



Camp Y-Owasco 2026 Registration

In order to complete registration, the following documents are required:

- Registration Form
- Health History Form
- Bus Stop Form (Day Camp only)
- Day Camp Sleepover Permission Slip
- Camper History Form
- Parent Handbook Agreement
- Physical Examination within the last 2 year
- Immunization Records

Please note that registration cannot be completed until all documents are fully filled out and submitted.

DATES AND RATES

Week 1 • June 28-July 3

- Day Camp (Ages 6-15) (Mon-Fri)
 - Member- \$360
 - Non-Member- \$425
- *Counselors-In-Training* (Ages 16-17 or entering 11th grade)(3 Week Program)
 - Member- \$725
 - Non-Member- \$795
- Wilderness Camp (Ages 11-16) (Mon-Fri, Resident)
 - Member- \$435
 - Non-Member- \$505

Week 2 • July 5th-10th

- Day Camp (Ages 6-15) (Mon-Fri)
 - Member- \$360
 - Non-Member- \$425
- Resident Camp 1 (Ages 8-16) (Sun-Fri)
 - Member- \$450
 - Non-Member- \$550

Week 3 • July 12th-17th

- Day Camp (Ages 6-15) (Mon-Fri)
 - Member- \$360
 - Non-Member- \$425
- Resident Camp 1 (Ages 8-16) (Sun-Fri)
 - Member- \$450
 - Non-Member- \$550

Week 4 • July 20th-24th

- Day Camp (Ages 6-15) (Mon-Fri)
 - Member- \$360
 - Non-Member- \$425
- *Leaders-In-Training* (Ages 15-16 or entering 10th grade)(3 Week Program)
 - Member- \$850
 - Non-Member- \$925

Week 5 • July 27th- July 31st

- Day Camp (Ages 6-15) (Mon-Fri)
 - Member- \$360
 - Non-Member- \$425
- Construction Camp (Ages 10-15) (Mon-Fri, Resident)
 - Member- \$435
 - Non-Member- \$550

Week 6 • August 2nd-7th

- Resident Camp 3 (Ages 8-16) (Sun- Fri)
 - Member- \$450
 - Non-Member- \$550
- Day Camp (Ages 6-15) (Mon-Fri)
 - Member- \$360
 - Non-Member- \$425

Week 7 • August 10th-14th

- Day Camp (Ages 6-15) (Mon-Fri)
 - Member- \$360
 - Non-Member- \$425
- Sleepover- \$30

○ *Junior Leaders* (Ages 14-15 or entering 9th grade) (2 Week Program)

- Member- \$650
- Non-Member- \$745

Week 8 • August 17th-21st

- Day Camp (Ages 6-15) (Mon-Fri)
 - Members- \$360
 - Non-Members- \$425

Week 9 • August 24th-28th

- Day Camp (Ages 6-15) (Mon-Fri)
 - Members- \$360
 - Non-Members- \$425

Day Camp Sleepovers

- Week 1, Thursday, July 2nd- \$30
- Week 4, Thursday, July 23rd- \$30
- Week 5, Thursday, July 30th- \$30
- Week 7, Thursday, August 13th- \$30

Sleep Over Fee: \$30 x # _____ week(s) = _____

Grand Total: \$ _____

Camp Y-Owasco

2026 Summer Camps Registration Form

Admission as a Camp Y-Owasco camper carries many privileges and responsibilities.

At Camp Y-Owasco....

We expect campers to participate in the total life of camp; to work, play, sing, and live together. We do not allow the possession or use of tobacco, alcohol, illegal drugs or weapons on Camp Y-Owasco property at any time without notice. If enough suspicion arises that a weapon or illegal substance is present on camp, law enforcement will be notified. This application signifies the camper and parents' understanding and acceptance of these responsibilities. Violators will be dismissed without refund. In addition, should behavior, discipline problems or extreme homesickness affect our work with other campers, or the enjoyment of and safety at Camp Y-Owasco, we reserve the right to dismiss, without refund, those campers responsible. Transportation to and from camp is the responsibility of the parent(s) or guardian(s).

I do hereby request...

that my child be accepted to attend Camp Y Owasco. I understand and am aware that my child will be participating in many physical activities and the potential for accidents does occur. In consideration of acceptance to Camp Y-Owasco, I indemnify and hold harmless Camp Y-Owasco and/or its staff from any and all liability, claims, damage, injury or illness sustained by my child. I grant permission for Camp Y-Owasco to provide or obtain medical attention for my child in the event of sickness or injury and I understand accident insurance is not included in camp fees. Should a camper require medical treatment, prescription, or hospital care during the camp session, parents shall bear all expenses. Furthermore, I give Camp Y-Owasco my permission to photograph or film my child during camp activities for use in promotional materials.

X _____ Parent/Guardian Signature

X _____ Camper Signature

Camper Information

Camper Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

- Male
 Female

Birthday: _____ Grade (fall 2026): _____ This is my _____ year at camp

Cabin Request

Only first-time campers are guaranteed one requested person as a cabin-mate. They must be within two years of age. Both campers must request each other in order for the request to be honored.

