



YMCA OF NATRONA COUNTY

SUMMER DAY CAMP

REGISTRATION FORM

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS
CAMPER'S INFORMATION HERE

CAMPER INFORMATION: Male Female

First & Last Name: _____

How many years has camper attended camp at the YMCA? _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ Date of Birth: _____

Age at time of camp: _____ Grade entering this Fall: _____

List any Allergies, Medications and Dietary Restrictions:

T-shirt Size: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

PARENT INFORMATION HERE

ACCOUNT HOLDER/PARENT #1/GUARDIAN: (all correspondence and invoices will be sent to this person)

First & Last Name: _____

Date of Birth: _____ Employer: _____

Email Address: _____

*Please be sure that your email address is valid. You will receive all correspondence to this email. Add "akonings@casperfamilyymca.org" to your address book to ensure delivery. Your email is confidential information.

Address: _____ City: _____

State: _____ Zip/Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Relationship to Camper: Mother Father Guardian

Custodial Parent? Yes No

PARENT #2/GUARDIAN #2/NON-CUSTODIAL PARENT: (NOTE: all correspondence and invoices will be sent to the "Account Holder" named above) Check this box if address and home phone are the same as Account Holder

First & Last Name: _____

Date of Birth: _____ Employer: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Relationship to Camper: Mother Father Guardian

Parent? Yes No

Should be contacted in case of emergency and has permission to pick up camper

Custodial

EMERGENCY CONTACTS AND AUTHORIZED PICK UP PERSONS: (In addition to parents/guardians)

*Use this area to list the individual(s) we may contact in an emergency and/or you authorize to pick up your camper from camp or bus location at the end of a session in the event that you are unable to do so.

Name: _____ Relationship to Camper: _____
Home Phone: _____ Cell/Work Phone: _____

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Home Phone: _____ Cell/Work Phone: _____

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Home Phone: _____ Cell/Work Phone: _____

HOW DID YOU HEAR ABOUT THE YMCA?

- Friend, Who: _____ Internet School, Which: _____
- Brochure TV Other

PROGRAM OPTIONS:

- June 10th-June 28th
 - June 10th-June 14th
 - June 17th-June 21st
 - June 24th-June 28th
- July 1st-July 26th
 - July 1st-3rd
 - July 8th-July 12th
 - July 15th-July 19th
 - July 22nd-July 26th
- July 29th -August 23rd
 - July 29th-August 2nd
 - August 5th-August 9th
 - August 12th-August 16th
 - August 19th-August 23rd

PAYMENT OPTIONS: (Full summer payment option must be paid in full at time of registration)

- Member: \$98.99 Weekly \$359.99 Monthly \$949.99 Full Summer (includes bonus week August 26th-30th)
- Non-Member: \$150.00 Weekly \$459.99 monthly \$1199.99 Full Summer (includes bonus week)

PAYMENT METHOD:

I, _____, authorize YMCA of Natrona County to charge the outstanding balance on my family's YMCA of Natrona County Day Camp invoice to the credit card listed below on the:

- First of every month starting June 1st 2019 and ending August 1st 2019.
- First of every week starting June 10th 2019 and ending August 19th 2019

TYPE OF PAYMENT:

Check Enclosed (Made payable to YMCA of Natrona County)

Credit Card: Visa MasterCard American Express Discover

Amount of payment: \$ _____

Last four digits of your account number: _____ Exp. Date: _____

PERMISSIONS AND AGREEMENTS: (Please initial the following statements)

- I give permission for the YMCA to transport my child in organization owned vehicles with YMCA authorized drivers.
- I give NCSD #1 authorization to transport my child in school district buses.
- I give my child permission to participate in field trips, swimming and other activities planned by the YMCA staff.
- I give permission for the YMCA to use my child's photograph or video on YMCA websites, social media, TV and printed promotional materials.
- I give permission for my child to receive first aid and CPR by qualified YMCA staff as necessary until emergency personnel arrive.
- I give consent for my child to be taken to the hospital to be treated by a physician and agree to assume all financial responsibility for the treatment.
- I give permission for my child to be transported by emergency personnel.
- I understand payment must be made in full by the 1st day of every month June-August.
- I understand that no reduction in cost will be made for missed attendance, late arrivals or early departures.
- I understand that no refunds will be issued for any reason.

Signature:

Date: