

# Nazareth YMCA 2010 Day Camp and Camp Munchkin Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Grade-Sept. 2010: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
YMCA Member: Yes \_\_\_\_\_ No \_\_\_\_\_

Please circle the weeks for which you are registering:

## 2010 Camp Nazareth Themes

- |  |   |
|--|---|
| #1 June 15 - 18 (Pro-rated) Let's Get this Party Started | #7 July 26 - 30 All American Week       |
| #2 June 21 - June 25 Science Central                     | #8 August 2 - 6 Carnival Week           |
| #3 June 28 - July 2 Super Soakin H2O                     | #9 Aug 9 - 13 Where the Wild Things Are |
| #4 July 5 - 9 All Around the World                       | #10 Aug 16 - 20 All the World's a Stage |
| #5 July 12 - 16 Spirit Week                              | #11 Aug 23 - 27 See You Next Summer     |
| #6 July 19 - 23 Ocean Commotion                          |   |

## 2010 Camp Munchkin Themes

- |  |                                 |
|--|---------------------------------|
| #1 June 21 - 25 Zoo Adventures             | #4 July 19 - 23 Transportation  |
| #2 June 28 - July 2 Commotion in the Ocean | #5 Aug. 2 - 6 3,2,1 Blast Off   |
| #3 July 12 - 16 Holiday Fun                | #6 Aug 9 - 13 Under the Big Top |

Will your child be using the following services: **Early Bird** \_\_\_\_\_ **Night Owl** \_\_\_\_\_

Parent/Guardian Information:

Names: \_\_\_\_\_ Daytime Phone #'s: \_\_\_\_\_

Child may be picked up by the following persons:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

In event of emergency, if parent is not available, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_ I.D.#: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or activity restrictions? (If yes, please explain) \_\_\_\_\_

Medications? (If yes, please explain) \_\_\_\_\_

If your child lives within walking distance, may he or she walk home? Yes \_\_\_\_\_ No \_\_\_\_\_

Agreement: *I hereby certify that my child is in normal health and capable of safe participation the YMCA Summer Camping Programs. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program I hereby authorize the YMCA to obtain medical treatment for my child in the event that the parents and the emergency contacts cannot be reached. Camp registrations must be completed by 5:45 p.m. on Saturday of the preceding week. Anyone registering after this time will be subject to a \$15 late registration fee.*

Parent's signature: \_\_\_\_\_

Payment Information: Full payment must be made at the time of registration

Payment Amount: \_\_\_\_\_ Payment Method (circle): Cash Check MasterCard Visa Amex

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Acct: \_\_\_\_\_

Customer Signature (Credit card payments only) \_\_\_\_\_

Staff Initials: \_\_\_\_\_