

# 2010 Summer Day Camp Registration

**CHILD'S NAME:** \_\_\_\_\_ Age \_\_\_\_/\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_ Legal Guardian: Yes  No  Email \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Father's Name \_\_\_\_\_ DOB \_\_\_\_\_ Legal Guardian: Yes  No  Email \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Custody:  Both  Joint  Mother  Father  Other \_\_\_\_\_

**EMERGENCY INFORMATION** *(Person to be reached if parents or guardian cannot be reached)*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Health Insurance Carrier Policy Number \_\_\_\_\_

**CAMPER RELEASE** *(Parent's don't forget your own name)*

Not Authorized to pick up:

- |                            |               |
|----------------------------|---------------|
| 1. Name _____ Phone: _____ | 1. Name _____ |
| 2. Name _____ Phone: _____ | 1. Name _____ |
| 3. Name _____ Phone: _____ | 1. Name _____ |
| 4. Name _____ Phone: _____ | 1. Name _____ |

**SPECIAL NEEDS:**

Needs Noon Medication     Needs Hourly Medication     Food Allergies    Comments: \_\_\_\_\_  
 Asthma Inhaler     Convulsions     Other \_\_\_\_\_  
 Allergic to bees, Ants, etc.     Diabetic     Carries Epi pen     Yes     No

Has camper been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?  Yes  No  
 If yes, give dates & details: \_\_\_\_\_

Does camper have any chronic or recurring illness or conditions? \_\_\_\_\_

Should any activities be encouraged or limited? \_\_\_\_\_

List Allergies \_\_\_\_\_

Suggestions on health related information for camp personnel \_\_\_\_\_

The health history is correct so far as I know, and herein described has permission to engage in all prescribed 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 related to transportation for me/or my child. In the event that I cannot be reached in case of emergency, I hereby give 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.

MEDICATIONS: Forsyth County YMCA Day Camps prefer that all medications be administered at home before the camp day. Please DO NOT send any medication with your child.

**Parent/Guardian Authorization** As the parent/guardian, I authorize my child, \_\_\_\_\_ 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 any action is taken. I understand and accept that this expense will be my responsibility. I also understand that it is my responsibility to carry primary accident insurance. I give my permission for my child to participate in supervised hikes or trips away from the campsite. I give my permission for pictures or videos taken can be used by the YMCA for promotional purposes only. I further give my permission for pictures and videos for the sole purpose of promotion of the YMCA's Programs.

Returned Checks: If a check is deposited, designated as non-sufficient funds and remains unpaid by a participant's financial institution, the check will automatically be forwarded by Wachovia to Check care for collection. Checkcare will automatically assess a \$37.50 service charge in addition to the amount of the original check declared "non- sufficient". Upon deposit by the YMCA, all collections are subject to the policies and procedures of Wachovia and Checkcare.

I have read and I understand all information regarding fees. As result, I authorize all charges upon submitting this registration.

X \_\_\_\_\_  
 Signature of parent of guardian \_\_\_\_\_ Date \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_

### YMCA Camp Eagle Point

**Step I:** Please choose your camps & bus site.

**Bus Site:**  Ingles  Vickery Creek Middle

**CW1: May 31 - June 4 (1-wk)**

	Location	MEM	PRO
<input type="checkbox"/>	Rising Stars Eagle Point	\$160	\$180
<input type="checkbox"/>	Hot Shots Eagle Point	\$160	\$180
<input type="checkbox"/>	Soaring Eagles Eagle Point	\$160	\$180
<input type="checkbox"/>	Flying Aces Eagle Point	\$160	\$180

**CW2: June 7 - June 18 (2-wks)**

	Location	MEM	PRO
<input type="checkbox"/>	Rising Stars Eagle Point	\$255	\$275
<input type="checkbox"/>	Hot Shots Eagle Point	\$255	\$275
<input type="checkbox"/>	Soaring Eagles Eagle Point	\$255	\$275
<input type="checkbox"/>	Flying Aces Eagle Point	\$255	\$275

**CW4: June 21 - July 2 (2-wks)**

	Location	MEM	PRO
<input type="checkbox"/>	Rising Stars Eagle Point	\$255	\$275
<input type="checkbox"/>	Hot Shots Eagle Point	\$255	\$275
<input type="checkbox"/>	Soaring Eagles Eagle Point	\$255	\$275
<input type="checkbox"/>	Flying Aces Eagle Point	\$255	\$275

