

2009 Summer Day Camp Registration

- Fill out a separate registration form for each child.
- The form may be photocopied.
- Fill in all the family and emergency information.
- Calculate the total of your deposits and fees below.
- Select the type of membership desired.
- Enclose payment and make check payable to: Forsyth County Family YMCA.
- **Don't forget to sign your child's registration form.**
- You may register in person (9:00 AM – 5:00 PM Mon.-Sat. at the YMCA), by mail or fax. **Faxed registrations require payment by charge card. Fax (678) 341-6328.**
- Incomplete registration forms will be returned unprocessed.
- A deposit of \$50/session/child is due at time of registration. Deposit will be returned in full if space is not available.

Cancellations:

- Deposits are non-refundable and non-transferable
- **Payment of balance:**
- Session balances are due 15 business days prior to the starting date of each session.
- Payments not received by the due date may result in the cancellation of your child's reservation for that session and the loss of the deposit.
- Please write the child's full name on the memo section of your check.
- Cash payments will be accepted only at the YMCA office.
- We accept Visa, MasterCard, Discover & AMEX.

Financial Assistance is available upon request.

Please contact (770) 888-2788

COMPLETE ONE FORM PER CHILD. PLEASE PRINT ALL INFORMATION

Child's Name _____ Age ____/____/____ Birth Date ____/____/____ Gender _____
Yrs mths
 Home Address _____ Home Phone _____
 City _____ State _____ Zip _____
 Mother's Name _____ DOB _____ Legal Guardian: Yes No Email _____
 Place of Employment _____ Work # _____ Cell # _____
 Father's Name _____ DOB _____ Legal Guardian: Yes No Email _____
 Place of Employment _____ Work # _____ Cell # _____
 Custody: Both Joint Mother Father Other _____

Step I: Please check the camp and session you want. Register early for best choice since enrollment is limited. We will call after receiving registration if the camp you choose is full.

Session Dates	Facility Member	Program Member
<input type="checkbox"/> May 25-June 5	\$250	\$270
<input type="checkbox"/> June 8-June 19	\$250	\$270
<input type="checkbox"/> June 22-July 3	\$250	\$270
<input type="checkbox"/> July 6-July 17	\$250	\$270
<input type="checkbox"/> July 20-July 31	\$250	\$270
<input type="checkbox"/> August 3-7	\$150	\$170

Step II: Please check the bus service session(s) needed.

Session: 1 2 3 4 5 6

Step III: Please check the bus stop your child will be using.

Post Rd. Bethelview Rd. Browns Bridge Church

Step IV: Campers must be of appropriate age while at camp.

- 5 - 6 years - **Rising Stars**
- 7 - 8 years - **Hot Shots**
- 9 - 10 years - **Soaring Eagles**
- 11 - 12 years - **Flying Aces**

Free T-shirt Included! **Check Size:**

YS YM YL AS AM AL AXL

Mail to: Forsyth County YMCA - 6050 Y Street, Cumming GA 30040
 7708882788 • Fax: 6783416328

Office Use Only Date: _____ Receipt # _____
 Total Paid \$ _____ Initials: _____
 Shirt: _____ Parent Pkt: _____
 Conf: _____

Step V: Eagle Point Day Camp Auto Pay Form

We are pleased to offer an automatic payment draft service to you at no additional cost. Out ADS will save you time, postage and ensure that your payment is made on time. The Forsyth County Family YMCA will work directly with your financial service provider to keep you advised of your child's Day Camp billing statement. This statement will notify you of the amount deducted for each Camp Session your child will attend as well as provide you with accurate records by summers end. This will also provide you with records for your year-end deductions.

Enrollment in our "Automatic Processing through Credit Card Draft" is easy. Just complete and sign the authorization form below and return to Forsyth County YMCA. After you return this form and Day Camp application your account will be active and all subsequent bill payments will be automatically deducted from your Credit Card on the due date indicated in the chart below. Your monthly statement will show all activity that you have authorized for the YMCA. You may enroll in or stop payment by automatic draft anytime by providing the YMCA with a written notice of cancellation. For additional information or if you have questions regarding this payment option, please call the YMCA at 770-888-2788, M-F 8:00 am - 5:00 pm.

