

Day Camp Payment Method Request Form 2011

Must complete upon registration:

1. Entire registration form completed
2. Current immunization records
3. All participants have either a Program or Facility Membership

How to Register:

1. **FAX:** Completed forms to the Y office at **770-664-0337. 8:00 AM - 5:00 PM Monday thru 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 Y office **8:00 AM - 8:00 PM Monday thru Friday.**
8:00 AM - 5:00 PM Saturday. If you have questions regarding any of our summer programs, please contact us at **770-664-1220.**

Amy Cook or Carol Blanchard - Camp Big Creek
Jessica Tucker - Gymnastics or Sports Camps
Ziggy Asfaw - Video Production Camp
Jennifer Beckham - Camp Swim Lessons and Junior Lifeguard Camp

Participant's Name: _____

Step 1: Membership: Program Membership \$35

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 Mastercard Discover Card AMEX

Name as it appears on credit/debit card: _____

_____ - _____ - _____ - _____

Please use this card for **Auto Draft**

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

CAMP BIG CREEK

<u>Session</u>	<u>Draft Date</u>
One	May 17
Two	May 31
Three	June 13
Four	June 27
Five	July 11
Six	July 25

GYMNASTICS CAMP

<u>Session</u>	<u>Draft Date</u>
One	May 17
Two	May 23
Three	May 31
Four	June 6
Five	June 13
Six	June 20
Seven	June 27
Eight	July 5
Nine	July 11
Ten	July 18
Eleven	July 25

ALL SPORTS CAMPS

<u>Camp Start Date</u>	<u>Draft Date</u>
May 31	May 17
June 6	May 23
June 13	May 31
June 20	June 6
June 27	June 13
July 5	June 21
July 11	June 27
July 18	July 5
July 25	July 11
August 1	July 18

2011 Summer Camp Registration (Complete one per child)

Camper's name: _____ Age: _____ Birth Date: _____

Grade entering Fall 2011: _____ Sex: _____ Buddy Request: _____

Home Address: _____

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

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

Email Address (PLEASE PRINT): _____

Mother's name: _____ Birthdate: _____ Ethnicity: _____

Father's name: _____ Birthdate: _____ Ethnicity: _____

Camp Request Space is limited. Register early. PLEASE CIRCLE YOUR CHOICE(S).

Camp Big Creek	Sessions	Ages	Fees
Explorer Camp - Caterpillars	1 2 3 4 5 6*	5-6	\$276 / 2 week session
Explorer Camp - Crickets	1 2 3 4 5 6*	5-6	\$276 / 2 week session
Explorer Camp - Tadpoles	1 2 3 4 5 6*	5-6	\$276 / 2 week session
Choose Your Own Combo 1	1 2 3 4 5 6*	7-10	\$276 / 2 week session
Choose Your Own Combo 2	1 2 3 4 5 6*	7-10	\$276 / 2 week session
Choose Your Own Combo 3	1 2 3 4 5 6*	7-10	\$276 / 2 week session
Choose Your Own Combo 4	1 2 3 4 5 6*	7-10	\$276 / 2 week session
Camp Big Creek Swim Lessons	1 2 3 4 5	5-8	Fac \$60 / Pro \$85
Adventure	1 2 3 4 5 6*	11-13	\$276 / 2 week session
Chiefs	1 2 3 4 5 6*	11-13	\$276 / 2 week session
CIT Program	1 2 3 4 5 6*	14-16	\$276 / 2 week session
Junior Lifeguard	2 4	11-14	\$276 / 2 week session
Video Production Camp	3 5	11-14	\$296 / 2 week session

Specialty Camps	Sessions	Ages	Fees
Sports Camp - Volleyball (Half Day / Full Day)	1	9-14	Half: \$110 / Full: \$180
Sports Camp - Basketball (Half Day / Full Day)	1 2 3	7-15	Half: \$110 / Full: \$180
Sports Camp - Flag Football (Half Day / Full Day)	1	7-15	Half: \$115 / Full: \$185
Sports Camp - STRIKER Soccer (Half Day / Full Day)	1 2 3 4	5-15	Half: \$115 / Full: \$185
Sports Camp - All-Around (Half Day / Full Day)	1 2 3 4	5-15	Half: \$110 / Full: \$180
Sports Camp - Lacrosse (Half Day / Full Day)	1	7-15	Half: \$110 / Full: \$180
Sports Camp - Baseball/Softball Camp	1	6-12	Half: \$110 / Full: \$180
Sports Camp - All-American Sports Camp	1	6-12	Half: \$110 / Full: \$180
Sports Camp - Tetra-Brazil Soccer Camp	1	6-15	Half: \$135 / Full: \$195
Gymnastics Camp (Half Day / Full Day)	1 2 3 4 5 6 7 8 9 10 11	6-12	Fac: \$150 / Pro: \$180

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

Membership Fee: \$35

* **Session 6** for Camp Big Creek

Fee: \$138 / 1 Week

T-Shirt Size Request

(All campers receive a T-shirt)

Adult:

- Small (36-38)
 Medium (38-40)
 Large (42-44)
 X-Large (46-48)

Youth:

- Small (6-8)
 Medium (10-12)
 Large (14-16)

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.

