

PLEASE NOTE: • We cannot complete your registration by phone as we require your signature.

MAIN CONTACT INFORMATION

Last Name		First Name			
Address		City/Province	Postal Code	Home phone	Work phone
Main family email					
Emergency Contact		Emergency Contact Phone		Relationship to family	

FAMILY INFORMATION

Family Member Name		Gender		Birthdate	BC Care Card Number
First Name	Last Name	M	F	(yyyy / mm / dd)	
		0	0		<input type="text"/>
		0	0		<input type="text"/>
		0	0		<input type="text"/>
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MEDICAL / DIETARY INFORMATION

Name	Comments
Name	Comments
Name	Comments
Name	Comments
Name	Comments
Name	Comments
Additional, more specific, medical / dietary information:	

Y's Strong Kids Campaign

Generous Y Camp Thunderbird families like you reach out to children in need every summer. In 2010 the YMCA-YWCA of Greater Victoria aligned our annual campaign with the national YMCA-YWCA Strong Kids Campaign. Contributions to the Y Strong Kids Campaign provide for children who would otherwise not be able to have a Y Camp Thunderbird experience. A \$100 donation will go a long way in sending a child to camp but any amount helps. In 2010, a total of \$45,000 in financial assistance sponsored 115 children. We will process your donation with your deposit. As the YMCA-YWCA of Greater Victoria is a charitable organization, your donation is tax deductible and we will send you a tax receipt. **Charitable Registration No.: 10822**

5566 RP0001

GUARDIAN'S AUTHORIZATION

In permitting myself and my child(ren) _____ to attend Camp Thunderbird (operated by the YMCA-YWCA of Greater Victoria), I, the undersigned, permit myself and my child(ren) to participate in the full range of camp activities and authorize the Camp Director and his/her appointee, in the event of accident or illness affecting the above named camper(s), to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she deems essential for the care and well-being of said camper(s). This may include the ordering of injections, anesthesia and/or surgery. Such action is taken only when immediate contact with the undersigned cannot be made.

- I give permission for the YMCA-YWCA staff to transport myself and/or my child(ren) as necessary.
- I have read and understand the payment plans and refund policies.
- I have considered the options to ask questions about my and my child(ren)'s upcoming experience and receive additional information from the Camp Registrar or the website, www.victoriay.com.
- I authorize the YMCA-YWCA of Greater Victoria to use photographs of myself and/or my child(ren) for promotional material that may include website, slideshows and brochures.

Signature: _____ **Date:** _____

Form completed by: (Please print)

Relation to participants