

**CAMPER INFORMATION**

					/	/	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Last Name	First Name	MI	Birth Date	Age	Sex		
PO Box #	Apt#	Street Address	City	State	ZIP Code		
( )							
Home Phone				Camper Email (optional)			
T-shirt Size: <input type="checkbox"/> Child S <input type="checkbox"/> Child M <input type="checkbox"/> Child L <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			Work Phone	Cell	Email		
Occupation	Business Name & Address					Work Email	
		( )	( )				
2nd Parent / Guardian & Relationship			Work Phone	Cell	Email		
Occupation	Business Name & Address					Work Email	
		( )	( )				
Other Emergency Contact Name & Relationship				Phone	Cell		

*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  Black  Hispanic  White  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 on or before May 1, 2009.** I understand I will receive a full refund minus \$100 deposit (per session) & \$20 YMCA Membership Fee if cancelled by June 1, 2009. No refunds after June 1<sup>st</sup>. 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.

**Please send a deposit of \$100 per session, plus a \$20 YMCA membership fee for non-members with your application.**

Parent / Guardian Signature	Date
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Camper's Last Name

Camper's First Name

<b>SESSION INFORMATION</b> - Check Sessions Attending					
<b>Session 1: Vertical Ventures</b> June 28 – July 3	<b>Session 2: Calf Island</b> July 5 – 10	<b>Session 3: East Coast Adventures</b> July 12 – July 24	<b>Session 4: White Water Adventures:</b> July 26 - Aug 2	<b>Session 5: High Peaks Trip</b> Aug 8 – 21	<b>Session 6: Hudson Valley &amp; Pocono Adventures</b> Aug 23 – 28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Weekend Camp 1:</b> July 3 – 5	<b>Weekend Camp 2:</b> July 10 – 12		<b>Weekend Camp 3:</b> July 24 – 26		<b>Weekend Camp 4:</b> Aug 21 – 23
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>PAYMENT INFORMATION</b>					
<i>Additional financial assistance is available. Please call for more information.</i>					

<b>Session 1: Vertical Ventures</b>	<input type="checkbox"/> \$838	=	
<b>Session 2: Calf Island</b>	<input type="checkbox"/> \$738	=	
<b>Session 3: East Coast Adventures</b>	<input type="checkbox"/> \$1368	=	
<b>Session 4: White Water Adventures</b>	<input type="checkbox"/> \$988	=	
<b>Session 5: High Peaks Trip</b>	<input type="checkbox"/> \$938	=	
<b>Session 6: Hudson Valley &amp; Pocono Adventures</b>	<input type="checkbox"/> \$658	=	
<b>Weekend Camp</b> - 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"/> \$98	=	
<b>Voluntary Contribution</b> - 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"/> \$ _____		=	
<b>YMCA Membership Fee for non-members</b>	<input type="checkbox"/> \$20	=	
<b>Total \$</b>			
(See requirement below) <b>Enclosed Deposit -</b>			

**Total Amount Due May 1, 2009 \$**

<b>Minimum Deposit Required</b>	<b>\$20</b> (YMCA Membership Fee for non-members) + <b>\$100</b> (Deposit per Session) x _____ Sessions = \$ _____
<b>Type of Payment</b>	<input type="checkbox"/> Check/ Money Order ( <i>made payable to New York YMCA Camp</i> ) Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express

Card Number	Verification Code (3 digits MC/V, 4 digits AmEx)	Expiration Date
		(      )

Name on Credit Card	Signature	Daytime Phone #
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**Mail completed form to:**  
Camp Registrar  
New York YMCA Camp  
PO Box 622  
300 Big Pond Road  
Huguenot, NY 12746-0622

**Questions? Call our Camp Registrar:**  
Phone: 845-858-2200  
Fax: 845-858-7823  
E-Mail: camps@ymcanyc.org

**CANCELLATION POLICY**  
Full refund minus \$100 deposit (per session) & \$20 YMCA Membership Fee if cancelled by June 1, 2009.  
No refunds after June 1<sup>st</sup>.