



## 2008-2009 School's Out Camp Registration

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home/Work Phone \_\_\_\_\_

Are you a YMCA member? (Please circle)                      Yes                      No

Did you attend summer day camp in 2008? (Circle)                      Yes                      No

**If you did not attend summer day camp in 2008, you must complete all emergency information forms. All others have been kept on file.**

Any changes in information we should be aware of \_\_\_\_\_

Please circle the days you would like your child registered for:

<b>October 13</b>	<b>November 4</b>	<b>November 11</b>	<b>November 24</b>	<b>November 25</b>
<b>November 26</b>	<b>December 22</b>	<b>December 23</b>	<b>December 29</b>	<b>December 30</b>
<b>2009</b>				
<b>January 2</b>	<b>January 19</b>	<b>February 16</b>	<b>April 10</b>	
<b>March 23</b>	<b>March 24</b>	<b>March 25</b>	<b>March 26</b>	<b>March 27</b>

### Parent/Guardian Waiver

- **I understand that I must pay a \$5 non-refundable deposit for each day registered at the time of registration.**
- I understand that I am responsible for full camp payment for each day registered the Friday prior to the day registered. **I understand that if I am receiving subsidy, that I am responsible for any difference in payment not covered by the subsidy and payment is due the Friday prior to the day registered.**
- I understand that cancellations made more than 48 hours in advance are subject to a YMCA credit minus a \$15 administrative charge. No refunds or credits will be issued to cancellations made less than 48 hours from the day registered.
- I understand the YMCA has permission to transfer my child, named above, off the property for the purpose of medical care or program activity as deemed appropriate by the director. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named above. I give permission to the YMCA to take photographs of my child to use for YMCA publications and advertising.

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received \_\_\_\_\_ Payment \_\_\_\_\_