

2018 Day Camp Registration Form

Camper Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent(s) Name _____

Email _____

Phone # _____

Please circle the session(s) your camper will be attending

- | <u>Session</u> | <u>Dates</u> |
|-------------------------------|------------------|
| <input type="radio"/> Week 0 | June 4-8 |
| <input type="radio"/> Week 1 | June 11-15 |
| <input type="radio"/> Week 2 | June 18-22 |
| <input type="radio"/> Week 3 | June 25-29 |
| <input type="radio"/> Week 4 | July 2-6 |
| <input type="radio"/> Week 5 | July 9-13 |
| <input type="radio"/> Week 6 | July 16-20 |
| <input type="radio"/> Week 7 | July 23-27 |
| <input type="radio"/> Week 8 | July 30-August 3 |
| <input type="radio"/> Week 9 | August 6-10 |
| <input type="radio"/> Week 10 | August 13-17 |

Please include a \$20 deposit per session with registration (The balance is due each Monday morning of the session attending)

Total enclosed \$ _____ Check # _____

Master Card DSC Visa AMEX

Credit Card # _____ 3 digit _____ Exp Date _____

I give permission for my child to participate in all camp activities. In the even I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the child named above. The Y Camp has my permission to use photography, which may include my children the help promote the camp through advertising, campaigning or any promotional collateral, print or web based.

Signature

Date