

Nazareth YMCA 2009 Day Camp and Camp Munchkin Registration Form

Last Name: _____ First Name: _____ Date of Birth: _____
Home Phone: _____ Grade-Sept. 2009: _____ Age: _____
Address: _____ City: _____ Zip: _____

YMCA Member: Yes _____ No _____

Please circle the weeks for which you are registering:

2009 Camp Nazareth Themes

- | | |
|--|-------------------------------------|
| #1 June 15 - 19 Let the Sunshine In! Let Camp Begin! | #6 July 20 - 24 Splish Splash |
| #2 June 22 - June 26 Wacky Science | #7 July 27 - 31 Sports of all Sorts |
| #3 June 29 - July 3 Hooray for the USA | #8 August 3 - 7 Hollywood Bound |
| #4 July 6 - 10 Artrageous | #9 Aug 10 - 14 Animal Craze |
| #5 July 13 - 17 Mexican Fiesta | #10 Aug 17 - 21 Carnival Adventures |

2009 Camp Munchkin Themes

- | | |
|---------------------------------------|----------------------------------|
| #1 June 22 - 26 Puppet Pals | #4 July 20 - 24 Dinosaurs |
| #2 June 29 - July 3 Colors and Shapes | #5 Aug. 3 - 7 At the Beach |
| #3 July 13 - 17 In the Garden | #6 Aug 10 - 14 Animal Adventures |

Will your child be using the following services: Early Bird _____ Night Owl _____

Parent/Guardian Information:

Names: _____ Daytime Phone #'s: _____

Child may be picked up by the following persons:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

In event of emergency, if parent is not available, please contact:

Name: _____ Phone: _____

Health Insurance Carrier: _____ Group #: _____ I.D.#: _____

Family Doctor: _____ Phone: _____

Allergies or activity restrictions? (If yes, please explain) _____

Medications? (If yes, please explain) _____

If your child lives within walking distance, may he or she walk home? Yes _____ No _____

Agreement: I hereby certify that my child is in normal health and capable of safe participation the YMCA Summer Camping Programs. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program I hereby authorize the YMCA to obtain medical treatment for my child in the event that the parents and the emergency contacts cannot be reached. Camp registrations must be completed by 5:45 p.m. on Saturday of the preceding week. Anyone registering after this time will be subject to a \$15 late registration fee.

Parent's signature: _____

Payment Information: Full payment must be made at the time of registration

Payment Amount: _____ Payment Method(circle): Cash Check MasterCard Visa Amex

Credit Card # _____ Exp. Date: _____ CVV: _____

Name on Acct: _____

Customer Signature (Credit card payments only) _____

Staff Initials: _____