



# 2013 SPECIALTY CAMP REGISTRATION

Please complete **both** sides of this registration form. It is important that each area be completed, signed and dated.

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_

Medical concerns/Allergies \_\_\_\_\_

Physician/Hospital \_\_\_\_\_ Phone # \_\_\_\_\_

Adults authorized to pick up camper \_\_\_\_\_

\_\_\_\_\_

Please circle t-shirt size: YS YM YL AS AM AL AXL AXXL

## Release and Waiver of Legal Liability (Please initial)

\_\_\_\_ I understand that the YMCA of Greenville & Hunt County assumes no responsibility for injuries or illnesses which the above referenced child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports program, and the use of any equipment, exercise or other activities. I hereby release and discharge the YMCA of Greenville & Hunt County, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from the above referenced child(s) participation in these activities.

\_\_\_\_ I further understand that the YMCA of Greenville & Hunt County is not responsible for personal property lost or stolen while members and/or program participants are using the YMCA facilities or on the YMCA premises.

\_\_\_\_ I give my permission to the YMCA of Greenville & Hunt County to use, without limitation or obligation, photographs, film footage, or tape recordings which may include me (or my dependent's) image or voice for purposes of promoting or interpreting YMCA programs.

\_\_\_\_ I also grant permission to the YMCA of Greenville & Hunt County to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should the above referenced child become ill or injured while participating in YMCA activities if I am not available to grant authorization for emergency treatment. I realize I may be responsible for the resulting medical bills.

**HAVING READ, UNDERSTOOD, AND GIVEN AN ADEQUATE RESPONSE TO THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_

Parent/Legal Guardian Signature

Date

# YMCA 2013 SPECIALTY CAMP REGISTRATION FORM

**\*\*Please Circle the camp(s) you would like to attend\*\***

SESSION	ACTIVITY (Please Circle)	AGES	TIME	COST	DRAFT DATE
1 June 10 – 13 (Mon-Thurs)	Little All Stars Camp	3-5 years	9 am - 12 pm	\$60	June 7th
2 June 17 – 20 (Mon-Thurs)	The Sam Walker Basketball Camp	Completed K-2nd Completed 3rd-6th Completed 7th & up	9 am – 11 am 12:30 pm – 3:30 pm 5 pm – 9 pm	\$75 \$85 \$95	June 14th
3 June 24 – 27 (Mon-Thurs)	Little All Stars Camp Robotics Camp	3-5 years 10-14 years	9 am – 12 pm 5 pm – 8 pm	\$60 \$75	June 21st
4 July 1 – 3 (Mon-Wed)	Fitness Adventure Camp	5-14 years	9 am – 12 pm	\$65	June 28th
5 July 8 – 11 (Mon-Thurs)	Y Chef Camp Drama & Theater Camp	10-16 years Completed K-2nd Completed 3rd-6th	9 am – 12 pm 9 am – 12 pm 1 pm – 4 pm	\$75 \$75 \$85	July 5th
6 July 15 – 18 (Mon-Thurs)	Bowling Camp Volleyball Camp	5-14 years Completed 2nd-8th Completed 9th-11th	1 pm – 3 pm 9 am – 12 pm 1 pm – 4 pm	\$75 \$85 \$95	July 12th
7 July 22 – 25	Tennis Camp Y Executive Camp	8 years and under 9 & 10 years 11-14 years 12-16 years	5:00 pm 6:00 pm 7:00 pm 9 am 12 pm	\$65 \$75 \$75 \$75	July 19th
8 July 29-August 1 (Mon-Thurs)	Dance Camp Golf Camp	Completed K-2nd Completed 3rd-6 <sup>th</sup> 10-16 years	9 am – 12 pm 1 pm – 4 pm 4:30 pm – 6:30 pm	\$75 \$85 \$75	July 26th
9 August 5-8 (Mon-Thurs)	Drama & Theater Camp Art Camp	Completed K-2nd Completed 3rd-6th TBD	9 am – 12 pm 1 pm – 4 pm TBD	\$75 \$85 TBD	August 2nd
10 August 12-15 (Mon-Thurs)	Softball Camp Baseball Camp	TBD TBD	TBD TBD	TBD TBD	August 9th

Please note that there is a specific draft date for each camp set for the Friday before the camp begins. Please fill out the following information or leave a voided check in order for the payment(s) to be drafted from your account on the specified date(s) above.

Account Type: (circle one)	<input type="radio"/> Checking (voided check required)	<input type="radio"/> Savings (voided check required)	<input type="radio"/> Credit Card (Mastercard Visa)
Credit Card Number:	Credit Card Expiration Date:		
Cardholder's Name:			

Registration fee covers the cost of camp location, t-shirt and camp supplies. The registration fee is non-refundable.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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