



# SUMMER CAMP 2014 REGISTRATION FORM

Please print clearly. Use one form per child.  
Please remember to use your child's 2014-2015 school grade when you register.

### Participant Information

Member     Non-Member

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent/Guardian Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate # \_\_\_\_\_ Email \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate # \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact Information (besides parent)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Hold Harmless

I, hereby, certify that \_\_\_\_\_ is in normal health and capable of participating in this program. I understand that the goals of the Y are based upon having our core values: Caring, Honesty, Respect, and Responsibility.

Furthermore, I specifically assume all risks of injury arising out of his or her presence on or about the premises or intended use of equipment or facilities, or participation in the activities of the Y, an Illinois chartered not for profit organization on or about the premises or at another location and does hereby of himself or herself on his or her use or any party they are responsible for, his/hers executors and administrators waive release and agree to indemnify on hold harmless all claims for damages, costs, expense, the B. R. Ryall YMCA, and its respective Officers, Board of Directors, members, employees, volunteers, or agents. I have read and agree with the refund/credit policy that B.R. Ryall's program guide has stated.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**-OVER-**

## Camp Registration

Session	Camp Name	Extended Care? (Full-Day Camps Only)	Fee
1 June 16-20		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2 June 23-27		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3 June 30-04*		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4 July 07-11		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5 July 14-18		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 July 21-25		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 July 28-August 01		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8 August 04-08		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9 August 11-15		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aquatics Add-On (Full-Day Camps Only)	Circle Sessions Attending 1 2 3 4 5 6 7 8 9 10	-----	
TOTAL			

Do you receive Financial Aid/Discount?  Yes  No

If yes, which one:  YMCA Scholarship  State/YWCA  3<sup>rd</sup> Child Discount What discount % or amount? \_\_\_\_\_

## Payment Information

**Half-day and specialty camps must be paid in full upon registration.**

A non-refundable deposit of \$25.00 per session is required for all full-day camps at the time of registration

Enclosed is my check payable to the B.R. Ryall YMCA

Please charge my credit card.  AMEX  Discover  Mastercard  Visa

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

NOTE: We do not keep credit card numbers "on file." A credit card number must be provided at the time of registration.

Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

Camp payment must be made in full or in part for the remaining balance by June 1, 2014. Please indicate how you will pay. Please provide a credit card number above for draft of remaining balance to occur.

Payment in full by June 1 for all registered camp sessions. Payment may be made by cash, check or credit card.

Credit card draft can occur June 1, July 1 and August 1 for that month's registered sessions.

## Refund Policy

Deposits are not refundable. Any changes to camp registrations due to vacations must be made by June 1, 2014. After June 1, parents/guardians will be fully responsible for complete payment of all sessions for which campers are registered. There will be no refund for unattended sessions. The only exceptions will be for illness (with Doctor's note) or family emergencies. This policy also includes advance notice of non-attendance. Refund policy also applies to all camp participants.

I, the registering parent/guardian have read and understand registrations information, payment information and camp refund policies. I authorize the B.R. Ryall YMCA to use payment method I have chosen for the remaining camp fee balance. I understand I am fully responsible for all payments due through the summer.

Initial \_\_\_\_\_