Name: _____ Age: _____

(Please complete other side)

Primary Contact Information

Name: _____

Relation to Camper: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Primary Phone number: _____

Secondary Phone number: _____

Email (required): _____

Secondary Contact Information

Name: _____

Relation to Camper: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Primary Phone number: _____

Secondary Phone number: _____

Email (required): _____

Registration and Payment Policy

Parents are required to pay a deposit, upfront for each program they register for at the time of registration. For example, if a child is registered for both Day Camp and Resident Camp, a deposit for each program must be paid in advance. For every additional week of camp, payment is due 22 days (3 weeks) before the first day of the session. **If payment is not made by 22 days prior, the camper will be unregistered from the session.**

If you are paying the YMCA member rate for any camp programs, you must maintain your membership at minimum from the time of registration until the session of camp has been completed. If your membership is canceled during this time, you will be charged the difference of the member and nonmember rate for that week.

Please note that cancellations must be made at least 22 days in advance in order to receive a refund.

Scholarship applications will close on May 15. Applications can be found on our website or picked up at the YMCA. All required documentation must be submitted at the time of application. Families must provide either a 1040 tax form from the previous year or documentation showing the most recent 30 days of income for every member of the household, including pay stubs or proof of government assistance.

The entire registration packet must be completed in order to register. **ALL paperwork is due at the time of registration. Medical paperwork can be faxed over or emailed to Gracem@auburnymca.net, but if it is missing 22 days before the start of your camp session, the camper will be un-registered.**

If you complete online registration, any paperwork still missing and not emailed to Gracem@auburnymca.net within 10 days of registering, will be unregistered.

Camp Y-Owasco Health History Form

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. History form must be filled out by parents/guardians of minors. Update is required annually.

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

- Male
- Female

DOB: _____ Age at camp: _____

If not available in an emergency notify:

Name: _____

Relation to Camper: _____

Cell Phone number: _____

Work Phone number: _____

Family Physician Contact Information

Name: _____

Phone number: _____

Other than the participants' parents, the following people have my permission to pick up my child from Camp Y-Owasco

1) _____

2) _____

Allergies

List all known medication, food or other allergies including insect stings, hay fever, asthma, animal dander, etc. Describe reaction and management of the reaction.

Dietary Restrictions

Please list any dietary restrictions. (not eat red meat, pork, eggs, poultry, seafood, dairy products, wheat or milk allergies, etc.)

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which camp should be aware

Please list and explain any restrictions to activity (What cannot be done, what accommodations are necessary, etc.)

Physical Exam and Immunization Record: Each camper is required to have had a health examination within 24 months of camp attendance, as evidenced by a form signed by a licensed physician. Immunization Record including date of last Tetanus Shot, is due with Physical Exam.

Doctor's Statement: I have examined the camp applicant within the past two years. In addition, the medical history and immunization record have been reviewed. In my opinion, this camper's condition doesn't preclude his/her participation in an active camp program.

Licensed Physician's Signature: _____ **Date:** _____ *This form does not need to be signed by a physician if accompanied by Physical Exam Documentation that is already signed by a physician.

MEDICATIONS BEING TAKEN Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. No medication will be given without a Doctor's order. This order must include the camper's name, name of medication, dosage, time and dates.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 Dosage Specific times taken each day

Med #2 Dosage Specific times taken each day

Med #3 Dosage Specific times taken each day Med

#4 Dosage Specific times taken each day Med

#5 Dosage Specific times taken each day

Med #6 Dosage Specific times taken each day

Attach additional pages for more medications

Identify any medications taken during the school year that participant does / may not take during the summer:

Over the Counter Medication Use- Please review the following over the counter medications and circle any options listed you **DO NOT** want your child to receive. Camp Y-Owasco typically uses the generic form of the name brand medications listed below.

Sunburn Solarcaine, Aloe Vera gel

Diarrhea Kaopectate, Imodium

Constipation Milk of Magnesia, Dulcolax

Sore Throat Chloraseptic Spray Lozenges

Discomfort from water in ear Swim Ear

Allergies Claritin, Benadryl

Red Irritated Eyes Clear Eyes Visine

Poison Ivy Ivy Rest, Calamine Lotion, Caladryl Lotion, Hydrocortisone Cream

Headache / General Discomfort / Fever Tylenol (Acetaminophen), Advil(Ibuprofen)

Upset Stomach Pepto Bismol, Mylanta or other antacid,Rolaids

Cough/Cold Cough Syrup Nasal Decongestant

Cuts & Abrasions: Hydrogen peroxide, Neosporin

Insect Bites Benadryl Chiggerex Caladryl Lotion

Does/has your child:

Chronic or recurring illness/condition?

Ever been hospitalized?

Surgery?

Frequent headaches?

Ever had a head injury?

Ever been knocked unconscious?

Please explain any "yes" answers, noting the number of the questions.

