

YMCA Camp Cristina

2010 Summer Camp Registration Receipt

Child's Name: _____

June 14-18	June 21-25	June 28- July 2	June 29- July 3	July 5-9	July 12-16	July 19-23	July 26-30	August 2-6	August 16-20
TRADITIONAL DAY CAMP									
Day Camp	Day Camp	Day Camp	Day Camp	Day Camp	Day Camp	Day Camp	Day Camp	Day Camp	Day Camp
Extreme Camp	Extreme Camp	Extreme Camp	Extreme Camp	Extreme Camp	Extreme Camp	Extreme Camp	Extreme Camp	Extreme Camp	Extreme Camp
Leaders in Training	Leaders in Training	Leaders in Training	Leaders in Training	Leaders in Training	Leaders in Training	Leaders in Training	Leaders in Training	Leaders in Training	Leaders in Training
SPECIALTY / SPORTS CAMP									
Paintball	Paintball	Paintball	Paintball	Paintball	Paintball	Paintball	Paintball	Paintball	Paintball
Project OUTDOORS	Weird Science	Golf	Project OUTDOORS	Weird Science	Paint like Picasso	Project OUTDOORS	Weird Science	Scrap till you Drop	Chef School
Paint like Picasso	Go for the GOLD!	Chef School	Rockstar	girlPower	Golf	Computer Games	Chef School	Circus	
		Circus	Secret Agent	Boys Only	Chef School	Christmas In July	Aquatic		
SWIM LESSONS									
Swim Lessons	Swim Lessons	Swim Lessons	Swim Lessons	Swim Lessons	Swim Lessons	Swim Lessons	Swim Lessons	Swim Lessons	Swim Lessons
TRANSPORTATION (indicate BR, CPO or SC)									

Deposit Received: _____

Initials _____ **Payment Policy:** A nonrefundable deposit of \$15 per week, plus the first week's payment in full, is required to reserve each child's space. *The balance owed for each week must be received by close of business Wednesday before the week of the program. You may pay your balance online at www.tampaymca.org or in person at the Welcome Center.

_____ **Late Payment Fees:** Late payment of balance due may result in forfeiture of space. If space is still available, a \$5 late fee will be charged for each child for any balance received after close of business on the Wednesday before the week of the program.

_____ **Late Pick-Up Fees:** A late fee of \$1 per minute will be charged for each child picked up after 6:05pm.

I understand and agree to abide by the above policies: _____

We look forward to seeing you this summer!
If you have any questions, please call 677-8400.



2010 Summer Camp Registration

ALL INFORMATION MUST BE COMPLETED FOR YOUR CHILD TO PARTICIPATE.



CAMPER INFORMATION *Please complete a separate form for each child.*

Name: _____ Nickname: _____

Gender: M / F (circle one) Birth Date: ___ / ___ / ___ Age: _____ Advancing to Grade: _____ School: _____

Address: _____ Apt: _____ City: _____ ZIP: _____

Ethnicity* Caucasian (1) Asian (2) African-American (3) Hispanic (4) Other (5)

The YMCA is required to provide data regarding the ethnic mix of our constituency. If you have no objection to providing this information, please check a box above.

PARENT / GUARDIAN CONTACT INFORMATION

Name: _____ Relationship to Child: _____

Address: _____ Tel Day _____ Night _____

Name: _____ Relationship to Child: _____

Address: _____ Tel Day _____ Night _____

Authorized persons other than parent/guardian who may be contacted or pick up your child in case of emergency:

Name _____ Tel. _____

Name _____ Tel. _____

Name _____ Tel. _____

Permission for Enrollment and Release of YMCA from Liability I give my child permission to participate in YMCA activities. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release. I hereby grant permission for my child to participate in all activities provided by the Tampa Metropolitan Area YMCA.

Authorization for Emergency Medical Treatment If my child should become ill or injured during YMCA activities, I understand that the YMCA will 1) contact me immediately or 2) contact the person(s) I have designated in case I cannot be reached. Should the YMCA be unable to reach me or the person(s) designated, the YMCA is authorized to contact my physician or arrange for immediate medical treatment to ensure the health and safety of my child. I accept responsibility for payment of medical services rendered.

Transportation Release: I give my child permission to be transported by the YMCA. I understand that the Tampa Metropolitan Area YMCA will provide transportation to and from scheduled field trips.

Photo / Video Release: I grant permission to the Tampa Metropolitan Area YMCA to use photographs and videotapes taken of my child for YMCA publication purposes.

Handbook: I have received a parent handbook and agree to follow all stated policies.

Parent/ Guardian Signature: _____ Date: _____

Please see a camp director with any special circumstances.

Medical or Other Information (allergies, medical, physical or emotional conditions, or special needs)

Physician's Name/Address: _____ Tel. _____

Insurance Co/Policy Number: _____

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____

Parent email address: _____

Yes! I would like to Give A Kid A Chance To Go To Camp.

Yes! I would like to volunteer in camp.