



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WINTER CAMP 2018

December 27-29  
ages 6 to 15



## BUILDING FRIENDSHIPS EVERY SEASON

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 Thur. Dec. 27th, & Check-out will begin at 9:00 am on Sat. Dec. 29th.

**Fee: Y- Member Rate: \$90 General Public: \$130 Registration Deadline...Dec. 22**  
Registrations received after December 10th may have to wait to receive their Camp T-Shirt.

Auburn YMCA-WEIU • 27 William Street • Auburn, NY • 13021 • 315-253-5304 • [www.auburnymca.org](http://www.auburnymca.org)

# 2018 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:  
\_\_\_\_\_

## 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 \_\_\_\_\_