

An Experience That Lasts A Lifetime



# CAMP WEAVER 2007 OVERNIGHT CAMP REGISTRATION FORM

## OVERNIGHT CAMP DATES

Check the box next to the desired session(s)

- 1-Aloha Beach Week  June 10-15\*
- 2-All Star Challenge Week  June 17-22\*
- 3-International Week  June 24-29
- 4-Summer Celebrations Week  July 1-6
- 5-Rock the Camp Week  July 8-13
- 6-Great Outdoors Week  July 15-20
- 7-Ye-hah! Week  July 22-27
- 8-Splish Splash Week  July 29-Aug. 3
- 9-Teen Only Adventure Week  August 5-10 \*\*

\*Music camp is only offered during these weeks

\*\*Teen-only session – rising 6th - 10th graders.

## PAYMENT INFORMATION

Rate for Camp: \$455 \$ \_\_\_\_\_

To reserve your spot, pay in full now or pay only the deposit with balance due two weeks before camp begins.

Deposit: \$100 \$ \_\_\_\_\_

Non-refundable \$100 deposit is required for EACH overnight session. DEPOSIT IS DEDUCTED FROM THE RATE.

YMCA Member Discount: \$ \_\_\_\_\_

\$30 discount for active YMCA members.

Horse or Music Camp: \$100 \$ \_\_\_\_\_

\$100 is added to the regular camp rate for Horse and Music camps.

Scholarship Contribution: (please circle)

\$1 \$10 \$20 \$50 \$100 Other \$ \_\_\_\_\_

Thank you for helping us to "Send A Kid To Camp" all donations are tax-deductible.

Total Enclosed: \$ \_\_\_\_\_

Full balance due two weeks prior to start of session.

## PAYMENT OPTIONS

**AUTO PAY:** Contact our office to find more information on this convenient way to handle your child's summer camp tuition. Payments can be drafted from a checking account, or auto-charged on a credit card.

**CHECK:** Please make checks payable to Camp Weaver YMCA

**CHARGE:**  Mastercard  VISA  
 Discover  American Express

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ 3-digit # on back of card \_\_\_\_\_ \$ \_\_\_\_\_ Amount

Cardholder Signature \_\_\_\_\_

Camper Name \_\_\_\_\_

Name Called \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age at Camp \_\_\_\_\_

School \_\_\_\_\_ Next Grade \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

How did you hear about Camp Weaver?  
\_\_\_\_\_

Does your camper have special needs?  
 Yes  No If Yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Are you or your child a member of the YMCA of Greensboro?  Yes  
 No

Please send a brochure about Camp Weaver to the following people who might be interested in camp (please give full name and address):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT

I agree not to hold the YMCA or its staff (professional or volunteer) responsible for injuries sustained by my child while participating in Camp. If I am not available in the event that my child needs medical attention, I hereby give my permission to the YMCA staff or any competent medical authority to render such attention. I accept full financial responsibility for any medical attention or treatment administered to my child in connection with the YMCA camp activities. I carry medical insurance on my child and will provide the YMCA with that information. I fully understand the inherent risks involved in activities my child will be choosing or has already chosen. I accept all risks including those activities preliminary and subsequent to the chosen activities. **I agree to have my child examined by a physician within 24 months prior to the camp session. Any balance not paid two weeks prior to the start of my child's session may be charged on the account given above for payment.** Photos, film footage or tape recording of my child may be used for publicity.

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