

Day Camp Payment Method Request Form 2010

Must complete upon registration:

1. Entire registration form completed by guardian.
2. Current immunization records submitted at time of registration.
3. All participants have either a Program or Facility Membership.

How to register:

1. FAX: completed forms to the YMCA office at 770-664-0337 **8:00 a.m. – 5:00 p.m., Monday – Friday.** Please include a credit card account number and expiration date for application to be processed.
Please call and confirm receipt of fax.
2. Register in person: at the YMCA office **8:00 a.m. – 8:00 p.m., Monday – Friday; 8:00 a.m. – 5:00 p.m., Saturday.**
If you have any questions regarding any of our summer programs, please contact us at 770-664-1220.

**Amy Cook or Nicole Rossi- Camp Big Creek
Jessica Tucker- Gymnastics or Sports Camps
Ziggy Asfaw- Video Production Camp**

Participant's Name: _____

Step #1: Membership: Program Membership \$25.00 Family Program Membership \$35.00

Step #2: Payment Methods

Select one: Invoice Auto Draft

Explanations:

Invoice: For each session of camp that the camper is registered for, an invoice will be mailed one month prior to the start date of the camp. All payments must be received two weeks prior to the start of the camp session.

Auto Draft: Session fees are automatically drafted from the authorized card on the due date of the session.

Step #3: Credit/Debit Card Authorization (PLEASE PRINT)

Select one: Visa Master Card Discover Card Amex

Name as it appears on credit/debit card: _____

_____-_____-_____- - ____-____-_____- - ____-____-_____- - Please use this card for Auto Draft

Card Expiration Date: ____/____/____ Amount Authorizing: \$ _____

Signature: _____ Date: _____

<u>Camp Big Creek</u>		<u>Gymnastics Camp</u>		<u>All Sports Camps</u>	
<i>Session</i>	<i>Draft Date</i>	<i>Session</i>	<i>Draft Date</i>	<i>Camp Start Date</i>	<i>Draft Date</i>
Session One	May 24	Session One	June 1	June 1	May 17
Session Two	June 7	Session Two	June 7	June 7	May 24
Session Three	June 21	Session Three	June 14	June 14	June 1
Session Four	July 5	Session Four	June 21	June 21	June 7
Session Five	July 19	Session Five	June 28	June 28	June 14
Session Six	Aug 2	Session Six	July 5	July 5	June 21
Session Seven	Aug 16	Session Seven	July 12	July 12	June 28
		Session Eight	July 19	July 19	July 5
		Session Nine	July 26	July 26	July 12
		Session Ten	Aug 2	Aug 2	July 19
		Session Eleven	Aug 9	Aug 2	July 19

2010 Summer Camp Registration

Complete one form per child.

Camper's Name: _____ Age: _____ Birth date: _____

Grade entering Fall 2010 _____ Sex _____ Buddy Request: _____

Home Address _____

City: _____ State: _____ Zip: _____ School: _____

Home Phone: _____ Emer. # _____ Alt. # _____

E-mail Address: (PLEASE PRINT) _____

Mother's Name _____ Birthdate: _____ Ethnicity: _____

Father's Name _____ Birthdate: _____ Ethnicity: _____

Camp Request

Register early for best choice since enrollment is limited. **PLEASE CIRCLE YOUR CHOICE FOR EACH SESSION.**

Camp Big Creek	Sessions	Ages	Fees
Explorer Camp - Caterpillars	1 2 3 4 5 6 7*	5-6	\$276/ 2week session
Explorer Camp - Crickets	1 2 3 4 5 6 7*	5-6	\$276/ 2week session
Explorer Camp - Tadpoles	1 2 3 4 5 6 7*	5-6	\$276/ 2week session
Camp Big Creek Sampler - Explorers	8	5-6	\$276/ 2week session
Choose Your Own Combo 1	1 2 3 4 5 6 7*	7-10	\$276/ 2week session
Choose Your Own Combo 2	1 2 3 4 5 6 7*	7-10	\$276/ 2week session
Choose Your Own Combo 3	1 2 3 4 5 6 7*	7-10	\$276/ 2week session
Choose Your Own Combo 4	1 2 3 4 5 6 7*	7-10	\$276/ 2week session
Camp Big Creek Sampler - Combo 5	8	7-10	\$276/ 2week session
Camp Big Creek Swim Lessons	1 2 3 4 5 6	5-8	Fac Members \$60 / Pro Members \$85
Adventure	1 2 3 4 5 6 7*	11-13	\$276/ 2week session
Chiefs	1 2 3 4 5 6 7*	11-13	\$276/ 2week session
CIT Program	1 2 3 4 5 6 7*	14-16	\$276/ 2week session
Video Production Camp	2 3 4 5 6	11-14	\$376/ 2 week session
Specialty Camps	Sessions	Ages	Fees
Sports Camp - Volleyball Half Day Full Day	1 2	9-14	Half Day: \$110 Full Day: \$180
Sports Camp - Basketball Half Day Full Day	1 2	7-13	Half Day: \$110 Full Day: \$180
Sports Camp - Flag Football Half Day Full Day	1 2	7-13	Half Day: \$115 Full Day: \$185
STRIKER Soccer Camp Half Day Full Day	1 2 3 4	5-13	Half Day: \$115 Full Day: \$185
Sports Camp - All Around Half Day Full Day	1 2 3 4 5	5-13	Half Day: \$110 Full Day: \$180
Sports Camp - Lacrosse Half Day Full Day	1	5-13	Half Day: \$110 Full Day: \$180
Gymnastics Camp	1 2 3 4 5 6 7 8 9 10 11	6-12	Program Mem: \$180 Facility Mem: \$150

