

2010 Camp Discovery Registration Form

(One form per child)

Camper's Last Name:

Camper's First Name:

Membership Fees										
<input type="checkbox"/> \$25 Camp Discovery Registration <input type="checkbox"/> \$75/ Program Membership <input type="checkbox"/> \$150/ Family Program Member <input type="checkbox"/> Full Facility Member										
<i>Please select your membership level. Minimum requirement of \$25 Registration Fee</i>										
Camp Registration										
Camp Discovery	Fee per Week/ Session	WK1 6/28 7/2	WK2 7/5 7/9	WK3 7/12 7/16	WK4 7/19 7/23	WK5 7/26 7/30	WK6 8/2 8/6	WK7 8/9 8/13	WK8 8/16 8/20	Deposit per Week/ Session
5 Day Enrollment	\$210									\$25
4 Day Enrollment	\$193									\$25
3 Day Enrollment	\$162									\$25
Please check off days for 3 & 4 day enrollment: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F										

Deposits
A \$25 deposit is required for EVERY week/session. Deposits are due at time of registration. Deposits are non-refundable and non-transferable.
Payment Due Dates
Deposit due with registration form: \$25 per week/session
Payment 1 for , WK1, WK 2, WK 3 & WK 4 due May 14, 2010
Payment 2 for WK5, WK6, WK7 and WK 8 due June 18, 2010

Strong Kids Program (Financial Assistance)
Financial assistance applications available at both YMCAs as well as at www.ymca-bc.org . Applications will be accepted beginning February 9. Funds are limited - APPLY EARLY!

Payment Method	
<input type="checkbox"/> Check# _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Credit Card Number _____	Exp. _____
PERSON RESPONSIBLE FOR PAYMENT: _____	
Signature: _____	Billing Zip Code: _____
Credits (in house only)	
Refunds are <u>not</u> available for Deposits, Membership, or Camp fees. In-house credit will be considered for medical reasons ONLY. Credit requests MUST be accompanied by a doctor's note.	

Please complete both sides - Registration Form and Emergency Contact Information

Copy of each child's immunization record must accompany the completed Registration and Emergency Forms.

Emergency Contact Information

(Please PRINT CLEARLY)

Child's Name _____ Home Phone _____
Address _____ Birthdate _____
City, State, Zip _____ Age _____ Gender Male Female
Grade Entering Sept '10 _____ T-Shirt Size (indicate youth or adult size) _____

Mother or Legal Guardian Information
Name _____
Home # _____
Cell # _____
Work # _____

Father or Legal Guardian Information
Name _____
Home # _____
Cell # _____
Work # _____

Emergency Contacts (Child can be released to if parents are not available)		
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Health History: Check all that apply		
<u>Copies of child(ren)s immunization record must be on file at camp office no later than May 1, 2010</u>		
_____ Allergy to Medicine	_____ Allergies (Explain) _____	_____ ADD/ADHD
_____ Allergy to Insect Stings	_____ Asthma	_____ Special Dietary Needs
_____ Allergy to Poison Ivy	_____ Seizures	_____ Other _____
Please explain necessary treatment for any of the above _____		
Any conditions or special needs that may require accomodation _____		
Family Physician _____	Phone # _____	
Medical Insurance Carrier _____	Policy # _____	

Summer Camp Release Form	
I give permission for the YMCA of Burlington County to seek medical treatment for my child, in my absence, in the event of an emergency.	_____ (initial here)
I give permission to the YMCA of Burlington County to use any photos taken of my child during camp for any and all promotional purposes of the YMCA of Burlington County.	_____ (initial here)
I give permission for my child to be transported by the YMCA as necessary for camps and clinics. This could include daily busing for swimming at the YMCA as well as any field trips.	_____ (initial here)
My child is in good health and can participate in the normal activities of the program	_____ (initial here)
I give my permission for Camp Staff to take my child on short walks.	_____ (initial here)
I understand and accept that YMCA Day Camp deposits and fees are non-refundable and non-transferable. I will follow Camp Payment policies.	_____ (initial here)
Signature of Parent or Guardian _____	Date _____