Current Facility Member \$25 Individual Program Member
 \$35 Family Program Member Charge if Necessary

Child's Name: _____

Child's Name: _____

Cardholder's Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone 1: _____ Phone 2: _____

VISA MASTERCARD DISCOVER AMEX **Code:** _____

Card number ____ / ____ / ____ / ____ Exp. ____ / ____

X _____ / ____ / ____
 Signature of cardholder _____ Date _____

AUTO PAY DAY CAMP TUITION SCHEDULE

Session	Tuition	Auto Pay Date	Session	Tuition	Auto Pay Date
1	250/270	April 20	2	250/270	May 11
3	250/270	June 1	4	250/270	June 22
5	250/270	July 6	6	150/170	July 13

Family Information

CHILD'S NAME: _____

EMERGENCY INFORMATION *(Person to be reached if parents or guardian cannot be reached)*

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Name _____ Home Phone _____ Work Phone _____

Doctor's Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Dentist's Name _____ Phone Number _____

Health Insurance Carrier Policy Number _____

CAMPER RELEASE *(The YMCA will check every driver's license each day to ensure each person is authorized to pick up a child)*

Persons Authorized to pick up: **Parents, Don't Forget Your Name.**

Not Authorized to pick up:

1. Name _____ Phone: _____ 1. Name _____

2. Name _____ Phone: _____ 1. Name _____

3. Name _____ Phone: _____ 1. Name _____

4. Name _____ Phone: _____ 1. Name _____

5. Name _____ Phone: _____ 1. Name _____

SPECIAL NEEDS:

Needs Noon Medication Needs Hourly Medication Food Allergies Comments: _____

Asthma Inhaler Convulsions Other _____

Allergic to bees, Ants, etc. Diabetic Carries Epi pen Yes No

Has camper been hospitalized or had operations, serious injuries, fractures, ect. in the past five years? Yes No

If yes, give dates & details: _____

Does camper have nay chronic or recurring illness or conditions? _____

Should any activities be encouraged or limited? _____

List Allergies _____

Suggestions on health related information for camp personnel _____

The health history is correct so far as I know, and herein described has permission to engage in all prescribed activities except as noted. Authorization of treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary related to transportaion for me/or my child. In the event that I cannot be reached in case of emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for the person named above. The completed forms may be photocopied for trips out of camp.

MEDICATIONS: Forsyth County YMCA Day Camps prefer that all medications be administered at home before the camp day. The staff can administer physician prescribed medication. The medication must be brought in daily with clear instructions on when the medication is to be administered marked on the original medication container. The medication that needs to be administered must be given to the designated morning staff at sign-in and will be returned to you at the end of the day. A written permission note from the parent of guardian must be provided daily. The YMCA WILL NOT store any medication overnight. Please DO NOT send any medication with your child.

Parent/Guardian Authorization As the parent/guardian, I authorize my child, _____ to attend and participate in all prescribed YMCA camp activities. I give permission to 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 any action is taken. I understand and accept that this expense will be my responsibility. I also understand that it is my responsibility to carry primary accident insurance. I give my permission for my child to participate in supervised hikes or trips away from the campsite. I give my permission for pictures or videos taken can be used by the YMCA for promotional purposes only. I further give my permission for pictures and videos for the sole purpose of promotion of the YMCA's Programs.

Returned Checks: If a check is deposited, designated as non-sufficient funds and remains unpaid by a participant's financial institution, the check will automatically be forwarded by Wachovia to Check care for collection. Checkcare will automatically assess a \$37.50 service charge in addition to the amount of the original check declared "non-sufficient". Upon deposit by the YMCA, all collections are subject to the policies and procedures of Wachovia and Checkcare.

I have read and I understand all information regarding fees. As result, I authorize all charges upon submitting this registration.

X _____
Signature of parent of guardian _____ Date _____