No camper will be registered without current YMCA Facility or Program Membership or Immunization Records. Please call the YMCA with questions regarding your membership status.

Membership Fees:

- Individual - \$25
- Family - \$35

*Session 7 for Camp Big Creek
Fee: \$138/ 1 Week

T-Shirt Size Request:

All Campers Receive a T-Shirt

Please Circle

Youth:

Adult:

Small (6-8)

Small (36-38)

Med. (10-12)

Med. (38-40)

Large (14-16)

Large (42-44)

X-Large (46-48)

Camp Payment Policies

Please initial each payment policy. These policies apply to all summer camps.

- _____ I have enclosed \$50 per child, per session Non-Refundable and Non-Transferable deposit.
- _____ I understand the balance for each session is due 14 days prior to the start of each session my child is enrolled.
- _____ I understand that a \$20 late fee will be automatically assessed for payment received after the due date.
- _____ I understand that refunds must be requested at least 14 days prior to the start of camp.

Family Information

Parent/Guardian: _____	Home Phone: _____
Address: _____	Cell phone: _____
City: _____ State: _____	Zip: _____
Place of Employment: _____	Work Phone: _____
Parent/Guardian(2): _____	Home Phone: _____
Address: _____	Cell phone: _____
City: _____ State: _____	Zip: _____
Place of Employment: _____	Work Phone: _____

Emergency Information

Person to be reached if parents/guardians cannot be reached.

Name: _____	Home Phone: _____
Work Phone: _____	Cell Phone: _____

Camper Release

Persons Authorized to pick up

Persons **NOT** Authorized to Pick Up.

Parent listing a non-custodial parent as NOT authorized to pick up the camper will be required to provide the YMCA with an appropriate court order to enforce this request.

Parent/Guardian Authorization

As the parent/guardian of the camper, I authorize _____ (camper's name) to attend and participate in all prescribed YMCA camp activities. I give permission to the Camp Director and any other designated Camp Staff to administer first aid and in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscientious effort will be made to locate me or my spouse before action is taken. I understand and accept that this expense will be my responsibility. I understand that it is my responsibility to carry primary accident insurance. I give my permission for my child to participate in camp activities and transportation to and from camp site. I give my permission that any photos or videos taken of my child may be used for promotional purposes only.

Signature of Parent/Guardian: _____

Date: _____

Health History

Information on this form is not part of the camper or staff acceptance process, but gathered to assist in identifying appropriate care.

* Parents enrolling a camper with special needs will need to complete an additional health form. An Individual Assessment For Special Needs Participants is available at the registration desk and must be completed and forwarded to the Camp Director at least two weeks before the camp session begins.

Camper's Name: _____ Gender: _____ Birth Date: _____ Age: _____

Name of individual's physician: _____ Phone Number: _____

Has camper ever been hospitalized or had operations, serious injuries, fractures, etc.?

No Yes, Give dates and details:

Please describe any current physical, mental or psychological conditions requiring medication, treatment, special restrictions or considerations while at camp.

Should any activities be encouraged or limited?

Current Medications- send with instructions:

Note: Medications may not be stored overnight at camp. Medications must be checked in at the front desk on a daily basis.

List allergies: _____

Suggestions on health-related information for camp personnel: _____

Immunization Information Is Required For All Participants

Immunization History:

Please record the date (month and year) of basic immunizations and recent booster doses.

Diphtheria Pertussus ---DPT Tetanus or			
Tetanus ---TD Diphtheria Or			
Tetanus Oral Polio (sabin) TOPV Inject able Polio (Salk) Measles (hard measles, red measles, rubeola) Mumps Rubella (German measles, 3-day measles) Tuberculin test given _____ (most recent) Haemophilus influenza b (HIB) Hepatitis B			

This history is correct so far as I know, and herein described has permission to engage in all prescribed camp activities except as noted. Authorization of treatment: I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and the provide or arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

Signature of Parent/Guardian or Adult Staffer: _____ Date: _____