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:

Please Attach Immunization Information



YMCA OF METRO ATLANTA
RELEASE, AUTHORIZATION, INFORMED CONSENT & WAIVER AGREEMENT
FOR MEMBERS, GUESTS AND PROGRAM PARTICIPANTS
(This agreement supercedes all prior oral or written agreements. Updated October 25, 2010)

OUR PROMISE TO YOU

The Metro Atlanta YMCA endeavors to provide a safe environment and programs for you, your family and guests. The YMCA provides exciting, life-enhancing programs that involve exercise, travel, learning, and sports. These programs have a certain amount of risk associated with them. This form is to make you aware of those risks and to ask that you assume certain responsibilities for your decisions and actions and those of any minors in your custody or care (hereafter referred to as "my dependents").

FOR YOUR HEALTH

- I and my dependents understand we are engaging voluntarily in YMCA exercise, physical activity and/or program related activities and field trips.
- It is my responsibility to monitor my own condition and those of my dependents throughout any activity or program and, should any unusual symptoms occur, I and my dependents will cease participation and inform the instructor and/or staff of the symptoms.
- In the event that a medical clearance must be obtained prior to participation in a physical activity program, I and my dependents agree to consult a physician and obtain written permission from the physician prior to the commencement of any program. I and my dependents agree to assume the natural risks associated with exercise and physical activity.
- I give permission to any YMCA staff person to administer first aid in the event of an emergency and to secure 911 response units for any medical or surgical treatment needed for me and my dependents. I understand that staff will try to phone the emergency contacts, in my YMCA household record, but is not required to do so before action is taken. I understand and accept that primary accident insurance and any medical expenses incurred will be my responsibility.

FOR YOUR SECURITY

- I and my dependents understand the YMCA premises, especially parking lots and locker rooms are provided for members' and guests' convenience while participating in programs or using branch facilities. The YMCA is not responsible for vandalism, break-ins or thefts of personal property. I understand the YMCA recommends that valuables should not be brought to program activities or onto any premises. I agree to report any suspicious activity immediately to the YMCA. I understand that it is my responsibility to request, read, and after enrollment abide by the refund, cancellation and fee payment policies connected to specific membership and program involvement.

REGARDING YOUR CONDUCT

- I and my dependents will not bring weapons, controlled substances or alcohol on YMCA premises.
- I understand that any form of solicitation is prohibited and the use of violence, noise, force, coercion, sexual misconduct, threats, intimidation, unsafe conduct regarding children, fear, resistance, insults, or other conduct, intentionally or unintentionally causing disruption or preventing YMCA members' ability to enjoy their program activities, membership or YMCA staff's and/or volunteer's ability to conduct class or their job duties, is not acceptable behavior, is in conflict with YMCA values, and may result in my or my dependent's program withdrawal or membership termination of my membership. I am aware that the YMCA reserves the right, within its sole discretion, to withdraw program involvement and membership privileges to anyone for any reason that the YMCA, in its sole discretion, considers appropriate or in the interests of the YMCA and/or its patrons.

YOUR CONSENT AND RELEASE

- IN EXCHANGE FOR ALLOWING MY CHILD/WARD TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES, I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in YMCA programs, including claims arising out of negligence of the YMCA and its employees and volunteers. The use of all YMCA facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Georgia.
- I authorize the use and reproduction of any and all photographs or video footage of myself or my dependents for YMCA promotional purposes without compensation, and I understand that it is the personal responsibility of members and their guest(s) to avoid being photographed if they so desire. By signing this form, I agree that I have read this entire form and understand my responsibilities for participation and conduct in YMCA programs and activities.

Signature _____ Name (Please Print) _____ Date _____

Spouse/2nd Adult (if family membership) _____ Date _____

Name(s) of Child/Children _____

Parent/Guardian _____ Date _____

Emergency Contact/Relationship _____ Home Phone # _____ Cell Phone # _____