



**2017 SUMMER PROGRAM AT THE YMCA
CAMP BAY VIEW APPLICATION**

SECTION 1: PERSONAL INFORMATION

New Camper Returning Camper

Participant's Name: _____ DOB: _____ Age: _____ Gender: _____

Grade Going Into Fall 2017: _____

Diagnosis: _____

Street Address: _____ City: _____ Zip Code: _____

County: _____

Parent(s) or Guardian(s) Full Name(s): _____ Phone Number: _____

Alternate Phone Number: _____ Email Address: _____

SECTION 2: CAMPER RELEASE INFORMATION

#1 Name: _____ Relationship to Camper: _____

Phone Number: _____ Alternate Phone Number: _____

#2 Name: _____ Relationship to Camper: _____

Phone Number: _____ Alternate Phone Number: _____

SECTION 3: REQUIREMENTS FOR PARTICIPATION

Please check all that apply:

- Between the ages of 4 and 16 years old
- Independently toilet trained. If child needs assistance, please describe here:

- If 12 years old or older, is able to change clothes independently, with locker room supervision
- Has ability to communicate his/her needs to camp counselor (verbal or non-verbal) ie. Hunger, pain, personal needs
- Is not abusive to him/herself or others (includes verbal, physical or sexual abuse)
- Displays an interest in swimming and outdoor activities

SECTION 5: YMCA CONSENT

Parent/Guardian Agreement: I hereby register my child for designated session(s) at YMCA Camp Bay View. I will access the parent packet online at www.campbayview.org and understand I am responsible for reading and reviewing the camp policies

including but not limited to payment procedures and deadlines, refund policy, camper release policy, camp hours of operation and behavior policy. I understand that the New York State Department of Health requires my child to have completed health information including immunization dates in order to attend camp. It is understood that the YMCA will make every reasonable effort to contact the parents and emergency contacts listed should any type of emergency arise. In the event I cannot be reached I authorize the YMCA staff to act for me according to his/her best judgment in any emergency requiring medical or surgical care. I authorize the physician selected to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I expect the YMCA to attempt to contact me immediately. I further understand I am responsible for the cost of all medical care. The health information is correct as far as I know, and the person described has permission to engage in all camp activities except as noted by me and his/her physician. I have provided the staff with any pertinent information which may assist the YMCA in caring for my child including but not limited to allergies, previous existing illness or condition, sunburn sensitivity, diet requirement, long term medications, disability or limiting conditions or emotional, developmental, or behavioral challenges. I agree to notify YMCA Staff immediately, in writing, of any changes in address, phone number, places of employment, or persons authorized to pick up child, etc. I understand that not fully disclosing the above may put my child's health and safety at risk. I give consent for my child to take part in field trips or excursions off camp property under proper supervision. Finally, I give consent that the YMCA may use photographs, slides, and video of my child, as may be needed for its records or promotional purposes including website material.

Waiver, Release, Indemnification and Hold Harmless Agreement

In consideration of participation in programs with the YMCA of Greater Rochester, I agree to release, indemnify and hold harmless the YMCA, and its officers, employees, and volunteers, with respect to any and all accidents, injuries, losses or damages to person or property that result from my/my child's participation in YMCA programs, whether arising from the negligence of the YMCA or otherwise, to the fullest extent permitted by law. I do further agree on behalf of myself, and my heirs, executors and administrators, to waive, release and forever discharge any and all rights and claims for damages which may have accrued, or which may hereafter accrue, to me/my child arising out of or connected with participation in YMCA programs, use of the YMCA facilities and property, or use of equipment within the YMCA facilities and property.

I understand that even when every reasonable precaution is taken, accidents can sometimes occur. I further understand that the activities of the YMCA have inherent risks of injury and I hereby assume all such risks and hazards incidental to my or my family's participation in the programs, use of the facilities, or use of equipment within the facilities.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT.

