

Nazareth YMCA 2008 Day Camp and Camp Munchkin Registration Form

Last Name: _____ First Name: _____ Date of Birth: _____

Home Phone: _____ (Camp Naz.) Grade-Sept. 2008: _____ Age: _____

Address: _____ City: _____ Zip: _____

YMCA Member: Yes ___ No ___ Please circle the weeks for which you are registering:

2008 Camp Nazareth Themes

#1 June 23-27 Friendship Week

#6 July 28-August 1 "Oh, the Places You'll Go"

#2 June 30-July 3 American Spirit Week

#7 Aug. 3-8 Country Fair

#3 July 7-11 "Soak N Wet"

#8 Aug. 11-15 Under the Sea

#4 July 14-18 Ahoy Mateys

#9 Aug 18-22 Strut your Stuff

#5 July 21-25 Silly, Senseless Sports

#10 Aug 25-29 End Of Summer Fling

No camp July 4, Fee pro-rated

2008 Camp Munchkin Themes

#1 June 23-27 Teddy Bear Picnic

#4 July 21-25 Down on the Farm

#2 June 30-July 3 Ooey, Gooey Art

#5 Aug. 4-8 Under the Sea!

#3 July 14-18 Yummy, Yummy Tummy

#6 Aug. 11-15 Creepy Crawlers

No camp July 4, Fee pro-rated

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.

Parent's signature: _____

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

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

Credit Card # _____ Exp. Date: _____

Name on Acct: _____

Customer Signature (Credit card payments only) _____

Staff Initials: _____