

YDAY CAMP

We build strong kids, strong families, strong communities.

2010 day camp registration

PLEASE PRINT CLEARLY

Child's Name _____

Grade as of 9/10 _____ Age as of 6/10 _____ Date of Birth _____ Sex: M F

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

Father's/Guardian's Name _____ Work Phone _____

Mother's/Guardian's Name _____ Work Phone _____

YMCA Member? Yes No Membership # _____ Email _____

Membership must be valid at the time of registration to receive member rates and must remain valid until September 1, 2009.

Referred by (member name) _____

A \$20.00 deposit per week per child is required for each session. Deposits are not refundable or transferable.

If applying for Action For Children assistance an approval letter indicating McCormick Tribune YMCA as provider **MUST** be submitted before your child can be admitted into Summer Day Camp.

	WEEK 1 6/14-6/18	WEEK 2 6/21-6/25	WEEK 3 6/28-7/2	WEEK 4 7/6-7/10	WEEK 5 7/12-7/16	WEEK 6 7/19-7/23	WEEK 7 7/26-7/30	WEEK 8 8/02-8/06	WEEK 9 8/09-8/13	WEEK 10 8/16-8/20	WEEK 11 8/23-8/27
SUMMER DAY CAMP SESSION	1	2	3	4	5	6	7	8	9	10	11
<p>***Please circle each week your child will be attending Summer Day Camp & indicate below the amount of deposit PER WEEK. Thank you.</p> <p style="text-align: center;">Dep.____ Dep.____ Dep.____ Dep.____ Dep.____ Dep.____ Dep.____ Dep.____ Dep.____ Dep.____ Dep.____ Dep.____</p>											

I understand that I am responsible for full camp payment for each week registered on the Friday before camp. I further understand that my child will not be allowed to participate in Summer Day Camp if fee is not paid by or on the start of each week.

Signature: _____ Date: _____

PARENT/GUARDIAN WAIVER

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.

I (parent/guardian) have read and agree to all the conditions of this application.

Date _____ Signature _____ (Parent/Guardian)