

Central YMCA Camp Registration 2012

615 W. Franklin Blvd. Gastonia, NC 28052 Phone: 704.865.8551 Fax: 704.867.4781



First Child Name: _____ Name Called: _____

Rising Grade: _____ Birthday: _____ Allergies: _____

Medical/Behavioral Concerns: _____

Likes: _____ Dislikes: _____ Fears: _____

Second Child Name: _____ Name Called: _____

Rising Grade: _____ Birthday: _____ Allergies: _____

Medical/Behavioral Concerns: _____

Likes: _____ Dislikes: _____ Fears: _____

Address: _____ City/State/Zip _____

Home Phone: _____

Parent Information

Child lives with: Circle One Mom Dad Both Other

Mother Name: _____ Work Phone: _____

Mobile Phone: _____ Birthdate: _____

Employer: _____ Email: _____

Father Name: _____ Work Phone: _____

Mobile Phone: _____ Birthdate: _____

Employer: _____ Email: _____

Emergency Contacts - other than listed above

Name: _____ Phone (1) _____ (2) _____

Name: _____ Phone (1) _____ (2) _____

Name: _____ Phone (1) _____ (2) _____

Additional Information -

Preferred Hospital: _____ Code Word: _____

Waiver

My child has permission to participate in all activities unless otherwise specified in writing. I understand that the Gaston County Family YMCA assumes no responsibility for injuries or illness my child may receive as a result of his/her participation in day camps, programs, athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating at the YMCA, I hereby voluntarily release and discharge the Gaston County Family YMCA, its agents, servants, and employees from any claims for injury, illness, death, and / or loss of damage which my child may suffer as a result of his/her participation in these activities.

A parent/guardian must discuss with the YMCA Director any special conditions or circumstances involving their child. This information must be complete prior to registration. I agree to have my child examined within a reasonable time period prior to selected program by the family physician stating he/she is free from communicable disease and has not been exposed to such.

I hereby give my permission to the medical personnel selected by the YMCA Director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in emergency, I hereby give permission to the physician selected by the YMCA Director to secure and administer treatment, including hospitalization for my child.

I understand that no accident or medical insurance is provided with any activity while my child is at camp.

I give permission to the Gaston County Family YMCA, without limitation or obligation for photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs and release the YMCA from any claim of liability to that use.

I give my consent for my child to leave the YMCA site, to participate in authorized YMCA trips and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program.

I understand the payment for the program is my responsibility and failure to comply will result in removal from the program.

I understand that the YMCA does not carry insurance for children in Y Programs.

I have read and agreed to all of the policies set forth by the Gaston County Family YMCA.

Signature _____ Date _____

Print name shown on line above _____

Please register your camper by placing an X in the appropriate box.	Ages (bold) or Grades	Week 1 - June 11 - 15	Week 2 - June 18 - 22	Week 3 - June 25 - 29	Week 4 - July 2 - 6*	Week 5 - July 9 - 13	Week 6 - July 16 - 20	Week 7 - July 23 - 27	Week 8 - July 30 - Aug 3	Week 9 - August 6 - 10	Week 10 - August 13 - 17	Week 11 - August 20 - 24	Member Rate (\$)	Non Member Rate (\$)
		FIRST CHILD: Name: _____												
Traditional Camp														
Camp Chi Rho	1st - 8th												\$105	\$125
Swim Lessons	Kinder - 3rd												\$25	\$30
Kinder Camp	3 - 5 yrs												\$105	\$125
Teen Camps														
CILT	9th and 10th												\$50	\$75
SECOND CHILD: Name: _____														
Traditional Camp														
Camp Chi Rho	1st - 8th												\$105	\$125
Swim Lessons	Kinder - 3rd												\$25	\$30
Kinder Camp	3 - 5 yrs												\$105	\$125
Teen Camps														
CILT	9th and 10th												\$50	\$75

* No Camp on Wednesday, July 4th

2012 Summer Camp Authorization to Draft

This authorization is limited to payments to the Gaston County Family YMCA for summer camp payments as they are due. This authorizes the YMCA to charge the account provided for such payments. I understand that payments will come out of my account according to the cycle I select below. This will remain in effect until 12/31/12 unless revoked by me in writing to the YMCA no later than three (3) business days prior to the next payment due date. I understand that the YMCA may also cancel this authorization, and that I will be notified of such action. I understand that I am responsible for payment of any service charges incurred due to insufficient funds or payments returned. By signing below, I agree to all the terms and conditions of this authorization to draft.

Name as it appears on account

Date

Signature

Your child/children's name(s)

Billing Cycle (please check one):

- _____ Entire Balance at time of Registration
- _____ Weekly (\$10.00 Deposit per week at time of registration, Balance drafted each Friday prior to camp week)
- _____ Monthly (\$10.00 Deposit per week at time of registration, Balance drafted on the 1st of the month attending)
- _____ Bi-weekly (\$10.00 Deposit per week at time of registration, Balance drafted on the 1st and the 15th prior to attending)

(Circle One) Your weekly/monthly/bi-weekly payment is: \$ _____

CREDIT CARD or DEBIT CARD Payment Method:

Visa or MasterCard (Circle One)

Card Number

Expiration

SID

CHECKING OR SAVINGS Account Drafting Method:

Checking or Savings (Circle One)

ABA Routing No. _____ Account No. _____

Items to be picked up at Registration: _____ Parent Handbook

We Build People Campaign - Would you like to help send another child to camp?
 \$1 \$5 \$10 \$20 Other \$ **OR** \$ added to your weekly draft

Staff Only(Please Initial): Registration Intake: _____

Date: _____

Scheduled to Draft: _____

Date: _____