

YMCA Camp Mountain Laurel—2010 Registration Form

Camper Name: _____

Week 1 2 3 4 5 6 7 8

Child's Name: _____

Date of Birth: _____ LAST Age as of 7/1/10 _____ FIRST Grade as of 9/1/10 _____

Address: _____

City, State, Zip: _____ Gender Male Female

Parent's Name: _____

Address: _____ Last First Relationship to camper
Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail: _____

Employer: _____

Parent's Name: _____

Address: _____ Last First Relationship to camper
Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail: _____

Employer: _____

EMERGENCY CONTACT/APPROVED PICK UP LIST (DO NOT LIST PARENTS AGAIN):

Name: _____

Home Phone: (____) _____ Last First Work Phone: (____) _____

Relationship to camper: _____ Cell Phone: (____) _____

Name: _____

Home Phone: (____) _____ Last First Work Phone: (____) _____

Relationship to camper: _____ Cell Phone: (____) _____

NAME OF CAMP PROGRAM: _____ SESSION(S) _____

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Group with: _____

Behavior Information: _____

Activity Restrictions: _____

Medical Information: _____

Daily Medications: _____

Allergies: _____

Special Needs: _____

Insurance Co.: _____ Policy #: _____

Transportation: My child will be transported as follows:

Sessions 1—4 AM— Personal Transport or Bus _____ Stop _____

PM— Personal Transport or Bus _____ Stop _____

Extended Care Registration

Before Camp Care *only* (at YMCA Main Branch) 7:30—9 am: \$60/2 week session

After Camp Care *only* (at YMCA Camp Mountain Laurel) 4—6 pm: \$60/2 week session

Before & After Camp Care (location and times above): \$100/2 week session

<input type="radio"/> Session 1	<input type="radio"/> Session 2
<input type="radio"/> Session 3	<input type="radio"/> Session 4

My signature below signifies that I agree with all information in the camp brochure. I understand that state law prohibits my child from attending camp without a medical form completed by a physician indicating an exam within 36 months prior to attending camp. My permission is granted for the YMCA to take/use photographs, slides, moving pictures or video tapes of the person named on this application. I have enclosed a \$80.00 deposit per child, per session as indicated on the registration form. I have also enclosed my one-time \$25.00 Camp Improvement Fee, per child due at registration. I agree to pay the balance of the camp fee by the required deadlines prior to my child attending YMCA Camp Mountain Laurel and that the refund of these fees will be considered according to the refund policy only. I give my child permission to participate in all daily camp activities unless otherwise noted in writing. Permission is granted for the camper listed above to participate and be transported to activities, programs, and out-of-town trips, understanding that YMCA leadership will be provided. I authorize the YMCA officials to secure medical/emergency attention and treatment for the camper listed above and to administer any needed medications listed in the standing orders provided by the camp doctor. I understand that it is my responsibility to meet my child at the appropriate bus stop at the designated pick-up/drop off location on time every day unless permission is granted otherwise. I have received the YMCA Camp Mountain Laurel Handbook and will read and review the camp rules and policies with my camper. **THE UNDERSIGNED VOLUNTARILY AGREES TO HOLD THE YMCA HARMLESS FOR INJURIES OR ACCIDENTS RESULTING IN BODILY INJURY OR PROPERTY DAMAGE DURING MY CHILD'S PARTICIPATION IN PROGRAMS AT YMCA CAMP MOUNTAIN LAUREL. I FURTHER WAIVE, RELEASE, ABSOLVE AND IDENMNIFY THE CENTRAL CONNECTICUT COAST YMCA, HAMDEN/NORTH HAVEN YMCA, ITS DIRECTORS, VOLUNTEERS, OFFICERS OR EMPLOYEES FOR INJURIES OR ACCIDENTS OCCURING WHILE PARTICIPATING IN THE PROGRAMS OF YMCA CAMP MOUNTAIN LAUREL.**

