

**HALF-DAY CAMPS**

# Half-Day Registration 2017

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Age (as of start of camp) \_\_\_\_\_

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

Home Phone \_\_\_\_\_  Male  Female Current YMCA Member?  Yes  No

Parent's/Guardian's Full Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Parents's/Guardian's Full Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

**EMERGENCY CONTACTS/AUTHORIZED PICK UPS** (other than Parent/Guardian)

In the event of an emergency and parent/guardian cannot be reached I authorize the following people to be contacted on my behalf and allowed to pick up my child:

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

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

Please staple an additional sheet if more names need to be listed.

CAMPS REQUIRE \$20 Administration Fee/Week	WEEK 1 6/26-6-30	WEEK 2 7/3-7/7	WEEK 3 7/10-7/14	WEEK 4 7/17-7/21	WEEK 5 7/24-7/28	WEEK 6 7/31-8/4	WEEK 7 8/7-8/11	WEEK 8 8/14-8/18	WEEK 9 8/21-8/25	WEEK 10 8/28-9/1	
<b>PRE-KAMP</b>	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	<input type="checkbox"/> M-F <input type="checkbox"/> M,W,F <input type="checkbox"/> T,R	
<b>MINI ARTISTS &amp; ATHLETES</b>	<input type="checkbox"/> 6/12-6/15	<input type="checkbox"/> 6/19-6/22	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
<b>MINI ARTISTS</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ARTS CAMP STONE QUARRY</b>	AGES 6-9 <input type="checkbox"/>	AGES 10-14 <input type="checkbox"/>	AGES 6-9 <input type="checkbox"/>	AGES 10-14 <input type="checkbox"/>	AGES 6-9 <input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	
<b>TWEEN CAMP</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
<b>ATHLETIC PERFORMANCE AT MANLIUS</b>	N/A	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A	
<b>FUNCTIONAL TRAINING AT MANLIUS</b>	N/A	N/A	N/A	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	N/A	N/A	N/A	
<b>TENNIS CAMP</b> Racquet Rookies Intermediate Challengers Power Hitters	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> AM <input type="checkbox"/> PM	N/A	N/A
<b>JUNIOR SPORTS CAMP AT MANLIUS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A	
<b>DANCE CAMP AT MANLIUS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE MAIL ALL PAYMENTS AND FORMS TO: EAST AREA FAMILY YMCA, ATTN: PROGRAM BOOKKEEPER, 200 TOWNE DRIVE, FAYETTEVILLE, NY 13066

**FOR OFFICE USE ONLY:**  Member /  Non-Member  Registration Form  F/A Forms Complete  Auto Pay Form

Staff Initials \_\_\_\_\_ Date Received \_\_\_\_\_

Missing Info Form Sent on \_\_\_\_\_ Reason: \_\_\_\_\_

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**MEDICAL INFORMATION – STAPLE ADDITIONAL SHEETS IF NECESSARY**

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

MEDICAL INFORMATION (i.e. medications, allergies and action to be taken in case of an allergic reaction, chronic or recurring illnesses, any restrictions while at camp, special equipment needed, asthma, recent surgery or illness, special diet etc.)

**If you are interested in more information about support services at camp, contact Morgan Ruggeri, Inclusion Director at 315-637-2025 x211.**

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**PARENT AGREEMENT: PLEASE READ AND INITIAL EACH STATEMENT BELOW.**

\_\_\_\_(initial) I consent to the enrollment of the child listed above and give permission for my child to participate in all activities planned and conducted by the YMCA, except as noted by me and my child’s physician. I have read and agreed to all terms in the Parent Handbook and brochure including, but not limited to, payment procedures, non-refundable and non-transferable deposits, deadlines, refunds, camp hours and behavior guidelines.

\_\_\_\_(initial) I have provided information on my child’s special needs, previous or existing illness or condition, sunburn sensitivity, diet requirements, long-term medications to the provider, as may be necessary to assist the facility in properly caring for my child in the case of an emergency. All information received by the YMCA will be treated as confidential.

\_\_\_\_(initial) I give consent for photographs and video footage of the above-named child to be used to promote the YMCA programs. Such promotional efforts may include  
(optional) brochures, posters, flyers, etc. (optional)

My signature below confirms that I have completed this registration form to the best of my ability and knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_