



Kings Bay Y Windsor Terrace  
 1224 Prospect Ave, Brooklyn NY 11218  
 Tel: 718-407-6377 • Fax: 718-709-7485  
 E-Mail: [info@ywindsorterrace.org](mailto:info@ywindsorterrace.org)

**Kings Bay Y At Windsor Terrace Soccer Division Specialty Camp  
 Application for 2017 Camp Season (Ages 4-13 only)**

<b>Camper's Last Name</b>		<b>First Name</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth: (month/day/year)</b> ___/___/____
<b>Home Address:</b>		<b>Apt #:</b>	<b>Zip Code:</b>	<b>Home Phone:</b>
<b>Parent/Guardian Name (1):</b>		<b>Cell :</b>	<b>Business Phone:</b>	
<b>Parent/Guardian Name (2):</b>		<b>Cell:</b>	<b>Business Phone:</b>	
<b>Email Address (1):</b>			<b>Email Address (2):</b>	
<b>Name of Insurance plan:</b>		<b>Policy Number:</b>	<b>Policy Holder's Name:</b>	
<b>Emergency Name (other than parent):</b>			<b>T-Shirt Size (for camper T shirt, circle one):</b>	
<b>Cell:</b>			Youth: S M L    Adult: S M L <i>Note: Extra T-Shirts are \$10 each</i>	
<b>Special Request (grouping with friends, etc):</b> _____ _____			<b>How did you hear about us?</b> <input type="checkbox"/> Friends <input type="checkbox"/> Flyer <input type="checkbox"/> Google Search <input type="checkbox"/> Facebook	<b>RSVP for NJY Overnight Trip</b> <b>7.25.16 – 7.27.16</b> <b>(Ages 9+)</b> <input type="checkbox"/> Will Attend <input type="checkbox"/> Not Interested
<b>Please list any allergies or dietary restrictions that your child has:</b> _____ _____				

**SOCCER CAMP DATES & FEES**

**Full Session: July 3-July 21**  
**Week 1: July 3-July 7      Week 2: July 10-July 14      Week 3: Jul 17-Jul 21**  
*(please check appropriate selections below)*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Register Before August 31<sup>st</sup>, 2016 receive up to \$250 OFF &amp; LAST YEAR'S PRICES***</li> <li>• Register Before December 31<sup>st</sup>, 2016 receive up to \$200 OFF &amp; LAST YEAR'S PRICES***</li> <li>• Register Before January 31<sup>st</sup>, 2017 receive up to \$175 OFF &amp; NEW FEES***</li> <li>• Register Before February 28<sup>th</sup>, 2017 receive up to \$150 OFF &amp; NEW FEES***</li> <li>• Register Before March 31, 2017 receive up to \$125 OFF &amp; NEW FEES***</li> </ul> | <ul style="list-style-type: none"> <li>• Register Before April 31, 2017 receive up to \$100 OFF &amp; NEW FEES***</li> <li>• Register Before May 31, 2017 receive up to \$75 OFF &amp; NEW FEES***</li> <li>• <b>Sibling discount</b>- oldest child pays full price, each additional sibling receives \$50 off, requires proof with documentation</li> <li>• <b>Bring a friend discount</b>- \$50 off</li> <li>• <b>Open House discount</b>-Attend and register at an info session/open house and receive \$25 off</li> <li>• <b>Loyalty Program for Returning Campers</b>- prices vary<br/>***Discounts Valid Only With an 8 Week Registration*</li> </ul> |
|---|---|

	<input type="checkbox"/> <b>Full Session</b>	<input type="checkbox"/> <b>Week 1</b>	<input type="checkbox"/> <b>Week 2</b>	<input type="checkbox"/> <b>Week 3</b>
Grades Pre K-4 [in Sept 2017]	<input type="checkbox"/> \$1755	<input type="checkbox"/> \$595	<input type="checkbox"/> \$595	<input type="checkbox"/> \$595
Grades 5-7 [in Sept 2017]	<input type="checkbox"/> \$1955	<input type="checkbox"/> \$655	<input type="checkbox"/> \$655	<input type="checkbox"/> \$655
<i>Regular hours are 8:30am-4:15pm</i>	<b><u>Weekly</u></b>			
+ Transportation- Door to Door	<input type="checkbox"/> \$65			
+ Transportation- Bus Stop	<input type="checkbox"/> \$60			
+ Early Drop-off (7:45am)	<input type="checkbox"/> \$30			
+ Late Stay (6:00pm)	<input type="checkbox"/> \$40			
+ Combo (Early Drop-off & Late Stay)	<input type="checkbox"/> \$60			

