

For Official Use Only: Bookkeeper \_\_\_\_\_ ; Director \_\_\_\_\_ ; Camp Care \_\_\_\_\_ ; Email \_\_\_\_\_  
 For Official Use Only: Bookkeeper \_\_\_\_\_ Head of House Hold # \_\_\_\_\_ Household ID# \_\_\_\_\_

## Cowart Family Ashford Dunwoody YMCA 2012 Summer Camp Registration Form

(Please print and fill in all information completely.)

Child's Name \_\_\_\_\_ Male/Female \_\_\_\_\_

Ethnicity \_\_\_\_\_ EMAIL \_\_\_\_\_

Home Address \_\_\_\_\_  
Number Street City State Zip Code

Home Phone \_\_\_\_\_ School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on first day of camp \_\_\_\_\_

Session	Camp Name (i.e. Soccer, Tennis, Aquatics)	Code	Cost	*Deposit or Amount Paid	Balance Due Date
<b>ONE</b> May 21-25					May 14, 2012
<b>TWO</b> May 29- June 1 Closed Memorial Day (June 28)					May 21, 2012
<b>THREE</b> June 4-June 8					May 28, 2012
<b>FOUR</b> June 11-15					June 4, 2012
<b>FIVE</b> June 18-22					June 11, 2012
<b>SIX</b> June 25-29					June 18, 2012
<b>SEVEN</b> July 1, 2, 5, 6 Closed Independence Day (July 4 <sup>th</sup> )					June 25, 2012
<b>EIGHT</b> July 9-13					July 2, 2012
<b>NINE</b> July 16-20					July 9, 2012
<b>TEN</b> July 23-27					July 16, 2012
<b>ELEVEN</b> July 30- August 3					July 23, 2012
<b>TWELVE</b> August 6-10					July 30, 2012

**\*A NON-REFUNDABLE/NON-TRANSFERABLE \$35 deposit per session is due at sign-up.**

**\*I understand that all deposits for camp are non-refundable and non-transferable.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT INFORMATION**  
**Parent/Guardian Information**

(Please Print)

Mother/Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_  
Street State Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Employer \_\_\_\_\_  
Street State Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**EMERGENCY CONTACTS**

(Names and numbers of who we should call if we cannot reach you)  
phone numbers h=home, w=work, c=cell

Name _____	(h) _____	(w) _____	(c) _____
Name _____	(h) _____	(w) _____	(c) _____
Name _____	(h) _____	(w) _____	(c) _____

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Health Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Special Needs \_\_\_\_\_  
(Anything we should know about your child to ensure he/she has a good camp experience, private meetings with director available upon request.)

People authorized to pick up child	People NOT authorized to pick up your child
1. _____ Ph: _____	1. _____ Ph: _____
2. _____ Ph: _____	2. _____ Ph: _____
3. _____ Ph: _____	3. _____ Ph: _____

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**Please read and initial the following statements:**

\_\_\_\_\_ There is a \$37 fee charged for all returned checks.

\_\_\_\_\_ Registration and Payments are due one week before each camp session begins. After that time, there will be a \$10 late fee posted to your bill.

\_\_\_\_\_ No pro-rating, one day is considered a full week. **NO REFUNDS.**

\_\_\_\_\_ One week advanced notice of cancellation, or you will be held responsible for full payment.

\_\_\_\_\_ If payment is not received one week prior to camp start date, camper(s) from waitlist will be called to take the spot.

\_\_\_\_\_ I received my parent handbook and understand that all rules are contained in it.

As the parent/guardian of the listed child, I authorize my child to participate in all YMCA camp activities, and to be transported by van or bus to and from activities. I give permission to the YMCA to administer first aid, and in the event of an emergency, to secure a physician for any emergency treatment needed for my child. I understand that a conscious effort will be made to locate me or my spouse before any action is taken. I understand and accept that this expense is my responsibility. I also understand that it is my responsibility to carry primary accident insurance. I understand that photos may be taken and used for promotional purposes. If I object, I have marked the \* no photos/no videos line below.

\*( ) I prefer that no photos or videos be used.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_