

## 2019 Bradford YMCA YCAMP Registration

Complete one registration form per child.

**PLEASE NOTE: ALL DEPOSITS ARE NON-REFUNDABLE.**

I will be enrolling multiple children.

\*Discounted rate available for additional child(ren) in the same family.

### CAMPER INFORMATION

Camper Name: \_\_\_\_\_ Gender:  M  F Y Member:  Yes  No  
School Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade (entering in Sept.) \_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
This will be my first summer at YCAMP:  Yes  No # of Years at YCAMP: \_\_\_

### PARENT/GUARDIAN 1 INFORMATION

Relation to Camper: \_\_\_\_\_  
Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Other Authorized Pick-Up: \_\_\_\_\_

### PARENT/GUARDIAN 2 INFORMATION

Relation to Camper: \_\_\_\_\_  
Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

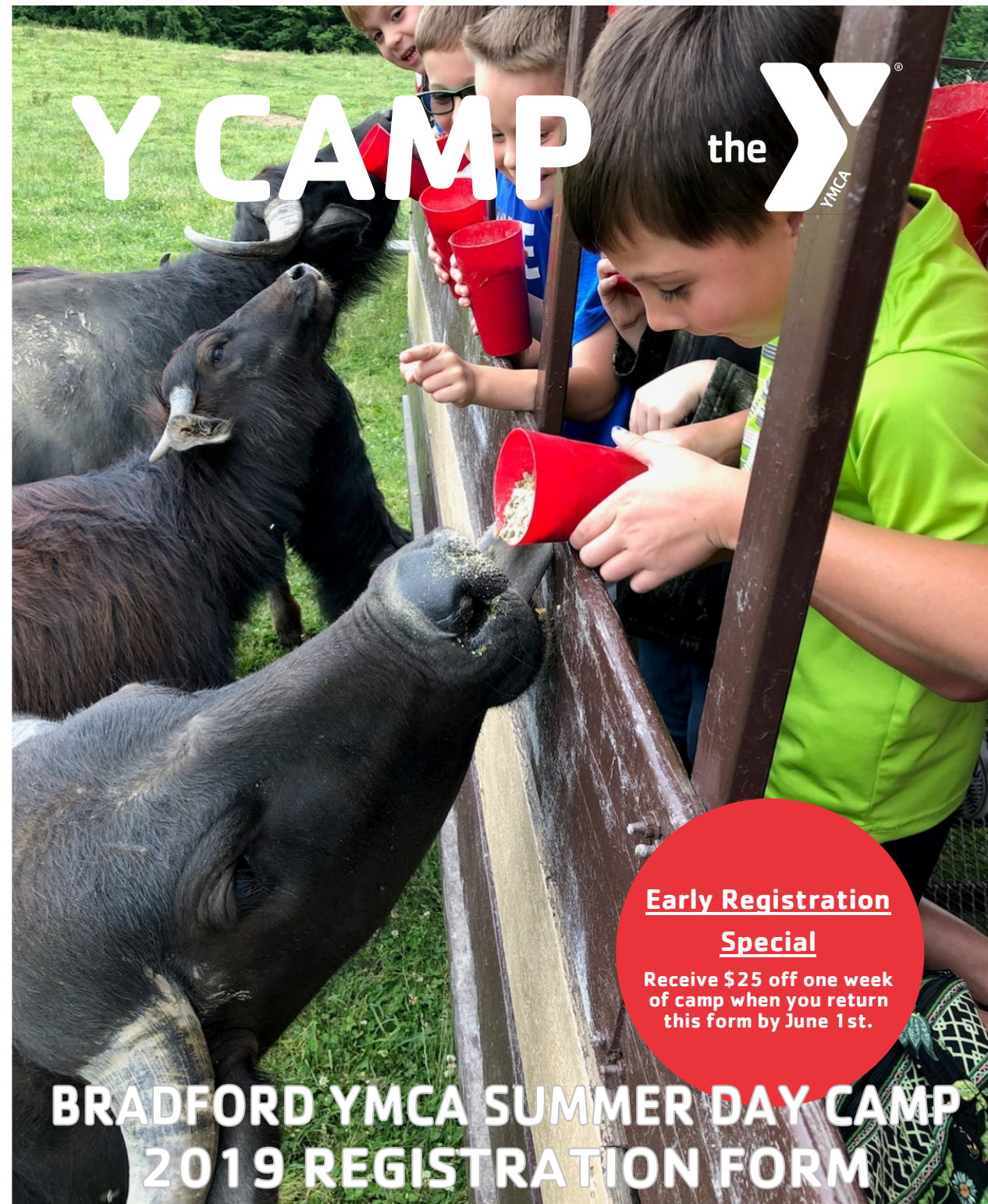


**BRADFORD YMCA**  
59 Boylston St.  
Bradford, PA 16701  
yourymca.org

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**BECOME A  
Y MEMBER  
AND SAVE!**

Special Pricing on:  
Personal Training  
Private Parties &  
Rentals  
Sports Programs  
Swim Lessons  
Youth Programs  
And more!