**CW6: July 5 - July 9 (1-wk)**

	Location	MEM	PRO
<input type="checkbox"/>	Rising Stars Eagle Point	\$160	\$180
<input type="checkbox"/>	Hot Shots Eagle Point	\$160	\$180
<input type="checkbox"/>	Soaring Eagles Eagle Point	\$160	\$180
<input type="checkbox"/>	Flying Aces Eagle Point	\$160	\$180

**CW7: July 12 - July 23 (2-wks)**

	Location	MEM	PRO
<input type="checkbox"/>	Rising Stars Eagle Point	\$255	\$275
<input type="checkbox"/>	Hot Shots Eagle Point	\$255	\$275
<input type="checkbox"/>	Soaring Eagles Eagle Point	\$255	\$275
<input type="checkbox"/>	Flying Aces Eagle Point	\$255	\$275

**CW9: July 26 - Aug 6 (2-wks)**

	Location	MEM	PRO
<input type="checkbox"/>	Rising Stars Eagle Point	\$255	\$275
<input type="checkbox"/>	Hot Shots Eagle Point	\$255	\$275
<input type="checkbox"/>	Soaring Eagles Eagle Point	\$255	\$275
<input type="checkbox"/>	Flying Aces Eagle Point	\$255	\$275

**CW1: May 31 - June 18 (3-wks)**

		MEM	PRO
<input type="checkbox"/>	Leader's In Training	\$600	\$620

### YMCA Camp Covenant

**Step I:** Please choose your camps.

**CW2: June 7 - June 18 (2 wks)**

	Location	MEM	PRO
<input type="checkbox"/>	Wiggles & Giggles II Covenant	\$80	\$100
<input type="checkbox"/>	Wiggles & Giggles III Covenant	\$120	\$140

**CW4: June 21 - July 2 (2 wks)**

	Location	MEM	PRO
<input type="checkbox"/>	Wiggles & Giggles II Covenant	\$80	\$100
<input type="checkbox"/>	Wiggles & Giggles III Covenant	\$120	\$140

**CW7: July 12 - July 23 (2 wks)**

	Location	MEM	PRO
<input type="checkbox"/>	Wiggles & Giggles II Covenant	\$80	\$100
<input type="checkbox"/>	Wiggles & Giggles III Covenant	\$120	\$140

**CW2: June 7 - June 11 (1-wk)**

	Location	MEM	PRO
<input type="checkbox"/>	Pathfinders Covenant	\$125	\$145
<input type="checkbox"/>	Kamp Kermit Covenant	\$125	\$145

**CW3: June 14 - June 18 (1-wk)**

	Location	MEM	PRO
<input type="checkbox"/>	Pathfinders Covenant	\$125	\$145
<input type="checkbox"/>	Kamp Kermit Covenant	\$125	\$145

**CW4: June 21 - June 25 (1-wk)**

	Location	MEM	PRO
<input type="checkbox"/>	Pathfinders Covenant	\$125	\$145
<input type="checkbox"/>	Kamp Kermit Covenant	\$125	\$145

**CW5: June 28 - July 2 (1-wk)**

	Location	MEM	PRO
<input type="checkbox"/>	Pathfinders Covenant	\$125	\$145
<input type="checkbox"/>	Kamp Kermit Covenant	\$125	\$145

**CW7: July 12 - July 16 (1-wk)**

	Location	MEM	PRO
<input type="checkbox"/>	Pathfinders Covenant	\$125	\$145
<input type="checkbox"/>	Kamp Kermit Covenant	\$125	\$145
<input type="checkbox"/>	Cheer/Tumble Covenant	\$135	\$155

**CW8: July 19 - July 23 (1-wk)**

	Location	MEM	PRO
<input type="checkbox"/>	Pathfinders Covenant	\$125	\$145
<input type="checkbox"/>	Kamp Kermit Covenant	\$125	\$145

**CW9: July 26 - July 30 (1-wk)**

	Location	MEM	PRO
<input type="checkbox"/>	Pathfinders Covenant	\$125	\$145
<input type="checkbox"/>	Kamp Kermit Covenant	\$125	\$145
<input type="checkbox"/>	Cheerleading Covenant	\$125	\$145

