



RKY Camp c/o Kingston Family YMCA
 100 Wright Crescent
 Kingston, Ontario K7L 4T9
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www.summertimecamp.on.ca adventure@rkycamp.org

SPECIALIZED PROGRAMS REGISTRATION FORM FOR WINTER/SPRING/FALL 2010

Please fill out one form per participant or family. If you are registering for Women’s Weekend please fill out one form per participant. If you would like to register for more than one program, we would ask that you either photocopy or download an additional form or phone us to request another registration form.

Name of Participant: _____
 First and Last Name (if Family, please list one parent’s name)

Please check the box beside the program that you are registering for:

- P.A. Day Camp – February 1, 2010**
- Family Camp Weekend – June 11-13, 2010**
- March Break Camp - March 15-19, 2010**
- Women’s Weekend – September 17-19, 2010**

Please continue to complete form up until “Emergency Contact”. This is all that is required for **March Break Camp Program** at this time. Please mail in or drop off form at the Kingston Family YMCA, any additional information will be sent to you. Thank you!

Name(s) of other family members attending (If applicable, list other parent first):

1. _____	2. _____	3. _____
Name Birth date	Name Birth date	Name Birth date
4. _____	5. _____	6. _____
Name Birth date	Name Birth date	Name Birth date

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

E-mail Address (optional): _____

Emergency Contact Name + Relationship: _____ Phone Number: () _____

Dietary and/or Health Concerns? _____

Request
 Cabinmate Request _____ Cabin Preference _____ Cabin Neighbour _____

** Requests are honoured on a first-come, first-served basis. If a request cannot be honoured, you will be contacted to discuss an alternative option.*

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Payment Plan

- Please make payment in full to reserve your spot in desired program.
- ****All camp fees are subject to 5% G.S.T. and 3% P.S.T. **Programs offered are subject to change with the implementation of HST (13%) on July 1st, 2010. Any changes will be determined by information received from the government of Ontario.**

Family Camp

Adults 18+ yrs - \$110 Youth 8-17 yrs - \$80
 Children 3-7 yrs - \$60 Under 3 yrs - FREE

_____ X \$110 = _____ + 8% GST/PST = \$ _____

Number of Adults

_____ X \$80 = _____ + 8% GST/PST = \$ _____

Number of Youth

_____ X \$60 = _____ + 8% GST/PST = \$ _____

Number of Children

Campership Donation (optional): \$ _____

Total: \$ _____

Cash Cheque Visa MasterCard

Credit Card #: _____ Expiry: ____/____

Name on Credit Card: _____

Signature: _____

Women's Weekend

Must be 19 yrs of age = \$140.00
 \$140 + 8% GST/PST = \$152.00

Campership Donation (optional) = \$ _____

Total: = \$ _____

P.A Day Camp

\$30 + 8% GST/PST = \$ _____

Campership Donation (optional) = \$ _____

Total: = \$ _____

Campership Donation (optional) = \$ _____

Total: = \$ _____

Cancellation and Refund Policy

- RKY Camp reserves the right to cancel any programs if a minimum number of participants have not registered one week before the program is to run.
 RKY Camp will issue full refunds if this occurs.
- Participants must cancel a minimum of two weeks prior to the program in order to receive a full refund.
- No refunds will be given after this time, unless for exceptional reasons only (medical, or emergency family situation).
- A \$25.00 service charge will be levied on NSF cheques.
- Refunds are not granted if participant withdraws from the program early, or if asked to leave due to misconduct.

RKY Camp Campership

RKY Camp is a registered charity. We provide over \$40,000 each year to help send kids to camp. Please consider making RKY Camp your charity of choice. A tax receipt will be issued for all donations over \$10.00.
 (Charitable Reg # 11912-1341-RR0001)

Waiver of Liability

Individual #1: _____ Adult Minor Individual #3: _____ Adult Minor

Individual #2: _____ Adult Minor Individual #4: _____ Adult Minor

My status to any minor noted above: Parent Legal Guardian

The individual(s) noted above is/are hereby permitted to attend the identified program/camp noted on this form and operated by RKY Camp. In signing this document, I hereby provide permission for the individual(s) noted above to participate in a full range of activities, unless I notify you otherwise in writing. I authorize the Camp Director, or his/her designate, in the event of accident or illness affecting any of the individuals noted above, to approve all procedures and related expenses, including admission to hospital, surgery, anesthesia, injections, or any other necessary treatment therein, as deemed essential for the care and well-being of such individual(s) in my care. Such action is to be taken only when immediate contact with the undersigned cannot be made. I agree that, having taken such precautions as in your discretion are deemed advisable, RKY Camp shall not be held responsible for any accident or sickness affecting the individual(s) identified above, or for any loss or damage to his/her/their property. I understand that, should any of the individual(s) identified above, in the judgment of the Camp Director, become a hazard to his/her/themselves or to others at the program, then such individual(s) may be sent home from the program without refund. I understand that pictures/videos taken at the program may be used for promotional purposes. I have read and understand the payment plans and refund policy applicable to this program/camp. To the best of my knowledge, the individual(s) identified above is/are in good health. I agree to inform RKY Camp of any infectious diseases, which any individual(s) identified above may have been exposed to during the three weeks prior to arriving at this program/camp. I also affirm that I am legally responsible for any child/minor identified above and have legal binding authority to commit to the terms of this waiver on his/her/their behalf.

 Custodial Parent/Guardian Signature

 Date