

YMCA SCHOOL DAYS OUT CAMP (SDO) REGISTRATION FORM SPRING BREAK 2012

Campers Name: Last _____		Grade: _____ (for 2011-2012 school yr) First _____	
Date of Birth: ____/____/____ Month Day Year		Age: _____ Male _____ Female _____	
Street Address:			
City		Zip	
Primary Phone #			
Parent/Guardian Name		Relationship	
Email:			
Campers should: <i>Program runs 7 am – 6 pm</i>			
<ul style="list-style-type: none"> <input type="radio"/> Have a lunch with extra snack and a drink (and send a breakfast if they don't eat before they come – they need fuel in the morning to keep them going positively through the day). <input type="radio"/> Bring a swim suit and towel if swimming. <input type="radio"/> Wear sports shoes with socks each day <input type="radio"/> Leave toys and electronics at home. 			
Check Camp Dates Attending			
<input type="checkbox"/> Mon, 4/2 <input type="checkbox"/> Tue, 4/3 <input type="checkbox"/> Wed, 4/4 <input type="checkbox"/> Thu, 4/5 <input type="checkbox"/> Fri, 4/6* <input type="checkbox"/> Mon, 4/9			
*SCOPE Closed			
<i>Spring Deadline: Must have 10 registered by Friday, March 23, 2012 for these dates to run</i>			
Parent Permission			
<input type="checkbox"/> Yes <input type="checkbox"/> No Leave facility for field trips? <input type="checkbox"/> Yes <input type="checkbox"/> No Be photographed for Y promotions/use? <input type="checkbox"/> Yes <input type="checkbox"/> No Have allergies/take medications? If yes, Allergies _____ Medications _____			
Check which applies and include appropriate Fee:			
<input type="checkbox"/> YMCA Member, financial assistance not needed: \$25.00 <input type="checkbox"/> Nonmember: \$32.00			
Financial Assistance Requested			
<input type="checkbox"/> For YMCA Members Only: \$17.00 per day <input type="checkbox"/> For Approved CCCC/3rd Party: <input type="checkbox"/> Y Members \$1 <input type="checkbox"/> Public \$8 per day			
A copy of proof of approval/3rd party reimbursement for the specific camp dates must be attached to this form at the time of registration and any monthly co-pay to the primary provider must be satisfied.			
<p><small>Waiver of liability must be signed for registration to be valid. There is no insurance provided. I, acknowledge that the YMCA and all individuals participating in YMCA programs in any capacity will not be liable for any cause of actions, claims and liabilities. I expressly agree to participate in the YMCA School Days Out Camp under these conditions and expressly agree to hold the YMCA harmless, and to indemnify the YMCA for any cause of action, claims and injuries arising out of the applicants participation in the league. This waiver of liability and indemnify agreement is an express condition of participation in the camp and is freely and knowingly executed.</small></p>			
Signature _____			