



We build strong kids, strong families, strong communities

2010 day camp registration

PLEASE USE ONE FORM PER CHILD AND TURN IN AT TIME OF REGISTRATION. COPY MORE FORMS IF YOU NEED.

PLEASE PRINT CLEARLY

Child's Name _____

Grade as of 9/10 _____ Age as of 6/10 _____ Date of Birth _____ Sex _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

Father's/Guardian's Name _____ Work Phone _____

Mother's/Guardian's Name _____ Work Phone _____

YMCA Member? yes no Membership # _____ Email _____

Membership must be valid at the time of registration to receive member rates and must remain valid until September 1, 2010.

Referred by (member name) _____

	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week
	6/7-6/11	6/14-6/18	6/21-6/25	6/28-7/2	7/5-7/9	7/12-7/16	7/19-7/23	7/26-7/30	8/2-8/6	8/9-8/13
GL Travelers	1	2	3	4	5	6	7	8	9	10
Sports Camp	NA	2	3	4	NA	6	NA	NA	9	NA
Shuttle Service	1	2	3	4	5	6	7	8	9	10

RETURN WITH \$25 DEPOSIT PER Week TO: Greater LaGrange YMCA, 1100 E. 31st Street LaGrange Park, IL 60526

I understand that I am responsible for full camp payment for each week registered prior the Wednesday before the camp session starts.

No changes to a child's schedule may be made after June 1, 2010.

Check enclosed Bill me by credit card: Visa Mastercard

Account # _____ Expiration Date _____

Signature _____ Date _____

PARENT/GUARDIAN WAVER

The YMCA has permission to transfer my child, named above, off the property for the purpose of medical care or program activity as deemed appropriate by the director. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named above. I give permission to the YMCA to take photographs of my child to use for YMCA publications and advertising.

I (parent/guardian) have read and agree to all the conditions of this application.

Date _____ Signature (Parent/Guardian) _____