

UBYMCA Camp Registration 2009

PLEASE PRINT - ONE FORM PER CHILD

Child's Name _____ Birth date ___/___/___ Age ___ Male / Female Grade Completed _____

Membership Type _____ T Shirt Size (Please Circle): YM YL AS AM AL AXL

Address _____ City/State/Zip _____

Parent/Guardian (to be called first) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address _____ Email will be used to forward registration information, newsletters, handbooks and messages from the camp offices. Email addresses will not be given to any other organizations.

Photographs/Videos may be taken of my child for publicity purposes YES NO

Signature _____ Date _____

Use the following table to register your child for camps. Be sure to include the camp title, code and fee from the brochure.

A non-refundable \$25 deposit per week is due upon registration for day camp.

A non-refundable \$5.00 deposit per week is due upon registration for extended care.

Week of JUNE 15	Camp Program:	Code:	<input type="checkbox"/> add BEFORE CAMP Care @ \$25/week (15014) <input type="checkbox"/> add AFTER CAMP Care @ \$25/week (15024) <input type="checkbox"/> my child does not need extended care	Amount Paid: Amount Due by 6/14:
		Fee:		
Week of JUNE 29	Camp Program:	Code:	<input type="checkbox"/> add BEFORE CAMP Care @ \$25/week (15015) <input type="checkbox"/> add AFTER CAMP Care @ \$25/week (15025) <input type="checkbox"/> my child does not need extended care	Amount Paid: Amount Due by 6/22:
		Fee:		
Week of JULY 6	Camp Program:	Code:	<input type="checkbox"/> add BEFORE CAMP Care @ \$25/week (15016) <input type="checkbox"/> add AFTER CAMP Care @ \$25/week (15026) <input type="checkbox"/> my child does not need extended care	Amount Paid: Amount Due by 6/29:
		Fee:		
Week of JULY 13	Camp Program:	Code:	<input type="checkbox"/> add BEFORE CAMP Care @ \$25/week (15017) <input type="checkbox"/> add AFTER CAMP Care @ \$25/week (15027) <input type="checkbox"/> my child does not need extended care	Amount Paid: Amount Due by 7/6:
		Fee:		
Week of JULY 20	Camp Program:	Code:	<input type="checkbox"/> add BEFORE CAMP Care @ \$25/week (15018) <input type="checkbox"/> add AFTER CAMP Care @ \$25/week (15028) <input type="checkbox"/> my child does not need extended care	Amount Paid: Amount Due by 7/13:
		Fee:		
Week of JULY 27	Camp Program:	Code:	<input type="checkbox"/> add BEFORE CAMP Care @ \$25/week (15019) <input type="checkbox"/> add AFTER CAMP Care @ \$25/week (15029) <input type="checkbox"/> my child does not need extended care	Amount Paid: Amount Due by 7/20:
		Fee:		
Week of AUGUST 3	Camp Program:	Code:	<input type="checkbox"/> add BEFORE CAMP Care @ \$25/week (15020) <input type="checkbox"/> add AFTER CAMP Care @ \$25/week (15030) <input type="checkbox"/> my child does not need extended care	Amount Paid: Amount Due by 7/27:
		Fee:		
Week of AUGUST 10	Camp Program:	Code:	<input type="checkbox"/> add BEFORE CAMP Care @ \$25/week (15021) <input type="checkbox"/> add AFTER CAMP Care @ \$25/week (15031) <input type="checkbox"/> my child does not need extended care	Amount Paid: Amount Due by 8/3:
		Fee:		
Week of AUGUST 17	Camp Program:	Code:	<input type="checkbox"/> add BEFORE CAMP Care @ \$25/week (15022) <input type="checkbox"/> add AFTER CAMP Care @ \$25/week (15023) <input type="checkbox"/> my child does not need extended care	Amount Paid: Amount Due by 8/10:
		Fee:		
Week of AUGUST 24	Camp Program:	Code:	<input type="checkbox"/> add BEFORE CAMP Care @ \$25/week (15023) <input type="checkbox"/> add AFTER CAMP Care @ \$25/week (15024) <input type="checkbox"/> my child does not need extended care	Amount Paid: Amount Due by 8/17:
		Fee:		

CAMP DEPOSITS AND PAYMENTS I understand that a deposit of \$25 per week is needed to hold my child's place in camp. **Deposits are non-refundable and cannot be transferred to a different child or different camp week. The remainder is due in the camp office seven days before the start of the camp week. Payments received after the due date will result in a \$25 late fee.** Campers may be removed from unpaid camps to allow children on the wait list to attend. I also understand that my child's health history and emergency contact information must be on file one week prior to the beginning of camp. I have read and understand the payment and refund policies as outlined in the camp brochure.

Parent's signature: _____ Date: _____

FOR OFFICE USE ONLY	Registration processed by:	<input type="checkbox"/> Registration packet, handbook, special events form and health form given	Forms received:
	Date Received:	<input type="checkbox"/> Registration packet, handbook, special events form and health form will be found online	<input type="checkbox"/> Emergency contact form <input type="checkbox"/> Medical form