



**Cherokee Outdoor Family YMCA  
G. Cecil Pruett Community Center Family YMCA  
2009-2010 School Break Camp Registration**

**Phone: 770-345-9622 Fax: 770-345-5290**

**Incomplete registrations will NOT be processed and will be returned.**

Office Use Only	
HID:	_____
Staff:	_____
Date	___/___/___

**Camper Information:**

**\*PLEASE COMPLETE ONE FORM PER CHILD\***

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age (as of session start date) \_\_\_\_\_

**FAMILY INFORMATION**

Mother/Guardian \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**CAMPER RELEASE/EMERGENCY CONTACTS**

(Please list in order you wish to be called) Persons Authorized to Pick up Your Child and Emergency Contacts (other than listed above)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Persons NOT Authorized To Pick Up Your Child:**

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

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 hikes and transportation to and from camp site. 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.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



We build strong kids, strong families, strong communities.

Child's Name: \_\_\_\_\_

Age at the start of the session \_\_\_\_\_

PLEASE INITIAL THESE PAYMENT POLICIES

*\*Registration will NOT be processed if the following policies are not initialed!*

\_\_\_\_\_ I understand that if I cancel camp, it must be done in writing; no phone cancellations will be accepted.

\_\_\_\_\_ I understand that payment is forfeited if a cancellation is made less than 72 hrs before camp starts.

I have read the above Payment Policies and I understand that the G. Cecil Pruett Community Center Family YMCA/Cherokee Outdoor Family YMCA Staff will adhere strictly to these policies.

If I have any questions or concerns about any of the above policies I will contact the Camp Director. By signing below I agree to each of the above initialed policies.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEALTH INFORMATION**

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

No  Yes - Give dates & details \_\_\_\_\_

Does he/she have any disability, chronic, or recurring illness or conditions?

No  Yes - Give details \_\_\_\_\_

Does he/she have any physical problem, mental health disorders, mental retardation or developmental disabilities which would limit participation?  No  Yes \_\_\_\_\_

List Allergies/Medication \_\_\_\_\_



**FEE CALCULATION**



**Step 1:** Choose your camp location

- Cherokee Outdoor YMCA** in Woodstock
  - Questions? 770-591-5820
  - Ages 5-12
- Pruett Indoor YMCA** in Canton
  - Questions? 770-345-9622
  - Ages 5-10

**Step 2:** Do you have a current membership?

- \$35 **PRO**gram Family Membership
- Already have a current **PRO**gram Membership  
(Paid a \$35 annual fee to sign up for programs)
- Already have a current Facility **MEM**bership  
(Pay a monthly fee for use of the full facility & receive discounts on programs)

**Step 3:** Payment/Fees

- \$29 per day (per child) **PRO.** x \_\_\_\_\_ = \$ \_\_\_\_\_  
(Days of Camp)
- \$27 per day (per child) **MEM.** x \_\_\_\_\_ = \$ \_\_\_\_\_  
(Days of Camp)

**PWY Pledge:** I have enclosed an additional amount to help a less fortunate child attend Camp. \$ \_\_\_\_\_

**Total: \$** \_\_\_\_\_

**DATE OF SCHOOL BREAK CAMP**

(Please check off the dates that you wish to register for. Please note payment is needed to secure your child's spot)

**September 2009 Break**

- Mo. Sept. 21
- Tu. Sept. 22
- Wd. Sept. 23
- Th. Sept. 24
- Fr. Sept. 25

**November 2009 Break**

- Mo. Nov. 23
- Tu. Nov. 24
- Wd. Nov. 25
- Nov. 26 - No Camp
- Nov. 27 - No Camp

**December 2009 Break**

- Mo. Dec. 21
- Tu. Dec. 22
- Wd. Dec. 23
- Dec. 24 - No Camp
- Dec. 25 - No Camp
- Mo. Dec. 28
- Tu. Dec. 29
- Wd. Dec. 30
- Dec. 31 - No Camp

**January 2010 Break**

- Jan. 1- No Camp
- Mo. Jan. 4  
(Teacher Work Day)

**February 2010 Break**

- Mo. Feb. 15
- Tu. Feb. 16
- Wd. Feb. 17
- Th. Feb. 18
- Fr. Feb. 19

**April 2010 Break**

- Mo. Apr. 5
- Tu. Apr. 6
- Wd. Apr. 7
- Th. Apr. 8
- Fr. Feb. 9

**Please use the Credit Card Agreement for faxed in registrations**