

National Gymnastics Training Camp



Camper Information

Last Name	First Name	MI	Birth Date / /	Age	Female Sex		
Street Address ()	PO Box #	Apt #	City	State	Zip Code		
Home Phone	Gymnastics Club / Team Name		Camper Email (optional)				
Free T-shirt if registered by June 1, 2010:							
<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	Roommate Request: (One request per camper. Each camper must list the other.)	
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 my application.

Parent / Guardian Signature

Date

Camper's Last Name

Camper's First Name

Session Information - Check Sessions Attending

Session 1
June 27 - July 2Session 2
July 4 - 9Weekend Camp
July 2 - 4

Payment Information

Why 3 Prices?

Realizing that families have differing abilities to pay, we have a voluntary 3-Tier pricing program. Please take a moment to look at the rate descriptions and determine which of the three prices your family is able to pay for your child's experience.

This is strictly an honor system; select the fee you feel is appropriate and that is what you will pay. The program is voluntary, and in no way influences the experience children receive. Additional financial assistance is available and is based on Tier 1 price. Please call for more information.

Tier 1 - This price is the actual cost of camp for a child to participate. \$898 = _____

Tier 2 - Our partially subsidized fee for temporary or minor financial need. \$798 = _____

Tier 3 - Our heavily subsidized fee for those in need of more financial assistance. \$698 = _____

Team Rate - Teams who register 8 or more girls at the same time are eligible for our team package. Please see our brochure for additional information. 1 week \$808
2 weeks \$1,616 = _____

Team Name

Coach's Name

()

Coach's Phone Number

Coach's Email

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 = _____

Horseback Riding Lesson - An hour and a half riding lesson at our ranch. \$35 = _____

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
National Gymnastics Training Camp
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.