



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING FRIENDSHIPS EVERY SEASON



WINTER CAMP December 27-29 ❄️

We may not be able to have camp at Camp Y-Owasco in winter, but that does not mean that we can't have camp! Winter Camp is a chance to experience many of the things that make camp so great just when you miss camp the most!

- A Camp Y-Owasco **SLEEPOVER** experience held at the Auburn YMCA!
- Is inside & outside, weather permitting!
- **TUITION INCLUDES:**
 - Camp programming and supervision
 - 5 meals
 - A long-sleeve t-shirt

Check-in begins at 3:00 pm on Wed., Dec. 27th, & Check-out will begin at 10:00 am on Fri., Dec. 29th.

Fee: Y- Member Rate: \$90 General Public: \$125 Registration Deadline:

Registrations received after December 9th may have to wait to receive their Camp T-Shirt.

Tuition includes supervision, Winter Camp programming, T-shirt, and 5 meals.

If you have any questions please contact Joshua Scott, Family & Camp Director, Joshua@auburnymca.net
Auburn YMCA-WEIU 27 William Street Auburn, NY 13021 315-253-5304

2017 Winter Camp Registration Form

Child's Last Name: _____ First Name: _____

Date of Birth: _____ Grade in School: _____ Years at Camp: _____

Address: _____ City: _____ State: _____ ZIP: _____

Has the child slept overnight away from home before? Yes No

T-Shirt Size (Circle One): Youth S M L / Adult S M L XL **Shirts will be distributed at check-in.**

Parent/Guardian 1:

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Phone #s (H): _____ (W) _____ (C) _____

Parent/Guardian 2:

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____

Phone #s (H): _____ (W) _____ (C) _____

Does the camper require allergy shots? Yes No Is the camper currently taking medications of any type? Yes No

Did/Does the child have any of the following illnesses?

Recurrent ear infections Yes No

Heart defect/disease Yes No

Physical disability or handicap Yes No

Asthma or bronchitis Yes No

Epilepsy or convulsions Yes No

Diabetes Yes No

Allergic reaction to insect bites, medicine, food, etc. Please list: _____

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:

**Adventure
Everyday!**



In case of emergency the following person (s) should be notified:

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Camper's Doctor _____ Phone _____

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

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

If the camp is unable or does not have the time to locate the person(s) designated to be notified in case of emergency, I hereby give permission to take emergency measures as they deem appropriate for the welfare of the child at camp. I give YMCA staff permission to administer first aid for my child as staff deem necessary. I give consent to use my child(s) photo for promotional purposes.

Signature of Parent/Guardian: _____ Date _____