**Calculate payment on the next page**

Camper's Name: \_\_\_\_\_

**Tennis Camps** at the Forsyth Tennis Center

**Step I:** Please choose your camps.

**Rising Stars Tennis**

MEM: \$65 PRO: \$85

- CW1:** May 31 - June 4
- CW2:** June 7 - June 11
- CW3:** June 14 - June 18
- CW4:** June 21 - June 25
- CW5:** June 28 - July 2
- CW6:** July 5 - July 9
- CW7:** July 12 - July 16
- CW8:** July 19 - July 23
- CW9:** July 26 - July 30
- CW10:** Aug 2 - Aug 6

**Tennis Jr. Beginner I**

MEM: \$65 PRO: \$85

- CW1:** May 31 - June 4
- CW2:** June 7 - June 11
- CW3:** June 14 - June 18
- CW4:** June 21 - June 25
- CW5:** June 28 - July 2
- CW6:** July 5 - July 9
- CW7:** July 12 - July 16
- CW8:** July 19 - July 23
- CW9:** July 26 - July 30
- CW10:** Aug 2 - Aug 6

**Tennis Jr. Beginner II**

MEM: \$65 PRO: \$85

- CW1:** May 31 - June 4
- CW2:** June 7 - June 11
- CW3:** June 14 - June 18
- CW4:** June 21 - June 25
- CW5:** June 28 - July 2
- CW6:** July 5 - July 9
- CW7:** July 12 - July 16
- CW8:** July 19 - July 23
- CW9:** July 26 - July 30
- CW10:** Aug 2 - Aug 6

**Tennis Jr. Inter/Advan I**

MEM: \$85 PRO: \$105

- CW1:** May 31 - June 4
- CW2:** June 7 - June 11
- CW3:** June 14 - June 18
- CW4:** June 21 - June 25
- CW5:** June 28 - July 2
- CW6:** July 5 - July 9
- CW7:** July 12 - July 16
- CW8:** July 19 - July 23
- CW9:** July 26 - July 30
- CW10:** Aug 2 - Aug 6

**Tennis Jr. Inter/Advan II**

MEM: \$85 PRO: \$105

- CW1:** May 31 - June 4
- CW2:** June 7 - June 11
- CW3:** June 14 - June 18
- CW4:** June 21 - June 25
- CW5:** June 28 - July 2
- CW6:** July 5 - July 9
- CW7:** July 12 - July 16
- CW8:** July 19 - July 23
- CW9:** July 26 - July 30
- CW10:** Aug 2 - Aug 6

Financial Assistance is available upon request.  
Please contact (770) 888-2788

Return in-person to Forsyth County Family YMCA  
6050 "Y" Street, Cumming, GA 30040

**Sports Camps** at the Forsyth Y & Windermere Park

**Step I:** Please choose your camps.

**Martial Arts I & II**

MEM: \$80 PRO: \$100

- CW2:** June 7 - 11
- CW3:** June 14 - 18
- CW4:** June 22 - 25
- CW9:** June 28 - July 2

**Kick It Up Soccer**

MEM: \$130 PRO: \$150

- CW7:** July 12 - July 16 (Windermere Park)

**All Star Soccer**

MEM: \$130 PRO: \$150

- CW8:** July 19 - July 23 (Windermere Park)

**World Cup Soccer**

MEM: \$130 PRO: \$150

- CW9:** July 26 - July 30 (Windermere Park)

**Step II: Calculate Payment:**

Total due at registration:

- Current Facility Member
- \$25 Individual Program Member
- \$35 Family Program Member
- Charge if Necessary

**Bus Fee** (if applicable):  \$25 One Week  \$45 Two Weeks

Non-refundable \$50 Reservation fee/per camp

\$50 FEE x # \_\_\_\_\_ of sessions = \$ \_\_\_\_\_

Total reservation fees (per camp): \$ \_\_\_\_\_

Tax-deductible Partner With Youth donation: \$ \_\_\_\_\_

TOTAL PAID TODAY: \$ \_\_\_\_\_

Balance Owed: \$ \_\_\_\_\_

Payment Type:  Check# \_\_\_\_\_  Credit

Visa  MasterCard  American Express  Discover

# \_\_\_\_\_ CID# \_\_\_\_\_

Exp. date \_\_\_\_\_ / \_\_\_\_\_ Amount: \$ \_\_\_\_\_

The YMCA may Auto Draft my credit card on payment due date for my convenience.  Yes  No

Please charge me for the balance on my child's summer day camp account. The balance for each session of camp will be debited from the above account 21 days prior to each session.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_