



**Art Specialty, Outdoor, Sports and Teen**



**Camp Registration/Waiver Form**

Registration for all camps begins on March 16<sup>th</sup> during Camp Kick-Off. Please register at the Appleton YMCA Front Desk or mail. (Appleton YMCA 218 E. Lawrence St. Appleton, WI 54911)

A **\$25.00 non-refundable** deposit per camp is required to reserve a spot for your child. The remaining balance will be due one week prior to the camp. Participants will receive confirmation/information approximately two weeks before the beginning of their camp.

Please Print

Child's Name: \_\_\_\_\_ Grade entering: \_\_\_\_\_

Age of 6/01/08: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*\*Email Address: \_\_\_\_\_

YMCA Member: Yes No Member at: \_\_\_\_\_ YMCA

**T-Shirt:** Youth M (10-12) Youth L (14-16) Adult Small Adult Med Adult Large  
(Sports Camp Only)

Date: \_\_\_\_\_ Camp Name \_\_\_\_\_ Site \_\_\_\_\_

Date: \_\_\_\_\_ Camp Name \_\_\_\_\_ Site \_\_\_\_\_

Date: \_\_\_\_\_ Camp Name \_\_\_\_\_ Site \_\_\_\_\_

Date: \_\_\_\_\_ Camp Name \_\_\_\_\_ Site \_\_\_\_\_

Date: \_\_\_\_\_ Camp Name \_\_\_\_\_ Site \_\_\_\_\_

The YMCA of the Fox Cities has permission to transfer my child named above, off the property for the purpose of medical care or program activity as deemed 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. The YMCA has permission to use photographs of my child in its annual promotion.

I (Parent/Guardian) have read the above and agree to all the conditions of this application.

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

Amount Enclosed: \_\_\_\_\_ (A\$25.00 non-refundable deposit required)

Form of payment:  Cash  Check  Master Card or Visa (circle one)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Deposit is credited to camp fees.  
Balance of fees must be paid one week before the camp session starts.**