

Holiday Camp

770-513-5956

Fax: 770-963-6037

J. M. Tull-Gwinnett Family YMCA

2985 Sugarloaf Parkway, Lawrenceville, GA 30045

Child's Name: _____ Home Number: _____

Address: _____ City _____ Zip _____

Age _____ Membership # _____ E-mail _____

Mother's Name _____ Employer _____

Work # _____ Ext _____ Cell # _____ Home # _____
(if different)

Father's Name _____ Employer _____

Work # _____ Ext _____ Cell # _____ Home # _____
(if different)

Allergies or medical needs _____

Current Prescribed medication _____

LIST NAMES APPROVED TO SIGN YOUR CHILD OUT Mom listed above Father listed above

1. _____ 2. _____

Emergency Contacts: (if parent(s) cannot be reached)

Name _____ Phone _____ Relation to child _____

Name _____ Phone _____ Relation to child _____

Child's Doctor _____ Phone _____

Insurance Carrier _____ Policy Number _____

Choose dates that your child will be scheduled to attend Holiday Camp (Limited Space)

The fees for the dates below are:

\$10 per day/per child (Afterschool participant)

\$25 per day/per child (Facility Member)

\$30 per day/per child (Program Member)

- | | |
|--|---|
| <input type="checkbox"/> October 9, 2009 | <input type="checkbox"/> March 12, 2010 |
| <input type="checkbox"/> October 12, 2009 | <input type="checkbox"/> March 15, 2010 |
| <input type="checkbox"/> January 4, 2010 | <input type="checkbox"/> April 2, 2010 |
| <input type="checkbox"/> February 12, 2010 | <input type="checkbox"/> May 27, 2010 |
| <input type="checkbox"/> February 15, 2010 | <input type="checkbox"/> May 28, 2010 |

The fees for the dates below are:

\$25 per day/per child (Facility Member)

\$30 per day/per child (Program Member)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Nov 25, 2009 | <input type="checkbox"/> Dec 30, 2009 |
| <input type="checkbox"/> Dec 21, 2009 | <input type="checkbox"/> April 5, 2010 |
| <input type="checkbox"/> Dec 22, 2009 | <input type="checkbox"/> April 6, 2010 |
| <input type="checkbox"/> Dec 23, 2009 | <input type="checkbox"/> April 7, 2010 |
| <input type="checkbox"/> Dec 28, 2009 | <input type="checkbox"/> April 8, 2010 |
| <input type="checkbox"/> Dec 29, 2009 | <input type="checkbox"/> April 9, 2010 |

**Holiday campers will have the option of going on field trips during some Holiday Camps. There will be an additional \$10 fee per child for such trips.*

As parent/guardian of the above child, I authorize _____ to attend and participate in all scheduled YMCA Holiday Camp activities (swimming, archery, sports and other camp activities), and when scheduled, to be transported to and from field trip locations. In the event of an emergency involving my child, and if I cannot be reached, I hereby give permission for the YMCA to secure any medical or surgical treatment necessary for the health of my child. I understand that a conscious effort will be made to contact me or my spouse before any action is taken. I understand that this expense will solely be my responsibility, and hereby release the YMCA and staff from said responsibility. I also understand that it is my responsibility to carry primary accident insurance.

Signature of parent/guardian _____ Date _____

Remember to pack with labeled name on each item: Swim suit, towel, lunch box with lunch, 2 snacks, 3 drinks. Dress for the weather and wear closed toed shoes, including outdoor gear, rain jacket if needed. On the day of your event you can send \$5.00 for 2 slices of pizza and a drink. Cash only as we pay the pizza man directly.