

# YMCA CAMP GREYLOCK 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
- ▼ All payments are due in full for Weeks 1–4 by June 18; for Weeks 5–8 by July 16
- ▼ Complete a separate registration form for each child.
- ▼ Financial Assistance is available. Call 862-9622 or visit [www.gbymca.org](http://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
- Week 8: Aug. 16–20

## 2. Enrollment Plan & Tuition

- One week sessions
- \$175 per child per session
- I receive subsidy (certificate included)

## 3. Bus Stop Pick Up & Drop Off

- Week 1 & 2 only:  
 A  B  C  D  E  F  G  H  
Location: \_\_\_\_\_
- Weeks 3–8 only:  
 I  J  K  L  M  
 N  O  P  Q  R  
Location: \_\_\_\_\_

## 4. Personal Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  M  F  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

new camper  returning camper Previous years at camp: \_\_\_\_\_ Please put my child in same group as: \_\_\_\_\_

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."

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

<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: _____