



**Camp Pruett - Canton**  
**2010 Summer Camp Registration Form**  
**Phone: 678-880-3516 Fax: 770-345-5290**

|                 |                |
|-----------------|----------------|
| Office Use Only |                |
| HID             | _____          |
| Staff           | _____          |
| Date            | ____/____/____ |

**Incomplete registrations will NOT be processed.**

**CAMPER INFORMATION**

**\*PLEASE COMPLETE ONE FORM PER CHILD**

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of first day of camp) \_\_\_\_\_ School \_\_\_\_\_

**FAMILY INFORMATION**

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

Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Primary Email Please Print \_\_\_\_\_ - Please Print \_\_\_\_\_ - Please Print \_\_\_\_\_ - Please Print \_\_\_\_\_ - Please Print \_\_\_\_\_

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

Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**CAMPER RELEASE/EMERGENCY CONTACTS**

Other than listed above (Please list in order you wish to be called)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Persons NOT Authorized To Pick Up Your Child:**

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

As the parent/guardian of the camper, I authorize Camper's Name – 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 supervised hikes, boat rides and transportation to and from camp site. I hereby consent to and authorize the use and reproduction of any and all photographs or video footage taken of my child for YMCA promotional purposes, including web site use. I understand that I receive no reimbursement for allowing my child's photo to be taken or for the use of the photo or video. I will read the summer day camp parent pack prior to my child attending camp.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



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Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

**PAYMENT POLICIES  
PLEASE INITIAL**

\_\_\_\_\_ I understand that if I cancel camp, it must be done in writing; no phone cancellations will be accepted.

\_\_\_\_\_ I understand that payment is forfeited if a cancellation is after the Wednesday prior to registered week.

I have read the above Payment Policies and I understand that Camp Pruett Staff will adhere strictly to these policies.

If I have any questions or concerns about any of the above policies I will contact the Camp

Director. By signing below I agree to each of the above initialed policies.

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

**HEALTH INFORMATION**

**IMMUNIZATION FORM 3231 REQUIRED AT TIME OF REGISTRATION.**

Has your child been hospitalized or had operations, serious injuries, fractures, etc. in the past 5 years?

No  Yes - Give dates & details \_\_\_\_\_

Does he/she have any disability, chronic, or recurring illness or conditions?

No  Yes - Give details \_\_\_\_\_

Does he/she have any physical problem, mental health disorders, mental retardation or developmental disabilities which would limit participation?  No  Yes \_\_\_\_\_

List any activities to be encouraged or limited \_\_\_\_\_

List Allergies/Medication \_\_\_\_\_

\*Please note if your child needs medication administered during camp hours, you will need to fill out a separate Medication Administration form on a weekly basis. All medication must be in its original prescription container and turned in each Monday your child reports to camp. For more information, refer to your Parent Pack that you will receive after registration.

**SUMMER CAMP  
WEEK SELECTION**

| Week | Session Dates    | Camp Choice | Camp Cost | Amount Paid | Amount Due | Balance Due Date |
|------|------------------|-------------|-----------|-------------|------------|------------------|
| 1    | June 1-4         |             |           |             |            | <b>May 14</b>    |
| 2    | June 7 -11       |             |           |             |            | <b>May 21</b>    |
| 3    | June 14 -18      |             |           |             |            | <b>May 28</b>    |
| 4    | June 21 - 25     |             |           |             |            | <b>June 4</b>    |
| 5    | June 28 – July 2 |             |           |             |            | <b>June 11</b>   |
| 6    | July 5 - 9       |             |           |             |            | <b>June 18</b>   |
| 7    | July 12 - 16     |             |           |             |            | <b>June 25</b>   |
| 8    | July 19- 23      |             |           |             |            | <b>July 2</b>    |
| 9    | July 26 - 30     |             |           |             |            | <b>July 9</b>    |
|      |                  |             | Total     | Total       | Total      |                  |

**\$20 per week deposit required at time of registration.**

Deposits will be applied to the camp balance. If camp is less than three weeks out, payment is due in full.



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**FEE CALCULATION**

**Step 1** Is your membership current?  No – Go to Step 2  
 \*To participate in any Y programs you must have a membership. **PRO**gram membership is a \$35 annual fee. Facility **MEM**ber has full facility access, and receive discounts on our programs. To find out more about becoming a full facility **MEM**ber please call (770) 345-9622.  Yes – Skip to Step 3

**Step 2** Purchase Membership Membership Total \$ \_\_\_\_\_  
 \$35 **PRO**gram Membership

**Step 3** Non-Refundable Deposits  
 \$20 deposit is due for each week registered if not paying amount in full. Deposits will be applied to the camp balance. If camp less than three weeks out, payment is due in full (skip to step 4).  
 \$20 x Weeks of Camp = Deposit Total \$ \_\_\_\_\_

**Step 4** Payments made in full (Optional, only if camp is more than 3 weeks away.)  
 Full Payment Total \$ \_\_\_\_\_

**Step 5** Fun Friday (Optional) – Campers get pizza, chips, and a drink on Friday.  
 Wk 1  Wk 2  Wk 3  Wk 4  Wk 5  Wk 6  Wk 7  Wk 8  Wk 9  
**Must Be Pre-registered For** \$3 x Weeks of Camp = Fun Friday Total \$ \_\_\_\_\_

**Step 6** I have enclosed an additional amount to help a child in need attend camp  
 Gift Total \$ \_\_\_\_\_

**Step 7** Add totals 2, 3, 4, 5, & 6  
**Total Paid Today** \$ \_\_\_\_\_

**Step 8** How did you hear about Camp Pruett?  
 Friend  Sign  Newspaper  Internet  Other \_\_\_\_\_

**NEW THIS YEAR**  
 Camp Pruett will strictly adhere to all payment due dates. If your payment is NOT received on the appropriate due date, your child's registration will be cancelled and deposits will be forfeited. If you choose to re-register, payment is due in full.

### Credit Card Agreement

Total: \$ \_\_\_\_\_

#### Credit Card Information

Name as it appears on card Please Print - Please Print - Please Print - Please Print

Type of Card      MasterCard      Visa      Discover      Amex

Card Numbers \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

- I authorize the YMCA to charge my credit card for the above amount.
- I understand that if my card declines my child's spot will be cancelled.

Card Holders Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note we have two different types of membership**

**MEM** = Facility Member — this is a monthly charge that comes out of your account each month, and full facility access.

**PRO** = Program ONLY Member — this is an annual payment of \$35, and is only for program signup.

#### Optional Auto Charge Agreement

I authorize the YMCA to charge my credit card listed above on the due date for the remaining balance for my child's camp (Please reference the due dates on page 2). I understand that if my card declines my child's registration will be cancelled.

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



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