\*\*\***Summer Day camp for Pre K and K grades is located at 1224 Prospect Ave, Brooklyn, NY 11218**  
 \*\*\***Summer Day Camp for first grade and up is located at 1320 8<sup>th</sup> Avenue, Brooklyn, NY 11215**

If a returning camper, please indicate previous years of attendance: \_\_\_\_\_

**Important Notes, Terms and Conditions:**

1. Late stay option is only available until 6pm. Late fee is \$1 per minute after 6pm.
2. Registration for Transportation ends on June 13, 2017
3. July 4, 2017 is a National Holiday. Camp is not in session on this date.
4. A deposit of \$200 is required for each camper with this application. The deposit will be deducted from the final cost.
5. All checks or money orders should be made payable to the "Kings Bay YM-YWHA."
6. Full payment is due by June 1, 2017. Payments made after the due date of June 1<sup>st</sup> incur a \$50 late fee. Payments made after June 10<sup>th</sup> incur a \$75 late fee and payments made after June 20<sup>th</sup> incur \$100 late fee.
7. All payment plan requests must be submitted during time of registration, inquire at the Kings Bay Y at Windsor Terrace office.
8. A service charge of \$75 will be deducted for cancellations following submission of the registration packages but prior to June 1, 2017.
9. **No refunds will be issued after June 1, 2017.**
10. **To ensure your child's safety and in order to participate in camp trips & activities, all campers must wear closed-toe shoes and bring socks with them at all times.**
11. Only children ages 13 and older may be dismissed by themselves with prior notarized written parental/guardian approval.
12. A standard Department of Health Medical Form must be submitted to the camp by June 1, 2017. No camper may attend camp without the completed Medical Form and Emergency Authorization Form.
13. The Kings Bay YM-YWHA is not responsible for any lost, stolen or damaged property.
14. The Kings Bay YM-YWHA reserves the right to add surcharges to any camp program.
15. No makeups or refunds will be issued for days missed.
16. If you are applying for a scholarship, please be aware that all other discounts will be reflected within your total scholarship rate.
17. It is the goal of our program to provide a healthy and safe environment for all participants. If a participant displays any inappropriate behavior, or endangers the health and safety of participants or staff, we will contact the parent/guardian to immediately come to the site. We may suspend the participant from the program or consider permanent termination in extreme situations, no refunds will be issued in these cases.

**RELEASE AND WAIVER OF LIABILITY – PHOTOS/VIDEOS AND RISK OF PHYSICAL INJURY**

I hereby give permission to the Kings Bay YM-YWHA, Inc. to take photographs of me and/or my child to be shown in a video, brochure, advertisement, or internet display for purposes of promoting interest in the Kings Bay YM-YWHA. I release the Kings Bay YM-YWHA, Inc. from any claims resulting from the pictures taken on, before, or after the date of this communication. I do hereby give permission for my child to participate in all camp activities, including off-ground activities. I authorize the Kings Bay YM-YWHA, Inc. to act as parent surrogate on my behalf. I realize that itineraries and/or programs are subject to change prior to, and during, the camp season. I hereby give my permission for my child to participate in all programs, swimming, activities and trips as part of the Kings Bay YM-YWHA Summer Camp. I understand and fully recognize that risks of physical injury, foreseeable and unforeseeable, are involved. I hereby release the Kings Bay YM-YWHA or any of its sponsors, benefactors, or employees from any liability arising out of any injury to my child to the maximum extent permitted by law. In the event of a medical or surgical emergency, I grant permission to the physician designated by the Kings Bay YM-YWHA to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child. Furthermore, I understand that payment for medical services is solely the family's responsibility.

