

YMCA ADVENTURE CAMP REGISTRATION FORM 2010

- ▼ Return this form with your non-refundable deposit of \$25 per registered week to:
Greater Burlington YMCA, Summer Camp Registration, 266 College Street, Burlington, VT 05401
- ▼ Payment due in full if registering after June 18, Weeks 1–4; July 16, Weeks 5–7
- ▼ Complete a separate registration form for each child.
- ▼ Financial Assistance is available. Call 862-9622 or visit www.gbymca.org

1. Session

- Week 1: June 28–July 2
- Week 2: July 5–9
- Week 3: July 12–16
- Week 4: July 19–23
- Week 5: July 26–30
- Week 6: Aug. 2–6
- Week 7: Aug. 9–13

2. Program Site

- Founders School (ends 8/13)

3. Enrollment/Tuition (per week)

Tuition for 3-day camps is \$130
Tuition for 5-day camps is \$170
Only 3- & 5-day options available
Please check requested days:
 M Tu W Th F

- I receive subsidy (certificate included)

4. Personal Information

Child's Name: _____ Date of Birth: _____ Age: _____ M F

Address: _____ Home Phone: _____
_____ Zip: _____

Please check one: new camper returning camper

Parent/Guardian: _____ Place of Employment: _____ Day Phone: _____

Parent/Guardian: _____ Place of Employment: _____ Day Phone: _____

Parent/Guardian email: _____ Cell Phone: _____

The following people have permission to pick up my child:

Name: _____ Relationship: _____ Day Phone: _____

Name: _____ Relationship: _____ Day Phone: _____

5. Emergency Contacts (if parent/guardian cannot be reached)

Name: _____ Day Phone: _____

Name: _____ Day Phone: _____

6. Medical Information (An updated immunization record is required with this registration form)

Allergies: _____ Dietary Requirements: _____

Current Medications: _____

Physician's Name: _____ Address: _____ Phone: _____

Dentist's Name: _____ Address: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

7. Parent/Guardian Authorization

I, _____, parent/guardian of the above participant, _____, authorize him/her to attend a 2010 YMCA summer program and to take part in all activities. In case of emergency, the YMCA summer program staff has my permission to give first aid or take the participant to a physician for treatment. I hereby give my permission to the site director or to the YMCA summer program staff to call a doctor for medical or surgical care for my child. Should an emergency arise, I understand that a conscientious effort will be made to locate me or an emergency contact before any action is taken, but I agree to accept any expense associated with such an emergency if it is not possible to locate me in advance of treatment. I give permission for my child to go on trips away from the main program location, whether by foot or Mountain Transit bus. I also give permission for my child to swim during the YMCA summer programs, understanding that a certified lifeguard will be present at all times. I give permission for people I have listed to pick up my child. I understand that these people will be asked for identification if not recognized by the camp staff and that no one other than those listed may pick up my child. I also understand that both parents may add names to or delete names from the list. I acknowledge that I have read and understand the registration, refund and enrollment policies under "General Information."

<i>For Office Use Only</i>
Registration Date: _____
Deposit Amt: \$ _____
In Computer: _____
Info Pkt. Sent: _____
Cr. Card #: _____
<input type="checkbox"/> MC <input type="checkbox"/> VISA Exp.: _____
Card Name: _____

Signature: _____ Date: _____