



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SUMMER DAY CAMP

**#BestSummerEver2019**

May 20 - August 9



**REGISTRATION FEE:**

**\$25.00 ONE-TIME FEE FOR ALL CAMPERS**

**WEEKLY FEES - ONE CHILD:**

**\$85/WEEK, MEMBER**

**\$105/WEEK, COMMUNITY MEMBER**

**WEEKLY FEES - TWO OR MORE CHILDREN**

**\$75/CHILD/WEEK, MEMBER**

**\$95/CHILD/WEEK, COMMUNITY MEMBER**

**\*\$5 additional, per child, if dropped off  
before 7:30 AM**

# BEST SUMMER EVER

## YMCA SUMMER CAMP 2019

DATE: \_\_\_\_\_

CAMPER NAME: \_\_\_\_\_

YMCA MEMBER: \_\_\_\_\_

COMMUNITY MEMBER: \_\_\_\_\_

GENDER: M \_\_\_ F \_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_

GRADE FALL OF 2019: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK/HOME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK/HOME: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

*The YMCA Summer Camp strives to reach a 10/12:1 camper to counselor ratio*

*Individualized care is not provided*

### LIABILITY RELEASE FORM

By signing this form, I agree and acknowledge the following: I am familiar with the policies of Summer Camp and the physical activities which my child(ren) is enrolled to participate and understand that the activities may include physical contact, strenuous physical exercise and could result in personal injury. Knowing these risks, I hereby waive, release, and discharge the YMCA of Callaway County, its employees and agents from all claims, injuries, damages, or actions of any kind of nature arising out of my son/daughter's participation in Summer Camp activities or use of the facilities that may be brought by myself and anyone who might make a claim on my behalf arising out of participation activities, services, or equipment provided by YMCA, notwithstanding the negligence of YMCA of Callaway County, its trustees, officers, employees, or agents.

I do hereby further declare my child(ren) to be physically sound and suffering from no conditions or illness that would prevent my participation in any activities of the YMCA of Callaway County. I acknowledge that my child(ren) have either had a physical examination and have been given my physician's permission to participate, or that I have decided they can participate in this activity without the approval of my physician. I have read and I agree with the terms and conditions of Summer Camp as it relates to my son/daughter and certify that all information on the above application is true.

I hereby irrevocably release, consent and allow the YMCA of Callaway County and its agent to use my photograph/likeness/voice, including all persons as listed, as it pertains to my participation with the YMCA, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

PARENT PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**UPON REGISTRATION PLEASE  
COMPLETE A PAYMENT  
AUTHORIZATION FORM!  
THANK YOU!**

*To receive camp information directly to your cell phone, please subscribe to Textcaster by visiting our website [www.ymcaofcallaway.org](http://www.ymcaofcallaway.org)*

**QUESTIONS?? Tyler Aulbur at  
[tyler.aulbur@ymcaofcallaway.org](mailto:tyler.aulbur@ymcaofcallaway.org)**