

Valley YMCA Summer Fun Club

2012 REGISTRATION & RELEASE FORM

Camper's First Name _____ Last _____ Boy ___ Girl ___

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age entering camp yrs _____ mos _____ Grade entering in Sept. _____ Child lives with _____

Parent # 1 _____ Parent # 2 _____

Home Address _____ Home address _____

PLEASE CHECK WHICH PHONE NUMBER YOU WOULD LIKE USED AS PRIMARY CONTACT NUMBER

Home Phone # () _____ Home Phone # () _____

Cell Phone # () _____ Cell Phone # () _____

Work Phone # () _____ Work Phone # () _____

If parent cannot be reached, give name and relationship of person to be called in case of emergency.

_____ Home # _____ Work # _____ Cell _____

Parent/Guardian E-Mail Address _____ (camp info will be sent via e-mail)

SUMMER FUN CLUB 5 – 12 YEARS OLD

*** A \$25.00 registration fee is due with this completed registration form**

<input type="checkbox"/> Week 1 June 18 – June 22 Member \$160 Non Member \$ 200	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 4 \$ _____
<input type="checkbox"/> Week 2 June 25 – June 29 Member \$160 Non Member \$ 200	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 11 \$ _____
<input type="checkbox"/> Week 3 July 2 - July 6 Member \$160 Non Member \$ 200	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 18 \$ _____
<input type="checkbox"/> Week 4 July 9 - July 13 Member \$160 Non Member \$ 200	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 25 \$ _____
<input type="checkbox"/> Week 5 July 16 - July 20 Member \$160 Non Member \$ 200	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 2 \$ _____
<input type="checkbox"/> Week 6 July 23 – July 27 Member \$160 Non Member \$ 200	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 9 \$ _____
<input type="checkbox"/> Week 7 July 30 – Aug 3 Member \$160 Non Member \$ 200	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 16 \$ _____
<input type="checkbox"/> Week 8 Aug 6 – Aug 10 Member \$160 Non Member \$ 200	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 23 \$ _____
<input type="checkbox"/> Week 9 Aug 13 – Aug 17 Member \$160 Non Member \$ 200	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 30 \$ _____

LEADERS IN TRAINING 13 – 15 YEARS OLD

<input type="checkbox"/> Week 1 June 18 – June 22 Member \$125 Non Member \$150	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 4 \$ _____
<input type="checkbox"/> Week 2 June 25 – June 29 Member \$125 Non Member \$150	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 11 \$ _____
<input type="checkbox"/> Week 3 July 2 - July 6 Member \$125 Non Member \$150	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 18 \$ _____
<input type="checkbox"/> Week 4 July 9 - July 13 Member \$125 Non Member \$150	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: June 25 \$ _____
<input type="checkbox"/> Week 5 July 16 - July 20 Member \$125 Non Member \$150	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 2 \$ _____
<input type="checkbox"/> Week 6 July 23 – July 27 Member \$125 Non Member \$150	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 9 \$ _____
<input type="checkbox"/> Week 7 July 30 – Aug 3 Member \$125 Non Member \$150	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 16 \$ _____
<input type="checkbox"/> Week 8 Aug 6 – Aug 10 Member \$125 Non Member \$150	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 23 \$ _____
<input type="checkbox"/> Week 9 Aug 13 – Aug 17 Member \$125 Non Member \$150	<input type="checkbox"/> Pre Care \$20	<input type="checkbox"/> Post care \$25	Total Due \$ _____	Paid/Deposit \$ _____	Balance due by: July 30 \$ _____

REGISTRATION / PAYMENT INFORMATION

- ◆ A \$50 deposit for each session is required upon registration and is **non-refundable after June 1st, 2012**. Deposits are applied toward your camp balance.
- ◆ A one-time, **non-refundable** registration fee of \$25 per child is due with the completed registration form.
- ◆ Each week's payment is due 2 weeks prior to the beginning of the camp week. Please see payment schedule on the registration form.
- ◆ A \$25 late fee will be charged if balance is not received by due date.
- ◆ There will be a \$15 service charge for any change. Changes will only be made when space is available.
- ◆ Credit card returns and returned check fee is \$20.00.
- ◆ Refunds are given for medical reasons only (must provide doctor note).
- ◆ There is a \$10 service charge for all refunds.
- ◆ Any other refund, approved by Camp Director, after (June 25), will be a **SYSTEM CREDIT ONLY**.
- ◆ **Failure to remit balance and signed medical form by due date will jeopardize your child's enrollment in camp.**
- ◆ We are unable to honor personal requests for group assignments and activities. There will be no exceptions.

Parent/Guardian Signed Releases:

I give permission for my child to participate in all activities that are apart of the Valley YMCA Summer Camp program, including out of camp field trips under the camp auspices and swimming which will take place under the supervision of certified lifeguards. I understand there are risks associated with camp activities within which my child is a participant and hold the Valley YMCA, its employees, representatives, agents and assigns free from any and all claims whatsoever against said parties resulting from or caused by my child's participation. I certify that my son/daughter is amenable to discipline and free from habits or attitudes which would make him/her an unsuitable camper. I have read the camp rules and agree that my child will abide by them. I understand that failure to keep this promise could result in my child's dismissal from camp without a refund. I understand that camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred for prompt medical attention. I give permission to do the following for my child in the unlikely event of a medical emergency: 1. To administer First Aid by a First Aid certified but not medically licensed staff member. 2. To be transported by an emergency vehicle to Griffin Hospital (unless otherwise stated). 3. To receive emergency medical treatment. I have read, understand and agree to the Valley YMCA policies and procedures and agree to abide by them in relation to the 2012 camp season. I further grant permission for any pictures taken of my child while at camp to be used for publicity and promotional purposes. I have read the above and fully understand the same.

Signature of Parent/Guardian X _____ Date _____

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (Child Care/Camp Service) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for weekly payment (direct from my Checking Savings account)

Name on Account: _____ Bank Name: _____

Address of Account Holder: _____

Routing/Transit Number: _____ Account Number: _____

Authorized Signature: _____ Date: _____

I choose to utilize the Credit Card Payment Option for weekly payment according to the payment schedule (automatic direct charge to credit card)

Credit Card Type: Visa Master Card Card Holder Name: _____

Card Holder Address: _____

Account Number: _____ Expiration Date: _____

Authorized Signature: _____ Date: _____