Parent/Guardian Name (please print): _____ Signature: _____ Date: _____

YMCA Camp Mountain Laurel 2010 Camp Fee Calculations

Camp Program	Session 1 6/28-7/9 Member Rate / Non-Member Rate	Session 2 7/12-7/23 Member Rate / Non-Member Rate	Session 3 7/26-8/6 Member Rate / Non-Member Rate	Session 4 8/9-8/20 Member Rate / Non-Member Rate	Total
Classic Camp (grade in Fall:1-9) (2 weeks)	<input type="checkbox"/> \$336 / \$368	<input type="checkbox"/> \$336 / \$368	<input type="checkbox"/> \$336 / \$368	<input type="checkbox"/> \$336 / \$368	
Horseback (grade in Fall:3-9) (2 weeks)		<input type="checkbox"/> \$578 / \$610			
Rookies Sports (1 week) (grades 1—3)	<input type="checkbox"/> \$170 / \$205 <small>(6/28-7/2)</small>		<input type="checkbox"/> \$170 / \$205 <small>(7/26-30)</small>		
All-Star Sports (1 week) (grades 4—7)				<input type="checkbox"/> \$170 / \$205 <small>(8/16—20)</small>	
Ultimate Adventures (1 week) (grades 4—9)	<input type="checkbox"/> \$225 / \$260 <small>(7/5-9)</small>			<input type="checkbox"/> \$225 / \$260 <small>(8/9-13)</small>	
Animal Mania (Sea) (1 week) (grades 1—6)			<input type="checkbox"/> \$200 / \$235 <small>(8/2-6)</small>		
Animal Mania (Land) (1 week) (grades 1—6)	<input type="checkbox"/> \$200 / \$235 <small>(7/5-9)</small>				
Girl Power (1 week) (grades 4—8)		<input type="checkbox"/> \$200 / \$235 <small>(7/19-23)</small>	<input type="checkbox"/> \$200 / \$235 <small>(8/2-6)</small>		
Outdoor Explorers (1 week) (grades 3—9)				<input type="checkbox"/> \$200 / \$235 <small>(8/16-20)</small>	
Swim Camp (1 week) (grades 3—7)		<input type="checkbox"/> \$170 / \$205 <small>(7/12-16)</small>		<input type="checkbox"/> \$170 / \$205 <small>(8/9-13)</small>	
Destination Fun (1 week) (grades 3—9)			<input type="checkbox"/> \$200 / \$235 <small>(7/26-30)</small>		
Lego Tech Camp (1 week) (grades 2—7)	<input type="checkbox"/> \$225 / \$260 <small>(6/28-7/2)</small>	<input type="checkbox"/> \$225 / \$260 <small>(7/19-23)</small>		<input type="checkbox"/> \$225 / \$260 <small>(8/9-13)</small>	
CIT (Ages 14—15) (2 weeks)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	
Session Splitting (Classic Camp Only)	<input type="checkbox"/> \$200 / \$230 per wk	<input type="checkbox"/> \$200 / \$230 per wk	<input type="checkbox"/> \$200 / \$230 per wk	<input type="checkbox"/> \$200 / \$230 per wk	
Please indicate which week to attend by checking in the appropriate box	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	
EXTENDED CARE					
Before Camp Care 7:30am-9am	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	
After Camp Care 4pm-6pm	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	
Before & After Camp Care	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	
Camp Improvement Fee					+ \$25
*Camp Snack Bar - Pre-pay for "snack credits" for water, juice or healthy snacks	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$30				
Total					

Payment

All required \$80 deposit(s) per session and \$25 camp improvement fee are non-refundable and are due upon registration. Camper space is only held with paid deposits. All camp balances are due no later than the Wednesday before of the first day of the first session that the camper is starting. The EZ Pay option is a spread of the camp payments ending June 20th, 2010. Payments will be electronically debited to a Visa/Mastercard, savings or checking accounts on the 20th of the month. Please fill out EZ Pay Form and return with registration. Financial Aid is available through programs like Care4Kids and the Hamden/North Haven YMCA Open Door Program. Please inquire at the front desk for more information.

Camp Total: _____

Deposit/Payment: _____

- Cash
- Check
- MC/Visa
- EZ Pay

Name on Card (please print): _____

Card Number: _____

Exp. Date: _____

3 Digit Security Code: _____

Camp Balance: _____

EZ Pay Plan: _____

I accept that I am responsible for all fees and payments. I accept my responsibility that all paper work and necessary information is handed in before the start of the first day of camp. I accept that there will be a zero balance prior to the start of the campers first day of camp.

Signature: _____ Date: _____