

Camper Information

			/ /			<input type="checkbox"/> M <input type="checkbox"/> F
Last Name	First Name	MI	Birth Date	Age	Sex	
Street Address ()	PO Box #	Apt #	City	State	Zip Code	
Home Phone		Camper Email (optional)				
T-shirt Size: <input type="checkbox"/> Child S <input type="checkbox"/> Child M <input type="checkbox"/> Child L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL						

Family Information

Camper Lives with: Both Parents Mother Father Other (specify):

YMCA Member #	YMCA Branch Name	
1st Parent / Guardian & Relationship	Email	Cell Phone ()
Occupation	Business Name & Address	Work Phone ()
2nd Parent / Guardian & Relationship	Email	Cell Phone ()
Occupation	Business Name & Address	Work Phone ()
Other Emergency Contact Name & Relationship	Phone ()	Cell Phone ()

The information below is optional and used only for statistical purposes. Please check appropriate information. Thank you.

Racial/Ethnic Category: American Indian or Alaskan Asian or Pacific Islander African American
 Hispanic Caucasian Other _____

Participant Agreement & Refund Policy

Please READ & SIGN this statement.

I give permission for my child to attend camp. I agree to pay the balance of camp fees by June 1, 2010. If registering after June 1st, payment in full is required. I understand I will receive a full refund minus \$100 deposit (per session) & \$22 YMCA Membership Fee if cancelled by June 1, 2010. No refunds after June 1st. I understand I will receive no refund if my child is sent home for any reason. I grant camp permission to take and publish photographs, videotapes, and recordings of the camper registered above. I acknowledge that you will be the sole owner of all rights arising out of their use for all purposes and that I shall receive no compensation for their use. A deposit of \$100 per session, plus a \$22 YMCA membership fee for non-members is required with your application.

Parent / Guardian Signature

Date

Camper's Last Name

Camper's First Name

Session Information - Check Sessions Attending

Session 1 July 4 - 9 1 week <input type="checkbox"/>	Session 2 July 11 - 23 2 weeks <input type="checkbox"/>	Session 3 July 25 - 30 1 week <input type="checkbox"/>	Session 4 August 1 - 6 1 week <input type="checkbox"/>	Session 5 August 8 - 20 2 weeks <input type="checkbox"/>	Session 6 August 22 - 27 1 week <input type="checkbox"/>
Weekend Camp 1 July 9 - 11 <input type="checkbox"/>	Weekend Camp 2 July 23 - 25 <input type="checkbox"/>	Weekend Camp 3 July 30 - August 1 <input type="checkbox"/>	Weekend Camp 4 August 6 - 8 <input type="checkbox"/>	Weekend Camp 5 August 20 - 22 <input type="checkbox"/>	

Payment Information

Session 1: Island Adventure	<input type="checkbox"/> \$768 = _____
Session 2: Southeast Adventures	<input type="checkbox"/> \$1,495 = _____
Session 3: Vertical Adventures	<input type="checkbox"/> \$872 = _____
Session 4: Leadership Adventure Program	<input type="checkbox"/> \$658 = _____
Session 5: Northeast Adventures	<input type="checkbox"/> \$1,495 = _____
Session 6: Hudson Valley Pocono Adventures	<input type="checkbox"/> \$718 = _____

Weekend Camp: Allows campers to extend their stay between sessions with in-camp relaxing activities. All meals, supervision and laundry are provided. Weekend Camp is not a standalone program. \$102 = _____

YMCA Membership Fee for non-members \$22 = _____

Voluntary Contribution - I want to help a deserving child attend camp; please accept my Strong Kids Campaign Donation: \$35 \$55 \$100 \$200 \$ _____ = _____

Total \$ _____

(See requirement below) **Enclosed Deposit** - _____

Total Amount Due June 1, 2010 \$ _____

Minimum Deposit Required \$100 (Deposit per Session) x _____ Sessions + \$22 (YMCA Fee for non-Members) = \$ _____

Type of Payment Check / Money Order (Payable to New York YMCA Camp)
 Credit Card: MasterCard VISA American Express

Card Number _____ Verification Code (3 digits MC / Visa, 4 digits AmEx) _____ Expiration Date _____

Name on Credit Card _____ Signature _____ Daytime Phone _____

Mail Completed Form to:
 Camp Registrar
 New York YMCA Camp
 PO Box 622
 Huguenot, NY 12746

Questions? Contact our Camp Registrar
 Toll Free: 877-30-YCAMP
 Phone: 845-858-2200
 E-mail: camps@ymcanyc.org
 Fax: 845-858-7823

Cancellation Policy
 Full refund minus the \$100 deposit (per session) & \$22 YMCA Membership Fee if cancelled by June 1, 2010.
 No refunds after June 1st.