***I have carefully read the contract and other related information and agree to accept all terms as set forth above.***

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT INFORMATION STATEMENT**  
**Kings Bay Y at Windsor Terrace**  
**1224 Prospect Ave, Brooklyn NY 11218**

This camp is licensed by the New York City Department of Health and Mental Hygiene and is inspected twice yearly. We operate with a permit granted by The City of New York Department of Health and Mental Hygiene. The inspection reports are filed with the Bureau of Food Safety and Community Sanitation  
OFFICE OF WINDOW FALL PREVENTION AND DAY CAMPS  
NEW YORK, NY 10007

**FOR OFFICE USE ONLY**

FULL CAMP FEE \_\_\_\_\_ DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMT. PAID \_\_\_\_\_

PARTIAL PAYMENTS

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMT. PAID \_\_\_\_\_

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMT. PAID \_\_\_\_\_

OFFICE STAFF SIGNATURE: \_\_\_\_\_

***Non-Discrimination Statement: Kings Bay YM-YWHA does not discriminate any person on the basis of race, color, religion, sex, gender identity or expression, sexual orientation, national origin, age, disability, marital status, family status or any other characteristic protected by Federal and State laws. Kings Bay YM-YWHA will make reasonable accommodations in compliance with the Americans with Disabilities Act of 1990. To file a complaint of discrimination, write Office for Civil Rights, U.S. DHHS 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD); (212) 264-3039 FAX***

The Kings Bay YM-YWHA is an equal opportunity provider and employer, and does not discriminate on any basis in accordance with the US Dept of Agriculture policy; nor based on race, color, religion, sex, gender identity or expression, sexual orientation, national origin, age, disability, marital status, family status or any other characteristic protected by Federal or State laws. The Kings Bay YM-YWHA will make reasonable accommodations in compliance with the Americans with Disabilities Act of 1990.

To file a complaint of discrimination, write to the Office for Civil Rights/U.S. DHHS/26 Federal Plaza, Ste 3313/New York, NY 10278. The telephone number is (212) 264-3313 or (212) 264-2355 (TDD); the fax number is (212) 264-3039. To file a complaint of discrimination concerning funded food programs, write to USDA, Director/Office of Civil Rights/1400 Independence Avenue S.W./Washington D.C. 20250-9410. You can also call (866) 632-9992 (voice) or (800) 877-8339 (TDD).

KINGS BAY Y SUMMER DAY CAMP  
3495 NOSTRAND AVENUE  
BROOKLYN, NEW YORK 11229

KINGS BAY Y AT WINDSOR TERRACE CAMP  
1124 PROSPECT AVE  
BROOKLYN, NEW YORK 11218

## Trip & Aquatics Authorization Form

COMPLETE ALL SECTIONS – PLEASE PRINT OR TYPE

Dear Parents:

We are asking you to complete this consent form, to be used in the event of an emergency and to be used as a general trip / activity/ aquatics authorization. It is our hope and expectation that we will never have to use this form for a medical emergency but in the event that we do, please be reassured that we will make every effort to contact you or your designee as soon as possible.

### AUTHORIZATION FOR EMERGENCY MEDICAL AND / OR SURGICAL TREATMENT

In case of emergency during my child's enrollment in the Kings Bay Y After-School or Day Camp Program, I hereby authorize the doctor or the hospital to which my child may be brought (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment and to administer anesthetic to my child, as deemed necessary.

I give my child permission to go on all trips and to participate in all program activities, including but not limited to swimming, diving, hiking, basketball, baseball, sports, races, obstacle courses, carnival rides, "jumping/bouncing, gymnastics and other physical activities that may cause bodily injury.

**I HAVE READ THE ABOVE AUTHORIZATIONS AND AGREE TO ABIDE BY THEM AND ASSUME THE RISKS INHERENT IN THE PHYSICAL ACTIVITIES THAT MY CHILD WILL PARTICIPATE IN, ON MY BEHALF AND ON THE BEHALF OF MY CHILD, AND I AGREE, TO THE MAXIMUM EXTENT ALLOWED BY LAW, TO RELEASE AND HOLD HARMLESS THE Y FROM ANY CLAIMS OR LIABILITY IN CONNECTION WITH MY CHILD'S PARTICIPATION**

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Name of Child: \_\_\_\_\_

KINGS BAY Y SUMMER DAY CAMP  
3495 NOSTRAND AVENUE  
BROOKLYN, NEW YORK 11229

KINGS BAY Y AT WINDSOR TERRACE CAMP  
1224 PROSPECT AVE  
BROOKLYN, NEW YORK 11218

Dear Parents:

We are asking you to complete this form, stating the names of the individuals who are allowed to pick up your child from the summer day camp. Please be as thorough as possible with this list, as we will not allow your child to leave with anyone that isn't named below. Also, please be advised that the person picking up your child must have a valid form of photo ID on them, such as a driver's license, a passport or current school issued ID. There will be **NO** exceptions.

