

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	Volleyball Club / School Name		Camper Email (optional)			
Free T-shirt if registered by May 1, 2010: <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 your application.

Parent / Guardian Signature

Date

If registering after June 1st. Payment in full is required.

Camper's Last Name

Camper's First Name

Session Information - Check Sessions Attending

Session 1 July 11 - 16 Boys <input type="checkbox"/>	Session 2 July 18 - 23 Boys <input type="checkbox"/>	Session 3 July 25 - 30 Girls <input type="checkbox"/>	Session 4 August 1 - 6 Girls <input type="checkbox"/>	Session 5 August 8 - 13 Girls <input type="checkbox"/>
Weekend Camp 1 July 16 - 18 <input type="checkbox"/>		Weekend Camp 2 July 30 - August 1 <input type="checkbox"/>		Weekend Camp 3 August 6 - 8 <input type="checkbox"/>
Weekend Skills Camp 1 July 30 - August 1 <input type="checkbox"/>			Weekend Skills Camp 2 August 6 - 8 <input type="checkbox"/>	

Payment Information

<p>Why 3 Prices?</p> <p>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.</p> <p>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.</p>	Tier 1 - This price is the actual cost of camp for a child to participate. <input type="checkbox"/> \$747 = _____									
	Tier 2 - Our partially subsidized fee for temporary or minor financial need. <input type="checkbox"/> \$697 = _____									
	Tier 3 - Our heavily subsidized fee for those in need of more financial assistance. <input type="checkbox"/> \$647 = _____									
	Commuter Camp - Rate includes lunch and training and activities during the day. <input type="checkbox"/> \$415 = _____									
	Team Rate - Teams who register 8 or more players at the same time are eligible for our team package. Please see our brochure for additional information. <table style="float: right;"> <tr> <td>1 week</td> <td><input type="checkbox"/> \$672</td> <td>=</td> </tr> <tr> <td>2 weeks</td> <td><input type="checkbox"/> \$1,345</td> <td>=</td> </tr> <tr> <td>3 weeks</td> <td><input type="checkbox"/> \$2,017</td> <td>=</td> </tr> </table>	1 week	<input type="checkbox"/> \$672	=	2 weeks	<input type="checkbox"/> \$1,345	=	3 weeks	<input type="checkbox"/> \$2,017	=
	1 week	<input type="checkbox"/> \$672	=							
	2 weeks	<input type="checkbox"/> \$1,345	=							
	3 weeks	<input type="checkbox"/> \$2,017	=							
	Team Name _____ Coach's Name _____ () _____ Coach's Phone Number _____ Coach's Email _____									
	Weekend Camp - allows campers to extend their stay for multiple sessions with in-camp relaxing activities. All meals, supervision and laundry are provided. Weekend Camp is not a standalone program. <input type="checkbox"/> \$102 = _____									
Weekend Skills Camp - Provides expert instruction on all areas of the game. All meals and supervision are provided. Weekend Skills Camp is a standalone program for female players. <input type="checkbox"/> \$175 = _____										
Horseback Riding Lesson - An hour and a half riding lesson at our ranch. <input type="checkbox"/> \$35 = _____										
YMCA Membership Fee for non-members <input type="checkbox"/> \$22 = _____										
Voluntary Contribution - I want to help a deserving child attend camp; please accept my Strong Kids Campaign Donation: <input type="checkbox"/> \$35 <input type="checkbox"/> \$55 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$ _____ = _____										
Total \$ _____ (See requirement below) Enclosed Deposit - _____ Total Amount Due June 1, 2010 \$ _____										
Minimum Deposit Required \$22 (YMCA Fee for non-Members) + \$100 (Deposit per Session) x _____ Sessions = \$ _____										
Type of Payment <input type="checkbox"/> Check / Money Order (Payable to New York YMCA Camp) Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> 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
 World Volleyball Training Center
 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.