



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMP REGISTRATION FORM

CHILD INFORMATION

Child's Last Name: _____ First Name: _____
 Address: _____ City _____ State _____ Zip _____
 Birthdate: (mm/dd/yyyy) _____ Gender: M F Y Member: Yes No

PARENT/GUARDIAN INFORMATION

Name: _____ Mother Father Legal Guardian
 Address: _____ City _____ State _____ Zip _____
 Phone: _____ E-mail: _____

- | | |
|--|---|
| <input type="checkbox"/> Week 1: June 8 - 12: Artful Antics | <input type="checkbox"/> Days attending: _____ |
| <input type="checkbox"/> Week 2: June 15 - 19: The Final Frontier | <input type="checkbox"/> Days attending: _____ |
| <input type="checkbox"/> Week 3: June 22 - 26: Fairytale Mysteries | <input type="checkbox"/> Days attending: _____ |
| <input type="checkbox"/> Week 4: June 29 - July 3: Project Funway | <input type="checkbox"/> Days attending: _____ |
| <input type="checkbox"/> Week 5: July 6 - 10: Farm Life For Me | <input type="checkbox"/> Days attending: _____ |
| <input type="checkbox"/> Week 6: July 13 - 17: Fear Factor | <input type="checkbox"/> Days attending: _____ |
| <input type="checkbox"/> Week 7: July 20 - 24: Shark Tank | <input type="checkbox"/> Days attending: _____ |
| <input type="checkbox"/> Week 8: July 27 - 31: Rock N Roll Hall of Fame | <input type="checkbox"/> Days attending: _____ |
| <input type="checkbox"/> Week 9: August 3 - 7: Wizards and Warlocks | <input type="checkbox"/> Days attending: _____ |
| <input type="checkbox"/> Week 10: August 10 - 14: Time Travel | <input type="checkbox"/> Days attending: _____ |
| <input type="checkbox"/> Week 11: August 17 - 21: Edible Science | <input type="checkbox"/> Days attending: _____ |
| <input type="checkbox"/> Week 12: August 24 - 28: Toy Construction | <input type="checkbox"/> Days attending: _____ |

AUTHORIZED PICK-UPS/EMERGENCY CONTACT (Must be someone other than parent/guardian and 18 or older.)

Your child will not be released to any other individuals unless specified. If changes are desired you must notify the Y in writing.)

Name: _____ Relationship: _____
 Phone (primary): _____ Alternate: _____
 Address: _____

Name: _____ Relationship: _____
 Phone (primary): _____ Alternate: _____
 Address: _____

Parent Handbook

I have read and understand the parent handbook and agree to abide by all the policies and procedures stated within the handbook.

Refund/Payment Policy

There is no refund for missed days. Payments are non-refundable and non-transferable unless programs are cancelled by the Y.

YES/NO (Circle one) I hereby irrevocably release, consent and allow the YMCA of Northern Rock County and its agents to use my or my family members' photograph/likeness/voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

Payment Confirmation

I understand registration is not complete and a spot is not guaranteed until payment is received in full and all paperwork is turned in.

Name of parent of guardian (please print)

Signature of parent or guardian

Date