**BRADFORD YMCA SUMMER DAY CAMP  
2019 REGISTRATION FORM**

**Early Registration  
Special**

Receive \$25 off one week  
of camp when you return  
this form by June 1st.

# 2019 Bradford YMCA YCAMP Registration Form

Registration is as easy as...

**1** Review Camp Program & Sessions

**2** Select Camp Program & Sessions

**3** Select Camp Payment Option

## CAMP SESSIONS & DATES

Completion of Kindergarten - 12 years of age  
(at time of registration)  
Monday - Friday (7:00 am - 5:30 pm)

- Session 1: **ECO Kids Go Green - June 10-14**
- Session 2: **Spies and CSI - June 17-21**
- Session 3: **Community Helper - June 24-28**
- Session 4: **Culinary Creations - July 1-5** No Camp on 7/4
- Session 5: **Holiday Mix-Up - July 8-12**
- Session 6: **Talents & Invention - July 15-19**
- Session 7: **Olympics - July 22-26**
- Session 8: **Come on Down...It's Game Show Week - July 29-August 2**
- Session 9: **Crazy Carnival - August 5-9**
- Session 10: **Disney - August 12-16**
- Session 11: **Space & STEAM - August 19-23**

## CAMP RATES

**YMCA Members \$155 • Non-Members \$175**  
**Daily Member Rate \$35 • Daily Public \$40**

\*Discounted rate available for additional child(ren) in the same family.  
Additional YMCA Members \$125 • Additional Non-Members \$160

**FINANCIAL ASSISTANCE IS AVAILABLE FOR THOSE WHO QUALIFY.**  
Please visit:

<https://yourymca.org/membership/financial-assistance/>

## CHECK YOUR MAIL!

Additional documents will be sent prior to start of camp. Please complete documents and return them on the first day of camp.

## AUTHORIZATION

- Yes  No I grant permission for my child to participate in walking field trips and activities.
- Yes  No I understand that my child is responsible for his/her behavior, clothes and belongings.
- Yes  No I authorize the staff to administer sunscreen to my child. (Parent must provide sunscreen.)
- Yes  No I grant permission for my child to be photographed for YMCA and United Way promotions only.
- Yes  No I authorize the staff to administer bug spray to my child. (Parent must provide bug spray.)
- Yes  No I understand I am responsible for Y CAMP fees and acknowledge they must be paid in advance.

I hereby register my child for designated session(s) at YMCA of the Twin Tiers YCAMP. I will access the parent packet and understand I am responsible for reading and reviewing the camp policies including but not limited to payment procedures and deadlines, refund policy, camper release policy, camp hours of operation, and behavior policy. It is understood that the YMCA will make every reasonable effort to contact the parents and emergency contacts listed should any type of emergency arise. In the event I cannot be reached I authorize the YMCA staff to act for me according to his/her best judgment in any emergency requiring medical or surgical care. I authorize the physician selected to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named above. I expect the YMCA to attempt to contact me immediately. I further understand I am responsible for the cost of all medical care. The health form is correct as far as I know, and the person described has permission to engage in all camp activities except as noted by me and his/her physician. I have provided the staff with any pertinent information or accommodations which may assist the YMCA in caring for my child including but not limited to allergies, previous existing illness or condition, sunburn sensitivity, diet requirement, long term medications, disability or limiting conditions or emotional, developmental, or behavioral challenges. I agree to notify YMCA Staff immediately, in writing, of any changes in address, phone number, places of employment, or persons authorized to pick up child, etc. I understand that not fully disclosing the above may put my child's health and safety in danger. I further understand that my child's spot is reserved only upon receipt by the YMCA of the fully completed registration form and health information. Failure to pay balance due at end of week's enrollment may forfeit child's registration.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT OPTIONS

All deposits and registration fees are non-refundable.

### Select Payment Option:

- Electronic Funds Transfer (EFT): I hereby authorize the YMCA of the Twin Tiers to debit the account listed below for camp fees on the **Monday, one week** prior to each registered session.
- Payment in Full: Enclosed is full payment for all registered camp sessions.

Select Payment Form:  Visa  Mastercard  Discover

Billing Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Exp.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Routing #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Split billing is available with written consent from both parties. Visit [yourymca.org](http://yourymca.org).

Please let us know at time of registration if you plan on submitting Financial Assistance Paperwork or plan to receive DSS Funding.

**FOR MORE INFORMATION PLEASE CONTACT:**  
**STACIE TITUS AT 814-368-1610 OR STACIET@YOURYMCA.ORG**