

**CAMPER INFORMATION**

					/ /	Female
Last Name	First Name	MI	Birth date	Age	Sex	
PO Box #	Apt#	Street Address	City	State	ZIP Code	
( )						
Home Phone	Volleyball Club / School Name			Camper Email (optional)		
Free T-Shirt if registered by <b>May 1, 2009</b> : <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:</b> July 19 – 24	<b>Session 2:</b> July 26 – 31	<b>Session 3:</b> August 2 – 7	<b>Session 4:</b> August 9 – 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Weekend Camp 2:</b> July 24 – 26	<b>Weekend Camp 3:</b> July 31 - August 2		<b>Weekend Camp 4:</b> August 7 – 9
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>Weekend Skills Camp:</b> July 24 – 26		<b>Weekend Skills Camp:</b> August 7 – 9	
<input type="checkbox"/>		<input type="checkbox"/>	

**PAYMENT INFORMATION** - Check Appropriate Tier

<p><b>Why 3 Prices?</b></p> <p>Realizing that families have differing abilities to pay, we have a voluntary 3-Tier pricing program. Please take a moment to look at the rate descriptions and determine which of the three prices your family is able to pay for your child's experience.</p> <p>This is strictly an honor system; select the fee you feel is appropriate and that is what you will pay. The program is voluntary, and in no way influences the experience children receive. <i>Additional financial assistance is available and is based on Tier 1 price. Please call for more information.</i></p>	<p><b>Tier 1</b> - This price is the actual cost of camp for a child to participate. <input type="checkbox"/> \$718 = _____</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Tier 2</b> - Our partially subsidized fee for temporary or minor financial need. <input type="checkbox"/> \$668 = _____</p> <p style="text-align: center;"><b>OR</b></p> <p><b>Tier 3</b> - Our heavily subsidized fee for those in need of more financial assistance. <input type="checkbox"/> \$618 = _____</p> <p><b>Weekend Camp</b> - Weekend Camp allows campers who extend their stay for multiple sessions to do so with in-camp relaxing activities. All meals, supervision and laundry are provided. Weekend Camp is not a standalone program. <input type="checkbox"/> No Charge = _____</p> <p><b>Weekend Skills Camp</b> - Provides expert instruction on all areas of the game. All meals and supervision are provided. Weekend Skills Camp is a standalone program. <input type="checkbox"/> \$168 = _____</p> <p><b>Horseback Riding Lesson</b> - A single riding lesson per session. <input type="checkbox"/> \$35 = _____</p> <p><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"/> \$ _____ = _____</p> <p><b>YMCA Membership Fee for non-members</b> <input type="checkbox"/> \$20 = _____</p> <p style="text-align: right;"><b>Total</b> \$ _____</p> <p style="text-align: right;">(See requirement below) <b>Enclosed Deposit</b> - _____</p>
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**Total Amount Due May 1, 2009** \$ \_\_\_\_\_

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

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@ymcany.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>.