

2011 sports camp registration

registration (camp registration opens February 15)

Name _____ Age _____ Grade (entering) _____
 Parent Name _____ Date of Birth _____ Female Male
 Mailing Address _____ City _____ State _____ Zip _____
 E-mail Address _____ Phone (h) _____ (cell/w) _____

***TURN OVER TO COMPLETE MEDICAL EMERGENCY INFORMATION**

For Office Use Only	11SUM EHPSPCAMP__
Amt. Paid _____	Date Paid _____
Staff Initials _____	Mem. Exp. _____

camp dates & schedule

9-11:30 a.m. Sport Skills & Fundamentals / 11:30 a.m.-12:30 p.m. Swimming / 12:30-1:30 p.m. lunch / 1:30-3:30 p.m. Structured activity / 3:30 p.m. Free Play

June 13-17 00 – In/outdoor games (ages 6-9)
 01 – All Sports (ages 10-14)
 June 20-24 10 – Playground Games (ages 6-9)
 11 – Wacky Sports (ages 10-14)

July 18-22	Gymnastics (half-day camps only)
	<input type="checkbox"/> G3 - 3 year old, 9-11:30 a.m.
	<input type="checkbox"/> G4 - 4 & 5 year old, 9-11:30 a.m.
	<input type="checkbox"/> G6 - 6 & up, 12:30-4 p.m.

June 27-July 1 20 – All Sports (ages 6-9)
 21 – Track and Field (ages 10-14)
 July 5-8 30 – Wacky Sports (ages 6-9)
 31- In/Outdoor Games (ages 10-14)
 July 11-15 40 – Playground Games (ages 6-9)
 41 – All Sports (ages 10-14)
 July 18-22 50 – Track and Field (ages 6-9)
 51 – Wacky Sports (ages 10-14)

July 25-29 60 – All Sports (ages 6-9)
 61 – Playground Games (10-14)
 Aug. 1-5 70 - In/Outdoor Games (ages 6-9)
 71 – All Sports (ages 10-14)
 Aug. 8-12 80 – All Sports (ages 6-9)
 81 – Wacky Sports (ages 10-14)
 Aug. 15-19 90 - Field Trip Week (ages 6-14)

camp fees & discounts

CAMP FEES Rec Pass \$100, Basic \$115, Nonmember \$125 x _____ # of camps \$ _____
GYMNASTICS FEES Rec Pass \$55, Basic \$65 (ages 3, 4-5) + \$ _____
 Rec Pass \$75, Basic \$85 (ages 6+)
 Extended Care Option (\$20 per camp) a.m. (7:30 - 9 a.m.) p.m. (until 5 p.m.) x _____ # of weeks + \$ _____
SUBTOTAL \$ _____
DISCOUNTS
 Multiple Child Discount (\$10 off each additional child per camp when enrolled in same week, except gymnastics) discount x _____ children over 1 - \$ _____
TOTAL ENCLOSED (all camps, lunches, extended care minus applicable discount) \$ _____

PAYMENT INFORMATION

No refunds unless program is cancelled. Payment may be made by cash, check or credit card

VISA / MasterCard / Discover (circle one) Credit Card # _____ Exp. Date _____

YWCA Gettysburg & Adams County
 909 Fairfield Road
 Gettysburg, PA 17325
 T: 717-334-9171
 F: 717-334-8797

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medical information

Your child's physician _____

Address _____ Phone _____

Allergies? YES NO

Specify _____

Special diet? YES NO

Specify _____

In case of a medical emergency, should any special procedure be followed? _____

emergency contacts

In the event of an emergency, the first contact attempt will be the parent. If a parent cannot be reached, the following emergency contacts will be called during camp hours.

1. Name _____ Relationship _____ Phone (h / w / c) _____

2. Name _____ Relationship _____ Phone (h / w / c) _____

camp shirts

One shirt per child, per camp season. Does not include gymnastics camp. Participant must register 7 days before camp starts to guarantee a shirt. Additional shirts may be purchased, if available.

Shirt size (check one) YM YL AS AM AL AXL

releases

Please read and sign the following releases; your child will not be registered without parental signature.

CAMP PARTICIPATION

Yes No I, the undersigned, do hereby take full responsibility for myself and/or my child listed above, and release the YWCA Gettysburg & Adams County employees and subcontractors. I waive any and all rights to claim damages against said YWCA employees and subcontractors for any injuries or illnesses suffered by the undersigned and/or my child during participation in YWCA Gettysburg & Adams County programs.

PHOTO RELEASE

Yes No I hereby give authorization for the YWCA Gettysburg & Adams County and/or any of its agents to use any photos of my child at their discretion in any type of advertising or promotion. Additionally, I release all claims to the YWCA Gettysburg & Adams County and/or any of its authorized agents in regard to any photo taken of my child.

FREE SWIM

Yes No I give permission for my child to participate in scheduled YWCA Sports Camp free swim at the YWCA Gettysburg & Adams County. I understand that this is a YWCA Aquatic Program and that qualified lifeguards will be on duty. I understand that YWCA Sports Camp staff will directly supervise the children in the locker rooms before and after scheduled swim time.

Parent/Guardian Signature _____ Date _____

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