



HARRY BRONFMAN
Y COUNTRY CAMP
2012 CAMPER APPLICATION



Camp d'été du Y
Hiver/Winter: 5400 Westbury, Montréal, Que. H3W 2W8
Tél: (514) 737-6551 Fax: (514) 737-3208
Eté/Summer: Y Country Camp, Huberdeau, Qué. JOT 1GO
Tél: (819) 687-3271 Fax: (819) 687-2392
www.ycountrycamp.com

Camper Last Name First Name Middle Name Phone # ()

Residence Number & Street City Prov./State Postal Code Sex M / F

Date of Birth yr/month/day School Present Grade

Father's Name () () () Work # Cell# Fax #

Mother's Name () () () Work # Cell# Fax #

Parents Relationship: Married: [] Separated: [] Divorced: [] Widowed [] Remarried [] Single []

If divorced, please indicate who has legal custody of child: Mother: [] Father [] Joint []

Mandatory: Social Insurance Number of Mother / Father (please circle) for childcare tax receipt

E-mail: Country House Number (if applicable)

Emergency Contact : Name Phone # ()

Date of last tetanus shot (In the vaccine booklet this may be listed as:Quadracel; Adacel; d2T5 or Tetanus)
If it has been more than 10 years since the last tetanus, please see your MD to have it updated, before camp begins

Medicare Card Number: (OHIP) Expiry Date

Previous Camp Experience: Date Other Camps Name &Date

- Please indicate appropriate session:
[] 1st session June 27 - July 22
[] 2nd Session July 23 - August 16
[] 6 wk Session June 27 - August 6
[] Both Sessions June 27 - August 16
[] Starter Camp June 27 - July 11
[] Starter Camp July 23 - August 6
[] MiniCamp June 27 - July 3
[] MiniCamp July 23 - July 29
[] Weekend Camp July 13 - 15
[] Weekend Camp August 3 - 5
[] Junior CIT Israel Program June 27 - August 16

FOR OFFICE USE ONLY
Date Received: Deposit Balance:

Acceptance is not official until written confirmation is received from Camp office.
1. \$600.00 deposit must be included with application form
2. Balance must be paid in full no later than April 1st, 2012
[] Visa [] Mastercard [] Void Cheque [] Cash
Credit card # Exp. Date

IN CASE OF SURGICAL OR MEDICAL EMERGENCY
The parent hereby gives permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for the child named above. Every effort will be made by the Camp Administration to immediately contact parents in the event of an emergency.

I HAVE READ THE ABOVE TERMS AND THE TERMS DESCRIBED ON THE REVERSE SIDE:
I AM FINANCIALLY RESPONSIBLE FOR ALL FEES INCURRED.
SIGNATURE OF PARENT

X Date

(Application CANNOT be processed unless signed by a Parent or Guardian)

WHITE COPY - OFFICE YELLOW COPY - PLEASE RETAIN

Over

* PLEASE READ THIS AGREEMENT CAREFULLY *

1. I wish to enroll my child in the 2012 Y Country Camp program and agree to pay the established fee. **I enclose the camp's processing and administrative charge of \$600 which amount is non-refundable and non-transferable after April 1, 2012. Before that date, the non-refundable administrative charge is \$275.**
2. Balance of fees must be postdated for April 1st, and submitted at the time of registration. Should enrollment be cancelled, the postdated cheque will be returned.
3. The applicant and camper agree to abide by the camp's policies and regulations. The camp reserves the right to reject any application, or dismiss any camper not conforming thereto or to cancel any program due to insufficient registration. **IF A CAMPER WITHDRAWS, OR IS SENT HOME DURING THE COURSE OF THE SUMMER, THERE SHALL BE NO REFUND OF FEES.** (Please see attached sheet on policy in this area).
4. The camp does not assume responsibility for loss or damage to baggage or personal belongings while in transit or during the period of camp. In case of theft, no claim may be made against the camp. The applicant agrees to reimburse the camp for any unforeseen expenses it incurs on the camper's behalf (special supplies or emergency medical expenses, etc.)
5. **All camper limitations, existing conditions (physical, emotional or psychological) and special requirements must be fully disclosed in the camper medical form.**
6. The camp and its staff, while endeavoring to exercise reasonable care, assume no responsibility for any accident, The applicant and camper hereby undertake to procure appropriate insurance.
7. Visiting is not permitted at camp with the exception of the established visiting day. Violation of this rule could result in the immediate dismissal of the camper.
8. In case of illness or accident affecting my child, I hereby authorize you to engage such medical personnel and/or institutions as you may deem necessary and further authorize such medical personnel or institutions to perform those medical procedures, surgical or otherwise, which in their opinions are necessary for the proper treatment of my child.
9. The undersigned consents to the use of the camper's name, photograph, or any other identification in connection with the camp's program, exchanges or publicity.
10. I understand that during the course of the summer, my child may be participating in out-of-camp programs, i.e. trips, intercamps. I hereby give permission for my child to participate in these programs.
11. I hereby certify that all information given is true and correct and agree to all the provisions of the agreement. This agreement is drawn up in English through the mutual consent of both parties. Cet accord a été rédigé en anglais, par consentement mutuel des deux parties en cause.