Summer Day Camp 2025

Application Form



Malden Park Outdoor Camp - Windsor YMCA

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Camper Information						
Camper Name	Birth Date (da	y/month/year)	Age at Camp Primary Phone #			
Address		City	Postal Code			
Swim Level						
Non-Swimmer	Beginner	Average	Above Average			
Does your child require one	to one support?	Camper Mate Request				
Yes	No					
NOTE: Registration for 1:1 support is only available by contacting daycamp@swo.ymca.ca before registering.						
Medical Information						
Please describe any allergies or medical needs your child's camp staff should know about.						
Please list any medications that your child requires while at camp:						

Cam	p Selection		nber Fees: n-Member Fees:	3-day \$111 \$129	4-day \$148 \$172	5-day \$185 \$215	Extended Care FREE \$8/day
	Week	Start Date	End Date	Days	Extended	Care	Total
	Week 1	July 2, 2025	July 4, 2025	3			
	Week 2	July 7, 2025	July 11, 2025	5			
	Week 3	July 14, 2025	July 18, 2025	5			
	Week 4	July 21, 2025	July 25, 2025	5			
	Week 5	July 28, 2025	August 1, 2025	5			
	Week 6	August 5, 2025	August 8, 2025	4			
	Week 7	August 11, 2025	August 15, 2025	5			
	Week 8	August 18, 2025	August 22, 2025	5			
	Week 9	August 25, 2025	August 29, 2025	5			

Are you a YMCA Member?	Payment Options:	YMCA Subsidy Donation:	Total:
Yes No	In Full Extended		
Payment Method	VISA MasterC	ard Debit	Cash

In order to receive the member rate, camper must be a YMCA of Southwestern Ontario member at the time of registration and during camp. Extended Payment (\$50.00 non-refundable deposit due at time of registration) must include a Credit Card or Void Cheque for future payments. NSF payments will be subject to a \$30 service charge.



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Guardian 1 / Primary Contact			Guardian 2 / Secondary Contact			
Name	Primary Pho	Primary Phone #			Primary Phone #	
Email	Secondary I	Secondary Phone #			Secondary Phone #	
Custody of Camper	Both	Guardian 1	Guardian 2	Joint	Other:	
Emergency Contacts (ot	her than paren	t/guardian)				
Name	Preferred Co	ontact #	Name		Preferred Contact #	
Who is authorized to pick up? Guardians			Emergency Contacts Other:			
Financial Assistance Opt	ions (if applica	ible)				
Subsidy Options:	Case Worker Na	Case Worker Name: Contact #				
YMCA Subsidy M	Municipal Childca	are Subsidy				
			Please allow 2-3 wee	ks for proces	sing of application and calculations.	
Cancellation / Withdraw	al Policy					
All cancellation requests must be submitted by email directly to the Camping Branch Office at daycamp@swo.ymca.ca with subject line "Withdrawal Request" followed by your camper's first and last name. Cancellation requests received prior to two weeks (14 days) before start of the affected camp session will receive a refund less the non-refundable deposit of \$50.00 per week. Any withdraw requests received less than two weeks (14 days) prior to the affected camp session or during a camp session will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons and refunds will be assessed on a case-by-case basis. Refunds may take 2 to 3 weeks to process. The YMCA reserves the right to cancel any program where registration numbers are not adequate to run an effective program. Families will be notified at the weekly registration close. Options for a refund or transfer to another site will be discussed at that time.						
Authorization						
In permitting my child to attend "day camp" programming operated by the YMCA, I the undersigned, in the event of an accident or illness affecting the child indicated on this form, authorize all procedures, including admission to the hospital and necessary treatment herein, as deemed essential for the care and						

well being of said child. Such action is to be taken only when immediate contact with the undersigned or other indicated authorized contacts cannot be made. I have read and understood:

- 1. The Drop off/Pick up, and Extended Care information
- 2. I agree with our YMCA Day Camp Child Guidance Policy and will discuss it with my child
- 3. Lagree with Parent/Guardian Code of Conduct, Washroom Policy, Sunscreen Policy and all other policies and information referenced in our Day Camp
- 4. I have explained to YMCA staff any special considerations for my child (ie. language barrier, special needs, special requirements, etc)
- 5. I authorize my child to participate in all programs

Signature of Parent/Guardian **Date Signed**

Check here if you do NOT give permission for photographs, images or recordings containing your child's picture to be used on the YMCA website; social media including Facebook; and other marketing and promotional materials.

Check here if you do NOT wish to be contacted for any reason other than those relating to this application, including $upcoming\ events, volunteer/do nor\ opportunities\ and/or\ offerings\ from\ other\ YMCA\ of\ Southwestern\ Ontario\ departments$ that may be beneficial to the applicant.

