

Northeast Y: Camper Info

1. Camper Information *(one form per child)*

Camper's Name (last, first) _____ Home Phone _____

Camper's Address (street, city, state, zip) _____

Date of Birth _____ Gender (circle): M F _____ Age at camp _____ Grade in Fall '09 _____

Camper's T-shirt Size (circle one) Youth: S M L Adult: S M L (T-shirts not provided for half-day camps)

First Contact _____

Phone (h) _____ (wk/c) _____ Email address: _____

Second Contact _____

Phone (h) _____ (wk/c) _____ Email address: _____

2. Authorized to Pick-up Camper: *(Please include parents)*

Name _____ Name _____

Name _____ Name _____

3. Persons NOT Authorized to Pick-up Camper:

Name _____ Name _____

Name _____ Name _____

4. Emergency Contacts: *(Other than parent/guardian)*

Name _____ Phone(s) _____

Name _____ Phone(s) _____

5. Health History: *(Please fill out completely)*

Has camper been hospitalized or had operations, serious injuries, fractures, etc. in the past 5 years?

No Yes If yes, please specify:

Does the camper have ALLERGIES or MEDICAL CONDITIONS (including emotional/behavioral) that should be considered?

No Yes If yes, please specify:

Are there any special instructions from you or the camper's doctor as to treatment at the day camp site?

6. Please read & sign below. Form will not be processed without signature

As the parent/guardian of the camper, I authorize _____ (camper's name) to attend and participate in all prescribed YMCA camp activities. I give permission of the Camp Director and any other designated camp staff to administer first aid, and in the event of an emergency, to secure a physician for any medical or surgical treatment needed for my child. I understand that a conscientious effort will be made to locate me or my spouse before action is taken. I understand and accept that this expense will be my responsibility. I understand that it is my responsibility to carry primary accident insurance. I give my permission for my child to participate in supervised sports and activities. I give permission that any photos or videos taken of my child can be used for promotional purposes only. I have read the brochure and understand all of the information concerning fees and cancellation policies. **We cannot pro-rate fees due to missed days of camp for any reason, nor do we offer refunds for absentees.**

X _____
Signature of Parent/Guardian _____ Date _____



Session 1: June 1 – June 5
Session 2: June 8 – June 12
Session 3: June 15 – June 19
Session 4: June 22 – June 26
Session 5: June 29 – July 3

Session 6: July 6 – July 10
Session 7: July 13 – July 17
Session 8: July 20 – July 24
Session 9: July 27 – July 31
Session 10: August 3 – August 7

Camper's Last Name:

See chart below for complete detail. Some camps run on specific days of the week.

| Ages | Camps & Sessions | Days | Time | MEM | PRO | TOTAL |
|--------|--|----------|---|-------|-------|-------|
| 2 - 5 | Parent's Morning Out [circle session(s) below] 1 2 3 4 5 6 7 8 9 10 | M - F | 9:30 am – 12:30 pm (odd sessions) & 12:30 pm – 3:30 pm (even sessions) | \$100 | \$150 | |
| 3 - 5 | Dance Camp [circle session(s) below] 2 6 | M - F | 9 am – 12 pm | \$100 | \$150 | |
| 3 - 6 | Cheerleading Camp [circle session(s) below] 4 8 | M - F | 9:30 am – 12 pm | \$100 | \$150 | |
| 7 - 10 | Art Camp [circle session(s) below] 6 | M, W & F | 9 am – 11 am | \$80 | \$100 | |
| 3 - 5 | Storybook Cooking [circle session(s) below] 3 | M - F | 1 pm – 3 pm | \$100 | \$150 | |
| 3 - 5 | Safety Camp [circle session(s) below] 7 | M - F | 1 pm – 3 pm | \$100 | \$150 | |
| 13+ | Family Boot Camp [8 weeks] Sessions 2 thru 9 | T & Th | 4:30 pm – 5:30 pm | \$150 | \$200 | |
| 9 - 14 | Basketball Camp [circle session(s) below] 2 3 7 8 | M - F | 9 am – 4 pm | \$160 | \$240 | |
| 9 - 14 | Volleyball Camp [circle session(s) below] 6 10 | M - F | 9 am – 4 pm | \$160 | \$240 | |
| 9 - 16 | Inline Hockey Camp [circle session(s) below] 3 8 | M - F | 9 am – 12 pm | \$90 | \$135 | |
| 9 - 14 | Lacrosse Camp [circle session(s) below] 2 7 | M - F | 9 am – 12 pm | \$90 | \$135 | |
| 9 - 16 | Speed & Agility Camp [circle session(s) below] 1 6 | M - F | 9 am – 12 pm | \$90 | \$135 | |
| 9 - 14 | All Sports Camp [circle session(s) below] 1 4 9 | M - F | 9 am – 4 pm | \$160 | \$240 | |

First Name:

Method of Payment (circle one) **Check** **Cash** **Credit Card** **Other**

Check # _____ **Total Amount** _____

Charge (circle one) VISA MC Discover AMEX
 Card # _____ Expiration Date _____

Signature **X** _____ Today's Date _____

Total charged _____

