



Dartmouth YMCA Vacation Camp Registration Form

| | | | | | | |
|---|------------|-------------------------------|---------------------------------|---------------|-----|----------|
| LAST NAME | FIRST NAME | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> | DATE OF BIRTH | AGE | GRADE |
| MAILING ADDRESS | | CITY | | STATE | | ZIP CODE |
| HOME PHONE | CELL PHONE | EMAIL ADDRESS | | | | |
| PARENT FULL NAME | EMPLOYER | WORK PHONE | CELL PHONE | | | |
| PARENT FULL NAME | EMPLOYER | WORK PHONE | CELL PHONE | | | |
| GUARDIAN NAME <small>IF DIFFERENT THAN PARENT</small> | EMPLOYER | WORK PHONE | CELL PHONE | | | |
| DO BOTH PARENTS LIVE AT HOME YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| EMERGENCY CONTACT <small>OTHER THAN PARENT</small> | RELATION | HOME PHONE | CELL PHONE | | | |
| AUTHORIZED PICK UP | RELATION | HOME PHONE | CELL PHONE | | | |
| AUTHORIZED PICK UP | RELATION | HOME PHONE | CELL PHONE | | | |
| DO NOT RELEASE MY CHILD TO THE FOLLOWING PERSON(S) | | | | | | |
| ALLERGIES/ LIMITATIONS | | | | | | |

Parent Agreement

I have read and understand the payment and refund policies for the YMCA SOUTHCOAST Day Camp Program. I give my child permission to participate in camp activities including, but not limited to ropes course programs, swimming, basketball, soccer, tether ball, archery, arts & crafts, skateboard park, boating and field trips. I approve photos to be taken of my child for the use in Y marketing materials. I am aware that incomplete or unsigned registration forms will be returned to me for completion. I hereby give permission to the medical personnel selected by the director to act in the best interest of my child in the event of an emergency. Every effort will be made to contact the parent, guardian and emergency contacts.

I do not wish photos to be taken of my child

Signature of Parent or Guardian Required _____ Date _____

Grade K-8 Registration

| Program Date | Member | Participant | + | Field Trip | = | Total |
|--|--------|-------------|---|------------|---|-----------|
| Monday, December 26, 2016 | \$40 | \$50 | | | | \$ |
| Tuesday, December 27, 2016 | \$40 | \$50 | | \$15 | | \$ |
| Wednesday, December 28, 2016 | \$40 | \$50 | | | | \$ |
| Thursday, December 29, 2016 | \$40 | \$50 | | | | \$ |
| Friday, December 30, 2016 | \$40 | \$50 | | | | \$ |
| Subtract \$15 for Five+ Day Enrollment | | | | | | - \$15 |
| TOTAL | | | | | | \$ |

Payment Type

Check Total \$ _____ Cash Total \$ _____ Credit Card Total MC | VISA | Discover | Amex \$ _____

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

Signature _____ CVV _____ Date _____

Office Use: FORM ON FILE _____