H):_____

Phone( W):_____

Phone(C):_____

E-mail:_____

## Parent/Guardian Information #2

Name:_____

Address (if Different):_____

City:_____ State:_____ Zip:_____

Phone (H):_____

Phone( W):_____

Phone(C):_____

E-mail:_____

# 2019 CAMPER MEDICAL HISTORY

In order to accept your child at Camp Y-Owasco, the New York State Department of Health requires campers to have a completed medical history form, including a physical examination within 24 months of camp attendance, as evidenced by a form signed by a licensed physician. Also, NYSDOH requires the camp to have on file an up-to-date immunization record for every camper. Your camper will not be allowed at camp if we do not have this information.

Child's Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Date of Birth:_____ Weight:_____

My child may be released to the following person( s)

1. Name:_____
   Phone:_____ Relationship:_____
2. Name:_____
   Phone:_____ Relationship:_____

In case of emergency notify the following person (s):

1. Name:_____
   Phone:_____ Relationship:_____
2. Name:_____
   Phone:_____ Relationship:_____

Camper's Doctor:_____

Phone_____

I give permission to camp staff to administer first aid care to my child in the event of illness or injury. In the event of an emergency, if the camp is unable to or does not have the time to locate the person (s) designated, I hereby give permission to take emergency measures as deemed appropriate for the welfare of my child at camp.

Signature of Parent/Guardian:_____

④

# 2019 CAMPER MEDICAL INFORMATION

Does the camper require allergy shots?_____

Please list all medications the camper is currently taking_____

_____

Did/does camper have any of the following illness:

| | | | |
|---|---|---|---|
| | Recurrent ear infections | | Asthma/Bronchitis |
| | Heart defects/disease | | Diabetes |

List any allergic reactions to insect bites, medicine, food etc._____

_____

Please list past medical treatment if any:_____

_____

Please describe any current physical, mental, psychological conditions requiring medication, treatment or special restrictions or considerations while at camp: _____

_____

***Please attach a copy of child's current vaccination schedule, including date of last Tetanus Shot.*** **NOTE:** If a parent objects to physical examination or immunization, parent should fill out a Statement of Objection and Waiver Form and submit it with all registration material with the understanding that they will be notified immediately if anything unforeseen occurs.

**STOP! Check and make sure :**

1). Your registration form is completely filled out, including session and bus stop.
2). Your camper's medical history is completely filled out, you have included his/her shot record, and the form is signed by your doctor.
3). The entire camp fee is included.
4). You receive your Parent Packet when you register.

# 2019 PHYSICIAN'S FORM

**This section is to be filled out by your family physician or health care provider or you may attach a valid exam report from your child's doctor.**

Camper's Name:_____

**INDIVIUALIZED ORDERS** Standard over the counter/prn medications are available in the infirmary and will be administered at the discretion of the camp nurse, if approval is indicated by camper's health care provider.

| Drug Name | Preferred Route | Dosage | Schedule & Indications | Circle One | Comments |
|---|---|---|---|---|---|
| Tylenol | PO | Per label/by weight | Q 4 hrs for pain or fever | YES NO | |
| Ibuprofen | PO | Per label/by weight | Q 4 hrs for pain or fever | YES NO | |
| Benadryl | PO | Per label/by weight | Q 6hr for allergic reaction | YES NO | |

**PHYSICAL EXAM: Each camper is required to have had a health examination within 24 months of camp attendance, as evidenced by a form signed by a licensed physician.**

Doctor's Statement: I have examined the camp applicant within the past two years. In addition, the medical history and immunization record have been reviewed. **In my opinion this camper's condition __does ___does not preclude his/her participation in an active camp program.**

Recommendations/restrictions while at camp._____

_____

**Licensed Physician's Signature:**_____

Address:_____

Phone:_____ Date of Health Exam:_____

Date form completed:_____

*By:_____

*Initial if completed by nurse of physician assistant.