



## 2009-2010 Lattof YMCA School's Out Camp Registration

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

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email Address \_\_\_\_\_

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

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

Did you attend summer day camp in 2009? (Circle)                      Yes                      No

**If you did not attend summer day camp in 2009, you must complete all emergency information forms. All others have been kept on file.**

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

Lattof YMCA School's Out Camp hours are from 7:00 a.m. until 6:00 p.m.  
Please circle the days you would like your child registered for:

<b>October 12</b>	<b>November 11</b>	<b>November 23</b>	<b>November 24</b>	<b>November 25</b>
<b>December 21</b>	<b>December 22</b>	<b>December 23</b>	<b>December 28</b>	<b>December 29</b>
<b>December 30</b>				
<b>2010</b>				
<b>January 18</b>	<b>February 15</b>	<b>February 16</b>	<b>April 2</b>	<b>April 30</b>
<b>March 22</b>	<b>March 23</b>	<b>March 24</b>	<b>March 25</b>	<b>March 26</b>
<b>May 28</b>				

### Parent/Guardian Waiver

- **I understand that payment is due in full at registration.**
- **I understand that if I am receiving any financial assistance, that I am responsible for any fee not covered by the assistance, including co-pay, at the time of registration.**
- I understand that cancellations made more than 48 hours in advance will be eligible for a YMCA credit, transferable to a different school's out camp date, and will be charged a \$15 administrative fee. No credits will be issued to cancellations made less than 48 hours from the day registered.
- I understand that I am responsible for submission of the medical waiver and the pick-up information distributed to me at registration.
- 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 \_\_\_\_\_