

# Fairfield YMCA SUMMER CAMP 2008

## Counselor-in-Training Registration Form

All applicants **MUST** schedule an interview and be accepted into the program before registering. An acceptance letter must accompany this registration form and include paid camp deposit.

**Camper Information:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 AGE (as of 6/1/08) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER: M or F

**Contact Information:**

MOTHER (or guardian) \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 FATHER (or guardian) \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 EMAIL ADDRESS (FOR YMCA USE ONLY) \_\_\_\_\_

**Camp Fee: \$400**

A non-refundable \$75 deposit is due at the time of registration. Deposits will be credited toward the balance which is due June 9<sup>th</sup>.

**Session 1 (6/23 – 7/3) All CITs must attend this session for intensive training.**

**CITs agree to volunteer for an additional four out of the six remaining weeks. Please check four weeks for which the CIT is willing and available to volunteer.**

July 7-11                       July 28-Aug 1  
 July 14-18                    Aug 4-8  
 July 21-25                    Aug 11-15

**Payment Information:**

Session 1      Total Due: \$ \_\_\_\_\_      Less \$75 Paid Deposit = Balance (due by June 9) \$ \_\_\_\_\_

**Deposit and Payment Policy:**

A non-refundable \$75 deposit per session is due at time of registration. Deposits will be credited towards each session's balance. The FULL remaining balance is due two weeks before session start date. Failure to pay will result in loss of camp spot and deposit fee. Financial assistance is available to those who qualify.

*All questions regarding camp payments should be addressed to Cheryl Wilson, Administrative Secretary, 255-2834, ext. 2314*

**Important Camp Information:**

\*The first two weeks of the CIT program are held at the Fairfield YMCA, 841 Old Post Road, Fairfield. For subsequent weeks, CITs will be assigned to a camp group either at the Fairfield YMCA site or at the Jennings School site. Parents are responsible for having CITs dropped off at assigned camp.

\*The CIT program is for students entering the 9<sup>th</sup> or 10<sup>th</sup> grade in September 2008.

\*See Camp Brochure for information on what to bring and what not to bring to camp each day.

\*T-shirts are required for field trips. One free t-shirt is given on the first day of camp. Additional T-shirts are \$15.00.

I hereby give permission for my child to participate in all activities that are part of the Fairfield YMCA program. I understand the risk associated with camp activities in which my child is a participant and hold the Fairfield YMCA, Central Connecticut Coast YMCA, its employees, representatives, agents and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I further grant permission for my child to be transported in the YMCA authorized vehicles for field trips, emergencies, and for my child to walk to local areas offsite for program activities or field trips. I also grant permission for any pictures taken of my child while at camp to be used for publicity and promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mail or drop off: Fairfield YMCA, 841 Old Post Rd., Fairfield, CT 06824      Fax: 203-259-7744

Deposit Amount \_\_\_\_\_ Date Paid \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_

Medical Form \_\_\_\_\_ Payment Authorization Form \_\_\_\_\_ Deposit Paid \_\_\_\_\_ Balance Paid \_\_\_\_\_