Signature of Participant or Parent if Participant is
under the age of 18

Date

Printed Name

SECTION 6: HEALTH INFORMATION

Primary Physician: _____ Phone Number: _____

Address: _____

- I certify that all of my child’s immunizations are up to date, and have included a copy with this application.
- I give permission for my child to apply sunscreen while at camp.
- I understand that I must submit a full copy of my child’s immunization history before he/she may attend YMCA Camp Bay View. Please provide the most current immunizations history to AutismUp, along with the completed application **(If it is not received, your child will not be registered into the program).**

HEALTH HISTORY (please circle all that apply)

- Hay Fever
- Asthma
- Special Diet
- Behavior Problems
- Hearing
- Vision
- Ear Infections
- Rheumatic Fever
- Convulsions
- Diabetes
- Chicken Pox
- Mumps
- Medication (Name and Dose)

ALLERGIES (please circle all that apply)

- Nuts/Peanuts
- Insect Stings
- Poison Ivy, etc.
- Penicillin
- Other Drugs
- Foods (supply list)
- Latex

MEDICATION AUTHORIZATION

Camper Name: _____

Please circle one.

- NO The above named camper does not need to take any routine medication (prescription or over-the-counter) while at camp.
- YES The above named camper will need to take medication while at camp (9:00 am – 4:00 pm). I authorize administration of the prescribed medications indicated on the Medication Authorization Form.

****Note on Medication: All prescriptions and over-the-counter medications must be in original bottle and have complete instructions from the doctor, along with the signed MEDICATION AUTHORIZATION FORM found on the AutismUp website.**

RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP

Recent Surgery (type and date): _____

Are there any medical or developmental conditions requiring attention: _____

Serious Injury (type and date): _____

Chronic or Recurring Illness: _____

SECTION 7: SESSION SELECTION

HALF DAY: \$550 per session

FULL DAY: \$900 per session

Please select age program:

- Seneca (entering grades K) 9am - 12pm
- Tuscarora (entering grades 1-2) 9am - 12pm 1pm - 4pm
- Mohawk (entering grades 3-4)
 - 9am - 12pm 1pm - 4pm 9am - 4pm
- Onondaga (entering grades 5-6)
 - 9am - 12pm 1pm - 4pm 9am - 4pm
- Teen Trekkers (entering grades 7-9)
 - 9am - 12pm 1pm - 4pm 9am - 4pm

Please select sessions in (limited to 2):

- Session 1: 7/10/17 - 7/21/17 _____
- Session 2: 7/24/17 - 8/4/17 _____
- Session 3: 8/7/17 - 8/18/17 _____

Registration Options (please check all that apply):

- OPWDD GRANT (please complete information below): _____
- SELF-DIRECTED FUNDS (invoice will be sent for full amount due): _____
- SCHOLARSHIP (please include scholarship application and supporting documents): _____
- SEND ME INVOICE FOR FULL AMOUNT: _____

SECTION 8: OPWDD INFORMATION:

Children who have a Notice of Decision from OPWDD, and live in Monroe County, may receive **ONE** two-week session of camp at no cost. **Interested families must complete all information below, and include a copy of their child's Notice of Decision**, to be returned along with the completed camp application.

Camper Name: _____

TABS#: _____

In the event your child is NOT selected, please choose from the options below:

- Apply for an AutismUp Scholarship (required forms must be submitted along with application)
- Send me an invoice for the selected session

APPLICATION PROCESS:

Please complete the application, and include any other necessary paperwork, and send to address below. Once your application is received and processed, an invoice will be sent to you indicating any registration payment required. Any balance due must be paid in full within 15 days of receiving your invoice. Camp information materials are emailed to all families the first week of June.

SCHOLARSHIP:

Scholarships are provided through the generous donations to AutismUp's Richard and Nancy Dorschel Family Foundation Scholarship Program and YMCA's Invest in Youth Campaign. You must complete the YMCA financial application, which can be found at www.autismup.org. **The completed YMCA financial assistance application and all supporting documentation must be sent to AutismUp along with the completed camp application. There is a limited amount of funds, so please send your complete application, scholarship request and all supporting documentation as soon as possible.**

REFUND POLICY:

If AutismUp enrolls your child in the requested session(s), and you withdraw, a non-refundable deposit of \$50 is billed.

Your camp balance must be paid in full within 15 days of receiving your invoice, to secure your child's registration.

WAIT!! Did you include the following:

- This application is completed in full.
- If applying for an OPWDD slot (page 2), copy of Notice of Decision and TABS # are included.
- If requesting a scholarship, YMCA financial assistance request form and supporting documentation are included.
- Immunization record is included.

SEND COMPLETED APPLICATION TO:

AutismUp
YMCA Summer Camp Registration
855 Publishers Parkway
Webster, NY 14580