

Summer Day Camp 2008 Registration

YMCA of Scottsville & Allen County



Camper Name _____ Birthday _____

Age at camp _____ Grade entering in fall _____ Gender _____

E-mail address _____ School _____

Mother's Name _____ Custodial Guardian

Father's Name _____ Custodial Guardian

If there are special circumstances involving visitation and pick up rights, you must provide the Camp Director with legal documentation of those arrangements.

Camper's Home Address _____

City _____ State _____ Zip _____

Billing Address (if different) _____

City _____ State _____ Zip _____

Mother's Home Phone _____ Mother's Work Phone _____

Mother's Cell Phone _____ Mother's Email _____

Father's Home Phone _____ Father's Work Phone _____

Father's Cell Phone _____ Father's Email _____

Emergency Contact _____ Relation to Camper _____

Phone Number _____ Cell Phone Number _____

Membership Information

I am a YMCA Facility Member. My membership # is _____

I am a Program Member at the _____ YMCA.

Pick-up Information

Please list all adults authorized to pick-up your camper in your absence.

1. _____ / _____ 2. _____ / _____

3. _____ / _____ 4. _____ / _____

Name/Phone

Name/Phone

PARENT/GUARDIAN AUTHORIZATION

I approve this registration and certify that the camper is capable of such an experience. I agree to pay the balance of the camp fees the Wednesday before the beginning of each camp session. I understand that no refunds are given if a child leaves early for disruptive behavior. I also understand that cancellations received at least one week before a camp session begins will receive a refund minus the non-refundable deposit amount. Refunds are not available for cancellations less than one week prior to the start of a camp session. I grant permission for the camper to participate in all planned camp activities. The YMCA is not responsible for lost, stolen or damaged personal articles. I also authorize the YMCA to have and use photographs, slides, or videotapes of the camper named on this registration as may be needed for promotional purposes.

Signature of custodial parent/guardian _____

Witness _____ Date _____

Please complete registration on reverse.

Parents, please circle the camp sessions that your camper will be attending:

Session 1 (June 2-6) Outdoor Adventures

Session 2 (June 9-13) Mad Scientist

Session 3 (June 16-20) Swim & Splash

Session 4 (June 23-27) Sports Mania

Session 5 (July 7-11) CSI Camp/Scavenger Hunt

Session 6 (July 14-18) Art-rageous

Session 7 (July 21-25) Adventures into Fitness

Session 8 (July 28-Aug. 1) Wacky Games and Teambuilding

Methods of Payment

- ▼ You may pay with a check or credit card every week. Payments are due the Wednesday before each session begins.
- ▼ If you are using a credit card, we will run it every Wednesday for the next week of camp attending. If selecting credit card, please be aware that you may not pay by credit card one week and check the next.
- ▼ A deposit is required to confirm each session of camp. The deposit is applied to the total camp fee and is not refundable.

Visa

Master Card

American Express

Account # _____ Exp. Date _____

Deposit Check Enclosed

Amount \$ _____

Fees:

YMCA Member

Full Day	\$75/week	X	_____	=	_____	-	\$25	=	_____
Half Day	\$55/week	X	_____	=	_____	-	\$25	=	_____
			# of weeks		Total		Deposit per week		Balance Due

Program Member*

Full Day	\$85/week	X	_____	=	_____	-	\$25	=	_____
Half Day	\$60/week	X	_____	=	_____	-	\$25	=	_____
			# of weeks		Total		Deposit per week		Balance Due

Drop ins - \$20/day

Office Use Only:

Amount Received: \$ _____ Check (Check # _____) Credit Card

Received by: _____ Date: _____

In Unity: Day Camp