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representative of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representative related to the person's ability to participate in camp activities; and (ii) in case of minors, to provide relevant information to the camp representative to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian: _____

Printed Name: _____ Date: _____

*

** If for religious reasons you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance.*

Bus Schedule

AM Bus

7:30 am	Auburn High School 250 Lake Ave, Auburn, NY
7:40 am	Auburn YMCA 27 William St., Auburn NY
7:50 am	Casey Park Elementary 101 Pulaski St, Auburn, NY
8:05 am	Herman Ave Elementary 2 N Herman Ave, Auburn, NY
8:25 am	Austin Park 1005 State St, Skaneateles, NY

PM Bus

4:30 pm	Austin Park 1005 State St, Skaneateles, NY
4:50 pm	Herman Ave Elementary 2 N Herman Ave, Auburn, NY
5:05 pm	Casey Park Elementary 101 Pulaski St, Auburn, NY
5:15 pm	Auburn YMCA 27 William St., Auburn NY
5:25 pm	Auburn High School 250 Lake Ave, Auburn, NY

Bus Stop Selection (Day camp only)

Camper Name: _____

Bus Stop (if using)

AM: _____ **PM:** _____

Dear Day Camp Parents:

An optional sleepover will be offered on Thursdays of specific Day Camp sessions at Camp Y Owasco. The sleepover includes special events such as Smorgasbord, all-camp events, and a campfire. Campers will need: **2 lunches—one for Thursday and one for Friday (Reminder that we are treenut and peanut free!), two blankets or a sleeping bag, raincoat or poncho, long pants, sweater or sweatshirt, toiletry articles, change of clothes, and a flashlight**, in addition to regular camp items (water bottle, swimsuit, towel, etc.). **Each camper will need a signed permission slip and \$30.00 prior to attendance.** Just a reminder – **no medications will be given in camp without a doctor's order.** This order must include the camper's name, name of medication, dosage, time(s) and date(s) to be given. The label on the medication bottle is **not** sufficient. A written request from the parent for the camp nurse to administer the medication must also be provided. For those not sleeping over, the bus transportation will be provided.

Please turn in permission slips with campers name and sleepover date filled in no later than 6 p.m. on the TUESDAY prior to the sleepover to the Auburn YMCA. Please feel free to call camp with any questions at 784-5481.

Sincerely,

Gracie Murphy, Camp Director

Camp Y-Owasco
DAY CAMP Sleepover Permission Slip

I give permission for (name of camper)
to participate in the overnight at Camp Y-Owasco on
_____. I am sending \$30.00 **(All payments must
be made at the Auburn YMCA.)**

X _____
DATE SIGNATURE--PARENT OR GUARDIAN

CAMPER HISTORY FORM

Dear Parents/Guardians: At Camp Y-Owasco, we promise to protect and guide your child physically, mentally, socially, and emotionally. To help us in this effort, we ask you to please fill out this form. These forms are seen **ONLY** by camp personnel who may need to know the information in order to best facilitate your child's camp experience (Camp Director, Program Director, your child's counselors, possibly the Camp Medical Director, etc). **The first side of this form should be filled out by the parent/guardian only, and the second side should be filled out by the parent/guardian AND the child together.** Thanks for helping us get to know your child better!

PLEASE TURN THIS FORM IN WITH COMPLETED REGISTRATION PACKET!

Camper's name: _____ **Camper's Nickname:** _____

Has the camper ever been away from home more than 2 days? (Please circle) YES NO **Has the camper ever slept overnight at camp before? (Please circle) YES NO**

What fears does the camper have? (Please circle)

The Dark Heights Deep Water Embarrassment Monsters Bugs/Spiders Snakes Thunderstorms Failure
Social Isolation Other: _____

Generally, the child's disposition is: (Please circle)

Happy Energetic Pleasant Moody Anxious Angry Easily Upset Sad

The camper makes friends: (Please circle) Very Easily Somewhat easily With Difficulty

How does the child feel about going to camp? (Please circle)

Very Excited Excited Confident Anxious Very Nervous

What goals would you like your child to attain at camp?

What goals does your child have for their time at camp?

Are there any concerns that should be brought to the staff's attention?

CAMPER HISTORY FORM CONTINUED

The parent/guardian and child should complete this section TOGETHER. Thanks for helping us get to know your child better!

What activities does your child really enjoy doing?

3

What is your child's favorite subject in school? _____

What hobbies/interests does the child have? (Can include hobbies or TV shows, movies, books, etc)

What kind of stories does the child enjoy?

Is there anything that the child REEEAALLY wants to do while at camp??

Parent Handbook Agreement

Camper's Name:

I have read the entire **PARENT HANDBOOK**, I understand its contents, and I have asked any questions I may have. I am also aware that I may call the Auburn YMCA during operational hours at (315) 253- 5304, call Camp Y-Owasco at 315-784-5481 June-August, or email the Camp Director at Gracem@auburnymca.net to ask any questions. I have the current year Camp Y-Owasco brochure available for additional information, and I know of the camp website for yet more information and forms.

X _____

Parent/Guardian Signature

Date

Please return this with your completed registration.

Your child may not be allowed into camp without all releases being signed and forms returned to the camp office or the Auburn YMCA. Registrations will be canceled if they are not submitted 22 days prior to camp.