Thank you,  
Summer Camp Administration

Parent/Guardian (1): \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ADDITIONAL NAMES:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I HAVE READ THE ABOVE AUTHORIZATIONS AND AGREE TO ABIDE BY THEM.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of child \_\_\_\_\_

**HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS**

(This side to be filled in by parent before presentation to physician)

NAME OF PROGRAM \_\_\_\_\_

\_\_\_\_\_ / / M  F   
CHILD'S LAST NAME FIRST NAME BIRTHDATE SEX

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Employment: Father (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

Mother (Guardian) \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

If Parent, Guardian are not available in an emergency, notify:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

or 2. \_\_\_\_\_ Phone: \_\_\_\_\_

**Important:** Has this camper been exposed to any communicable disease during the three weeks prior to camp attendance:

Yes  No  (If yes, state type of exposure: \_\_\_\_\_ )

**HEALTH HISTORY:** (Check, giving approximate dates)

	<u>Allergies</u>	<u>Diseases</u>
Ear Infections _____	Hay Fever _____	Chicken Pox _____
Rheumatic Fever _____	Ivy Poisoning, etc. _____	Measles _____
Convulsion _____	Insect Stings _____	German Measles _____
Diabetes _____	Penicillin _____	Mumps _____
Behavior _____	Other Drugs _____	Other Contagious Illnesses _____
Asthma _____		

Other Past Illnesses \_\_\_\_\_

Operations or Serious Injuries (Dates) \_\_\_\_\_

Hospitalization (Dates) \_\_\_\_\_

Chronic or Recurring Illness \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Conditions that require activity to be restricted? \_\_\_\_\_

Permission for all program activities unless otherwise noted by Dr. \_\_\_\_\_

Appliance worn (glasses, contacts, etc.) \_\_\_\_\_

Medication taken \_\_\_\_\_

Suggestion from Parent/Guardian \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

*I do hereby give authority to the Day Camp and Year Round Afterschool and Youth Center Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.*

Relationship \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Tele.# \_\_\_\_\_



**PHYSICAL EXAMINATION**

(To be filled out by Physician - please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information which will help to serve the needs of this child in Day Camps and Afterschool and Youth Center programs.

**IMMUNIZATION HISTORY** - This is a record of dates of basic immunization and most recent booster doses.

DPaP, DTP or TD	Date _____	Date _____	Date _____	Date _____	Date _____
Polio	Date _____	Date _____	Date _____	Date _____	Date _____
MMR	Date _____	Date _____			
Hemophilus Influenzae type b		Date _____	Date _____	Date _____	Date _____
Hepatitis B	Date _____	Date _____	Date _____		
Varicella	Date _____	Date _____			
Other _____			Date _____	Date _____	

**MEDICAL EXAMINATION** - To be filled out by licensed physician.

Examination is acceptable when performed no more than 12 months prior to arrival at camp.

- Code: S = Satisfactory
- X = Not Satisfactory (Explain)
- 0 = Not Examined

General Appearance \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Hgb. Test (Date) \_\_\_\_\_

Urinalysis (Date) \_\_\_\_\_ Posture & Spine \_\_\_\_\_ Throat - Tonsils \_\_\_\_\_

Eyes \_\_\_\_\_ Vision \_\_\_\_\_ w/Glasses \_\_\_\_\_ Extremities \_\_\_\_\_ Heart \_\_\_\_\_

Ears \_\_\_\_\_ Hearing \_\_\_\_\_ Feet \_\_\_\_\_ Lungs \_\_\_\_\_ Skin \_\_\_\_\_

Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_

Genitalia \_\_\_\_\_

Neurological Findings \_\_\_\_\_

Describe Abnormal Findings and/or Handicapping Conditions \_\_\_\_\_

Has child ever received products containing horse serum? \_\_\_\_\_

Allergy: (Please specify) \_\_\_\_\_

Recommendations and restrictions while in camp.

Special Diet \_\_\_\_\_

Special Medicine (name it) \_\_\_\_\_

Is parent/guardian sending special medicine? \_\_\_\_\_

Swimming \_\_\_\_\_ Diving \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

General Appraisal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have examined the person herein described, reviewed his/her health history and it is my opinion that he/she is physically able to engage in Day Camp/Year Round Afterschool and Youth Center activities, except as noted above.

\_\_\_\_\_ M.D.

EXAMINING PHYSICIAN (SIGNATURE)

\_\_\_\_\_

PHYSICIAN'S NAME (PLEASE PRINT)

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Date of Examination \_\_\_\_\_

ZIP CODE \_\_\_\_\_