

YMCA CAMP SEYMOUR

DAY CAMP SUMMER REGISTRATION FORM 2010



Camper's Name: _____
 _____ (First) _____ (Last)
 Grade in Fall 2010: _____ Date of Birth: _____ Age at Camp: _____ Gender: M F
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Family Email: _____
 Child lives with: Both Parents-together Both Parents- separately Mother only Father Only Other _____
 Parent/Guardian 1 _____ Parent/Guardian 2: _____
 Home Phone: _____ Home Phone: _____
 Day Phone: _____ Day Phone: _____
 Email: _____ Email: _____

I attended Camp Seymour in 2009: Yes No Day Camp Resident Camp

How I heard about Camp Seymour... Flyer through school Attended Outdoor Ed. Local YMCA
 Newspaper Insert Fair/Table Display Friend Recommended Website

REGISTRATION AGREEMENT—Please initial by all statements and sign to indicate understanding and agreement

_____ I am aware that activities and schedules are subject to change at the discretion of YMCA Camp Seymour and their staff.

_____ I understand that deposits for summer programs are non-refundable. I agree to pay the remaining balance of fees by June 1, 2010. Fees for programs cancelled before June 1, 2010 will be refunded less the non-refundable deposit. After June 1, 2010, all fees are non refundable without a doctor's note or consent of the camp director.

_____ I understand that homesickness, minor illness and change of family plans, dismissal from program and personal schedules conflict/changes are not sufficient grounds for a refund.

_____ I understand that it is the camper's responsibility to participate in the whole camp program including work, play, values, sharing and cooperating throughout daily activities. I'll ensure that my camper abides by the rules of the program and will explain to them that violation of rules related to (but not limited to) alcohol, drugs, inappropriate conversations/contact, tobacco or violence/bullying will result in a dismissal from the program with no refund of camp fees. If my child is suspended or dismissed from the program for the day or week, it is the parent/guardian's responsibility to pick up the participant at camp asap.

_____ I understand that my confirmation packet (available on our website) contains documents and paperwork that I should bring with me to the first day of camp, including a comprehensive Liability Release Waiver, Health History form, Camper Release form and two Letter to Leader forms.

_____ I understand my child's picture may be taken and used for promotions related to Camp Seymour.

Parent/Guardian _____ Signature _____ Date _____
 (Please Print Name)

Basic Camper Health Information

The camp environment is very different from home. Please answer the following questions honestly and completely. Attach additional information if needed to help us be successful with your child. You may use the "Letter to my child's leader" form in your camp paperwork to explain any of the below details.

Allergies (severity)? _____

Physical Limitations: _____

Special Behavioral Considerations: _____

Developmental considerations: _____

Other physical or emotional issues: _____

Please call me to discuss the above issues—phone #: _____

Registration confirmation will be mailed to you. Please ensure that your session is correct and contact the camp if any of the information is incorrect. A parent packet, essential forms and additional information may be found on our website:

www.campseymour.org

If you have any questions, contact our office at 253-884-3392 or visit our website.

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Week	YMCA Member	Non-member	Bus TO camp from GH YMCA	Bus FROM camp to GH YMCA
1: June 28-July 2 WITH swim lessons	<input type="checkbox"/> \$179 <input type="checkbox"/> \$189	<input type="checkbox"/> \$184 <input type="checkbox"/> \$194	<input type="checkbox"/> \$20 <input type="checkbox"/> \$20	<input type="checkbox"/> \$20 <input type="checkbox"/> \$20
2: July 5-9 WITH swim lessons	<input type="checkbox"/> \$179 <input type="checkbox"/> \$189	<input type="checkbox"/> \$184 <input type="checkbox"/> \$194	<input type="checkbox"/> \$20 <input type="checkbox"/> \$20	<input type="checkbox"/> \$20 <input type="checkbox"/> \$20
3: July 12-16	<input type="checkbox"/> \$179	<input type="checkbox"/> \$184	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
4: July 19-23	<input type="checkbox"/> \$179	<input type="checkbox"/> \$184	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
5: July 26-30 WITH swim lessons	<input type="checkbox"/> \$179 <input type="checkbox"/> \$189	<input type="checkbox"/> \$184 <input type="checkbox"/> \$194	<input type="checkbox"/> \$20 <input type="checkbox"/> \$20	<input type="checkbox"/> \$20 <input type="checkbox"/> \$20
6: August 2-6 WITH swim lessons	<input type="checkbox"/> \$179 <input type="checkbox"/> \$189	<input type="checkbox"/> \$184 <input type="checkbox"/> \$194	<input type="checkbox"/> \$20 <input type="checkbox"/> \$20	<input type="checkbox"/> \$20 <input type="checkbox"/> \$20
7: August 9-13	<input type="checkbox"/> \$179	<input type="checkbox"/> \$184	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
8: August 16-20 WITH swim lessons	<input type="checkbox"/> \$179 <input type="checkbox"/> \$189	<input type="checkbox"/> \$184 <input type="checkbox"/> \$194	<input type="checkbox"/> \$20 <input type="checkbox"/> \$20	<input type="checkbox"/> \$20 <input type="checkbox"/> \$20

Camper Name _____

I am a current member of the
YMCA of Pierce and Kitsap Counties

I am a current member of another YMCA
Which YMCA: _____

Financial Assistance

Each year volunteers raise money to be used for financial assistance to help children come to camp. Financial assistance is awarded on a sliding scale, based on income and family situations. Please note: If you are applying for financial assistance, please mail or fax us the financial assistance application with the supporting documentation within 15 business days and we will contact you with the amount of support for which you qualify. Your camper's spot is held in the system for 15 business days pending your application, however deposits are not charged to your credit card until FA is accepted. Contact our main office with any questions at 253-884-3392.

Method of payment
Check enclosed - Amount \$ _____ (make payable to YMCA)
Charge My Credit Card: Type (circle one): Visa M/C Am. Ex. Discover
Card Number: _____
Exp. Date: _____ Name on Card (print) _____
Authorized Signature: _____
_____(initial) I authorize the balance due to be charged on my card on 6/1/2010.

Calculate your Fees: Amount
Total Day Camp Fees: _____
Total Transportation: _____
Total Amount Due: _____
Amount Enclosed: _____
(min \$50 deposit per day camp week chosen + \$5 deposit for transportation reservations per child for each direction travelling)

Register online at www.campseymour.org

Or mail to YMCA Camp Seymour, 9725 Cramer Road KPN, Gig Harbor, WA 98329

or fax to 253-460-8897